

**PROJECT SUMMARY**  
**(Claim for Cost of Eligible Disaster Work)**  
**STATE NATURAL DISASTER ASSISTANCE ACT PROGRAM**

STATE NO.: OE \_\_\_\_\_

DATE: \_\_\_\_\_  
FEMA P.A. NO.: \_\_\_\_\_

APPLICANT'S NAME: \_\_\_\_\_

State DSR No.	Federal DSR No.	Date Work Completed	Total Amount Approved by Federal	Total Amount Approved by State	Total Amount* Claimed by Applicant
Sub-total from reverse side					
<b>TOTAL</b>			\$	\$	\$

\*Do not include administrative allowances

**CERTIFICATION OF DOCUMENTATION**

I HEREBY CERTIFY under penalty of perjury: That I am the duly authorized official of the herein names Applicant; that the above claim is in all respects true, correct, and has not heretofore been paid, and is in accordance with law; that materials, supplies or services listed herein have been received or performed; that the materials, supplies or services for which payment was made were used or performed exclusively in connection and consistent with Disaster Assistance of the applicant in accordance with the Natural Disaster Assistance Act and applications approved by the Office of Emergency Services; that original contracts, invoices, vouchers or payrolls in support of this claim are on file in the office of the herein names applicant; that I have not violated any of the provisions of Section 1090 to 1096 inclusive of the Government Code in incurring the items of expense referred to in this claim.

I certify that I am the fully qualified and authorized official of the herein applicant responsible for the examination and settlement of accounts; and that the accounts claimed have been paid by the herein named applicant.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
(Signature of Applicants Agent)

By \_\_\_\_\_  
Auditor-Controller-Clerk of Applicant

\_\_\_\_\_  
Title

This form must be completed and submitted within sixty (60) days following completion of all work to:  
OFFICE OF EMERGENCY SERVICES, DISASTER ASSISTANCE DIVISION  
2800 MEADOWVIEW ROAD, SACRAMENTO, CA 95823

(For Internal Use Only)	SHA (FUND 254)	PFA (FUND 251)
TOTAL APPROVED FINAL CLAIM	\$ _____	\$ _____
Administrative Allowance		\$ _____
Amount of Prior Advances	\$ _____	\$ _____
AMOUNT OF FINAL PAYMENT	\$ _____	\$ _____
Date	Reviewer	Title
Date	Approval	Title

