

**STATE OF ALASKA
DEPARTMENT OF MILITARY AND VETERANS AFFAIRS
DIVISION OF HOMELAND SECURITY AND EMERGENCY MANAGEMENT
STATEMENT OF DOCUMENTATION**

Attachment 6.4 – Sub-Recipient’s Handbook

Applicant (State Agency, City, Community, Native Organization):	Disaster Number:	Grant Program:
	DR - Project Number:	Hazard Mitigation Grant Program
	HMGP #	

Brief Description of the mitigation project:

	Approved amount as listed in the HMGP Project Application	Actual costs incurred on the HMGP Project by the Applicant
Force Account (In-house) Labor		
Temporary Hire Labor		
Materials		
Force Account Equipment		
Rental Equipment		
Contract		
Miscellaneous		
Mitigation		
Direct Administrative		
Supplies		
Other		
Insurance/Revenues		
Total:	\$ -	\$ -

I CERTIFY:

- That all expenditures listed below are correct and cover only services performed or material used exclusively for this HMGP Project as authorized in the approved HMGP Project Application and HMGP Grant Award Document.
- That to the best of my knowledge and belief, all work and costs are eligible in accordance with the grant conditions, all work claimed has been completed, and all costs have been paid in full.
- That salaries, wages and overtime payments claimed are in accordance with the applicant's policy as established prior to the start of the project.
- That all work authorized in the approved Project Application was completed and all essential services resumed within the time limit set forth in the approved HMGP Grant Award Period of Performance.

Applicant's Authorized Representative - Signature: _____	Date: _____	Title: _____
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For internal use by the Division of Homeland Security & Emergency Management

Mitigation Officer Reviewer - Signature: _____	Date: _____	Approved Project Amount: _____
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