

**Attachment C**

**DIVISION OF EMERGENCY MANAGEMENT**

**Request for Payment under the  
Residential Construction Mitigation Program SFY 2010-11**

SUBGRANTEE NAME:

ADDRESS:

CITY, STATE, ZIP CODE:

Date of Payment: \_\_\_\_\_

DCA Agreement No:

Payment No: \_\_\_\_\_

Claim Period: \_\_\_\_\_

SALARY AND BENEFITS	OTHER PERSONAL CONTRACTUAL SERVICES	ADMIN EXPENSES	EXPENSES	OPERATING CAPITAL OUTLAY	TOTAL CLAIM AMOUNT	DCA USE ONLY	
						APPROVED	COMMENTS

**TOTAL CURRENT REQUEST \$** \_\_\_\_\_

**I certify that to the best of my knowledge and belief the above accounts are correct, and that all disbursements were made in accordance with all conditions of the DCA agreement and payment is due and has not been previously requested for these amounts.**

SUBGRANTEE SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

TO BE COMPLETED BY THE DEPARTMENT OF COMMUNITY AFFAIRS

APPROVED PROJECT TOTAL \$ \_\_\_\_\_

\_\_\_\_\_  
GOVERNOR'S AUTHORIZED REPRESENTATIVE

ADMINISTRATIVE COST \$ \_\_\_\_\_

APPROVED FOR PAYMENT \$ \_\_\_\_\_

\_\_\_\_\_  
DATE









