

Payment of Funds Request

Date: 1/29/19

Subject: Grant 4223 Program Public Assistance (PA)  
Payment of Funds for Project(s)

This is to request a payment of funds on the following approved project:

Project #	Project Amount	Federal Share	Amount Expended (*)
2186	\$ 130,079.87	\$ 99,809.90	\$ 130,079.87

(\*) Total amount of expenditures for this request and/or the amount that will be needed to meet immediate anticipated costs within the next 30 to 60 days.

Payments can be requested under the following conditions (select one):

Funds are needed to pay for approved project scope of work before supporting documentation is available/compiled due to a hardship. The applicant will be required to provide TDEM with a letter that justifies the hardship and a spend plan. The spend plan will detail amount of funds requested for the next 30 to 60 days, timeline to expend the funds, and eligible cost to be covered by the funds. To ensure proper use of funds this will be monitored by TDEM to ensure compliance with the spend plan.

Funds are needed to pay eligible cost of approved project scope of work based on received invoices and/or supporting documentation, but the applicant is unable to pay due to a hardship. The applicant will be required to provide TDEM with a letter that justifies the hardship, and the invoices and/or supporting documentation of cost incurred. To ensure proper use of funds the applicant will be required to provide proper supporting documentation to TDEM that the funds were expended within 30 days of receiving the funds.

Funds are needed to pay eligible cost of approved project scope of work paid by the applicant based on received invoices and or other supporting documentation. The applicant will be required to provide proper supporting documentation to TDEM for the cost.

I understand that any part of this payment that is not expended within the scope of the Project will be refunded to the Texas Division of Emergency Management within 30 days of receiving the de-obligation notice. In addition, to support this claim, I have included supporting documentation for the requested amount.

Sincerely,

  
Signature of Applicant's Agent

Roger Harmon  
Printed Name of Applicant's Agent

Johnson County  
Name of Jurisdiction

817-556-6360  
Applicant's Agent's Phone Number

2 Main St  
Mailing Address

Cleburne, TX 76033  
City, State, ZIP Code