

DIVISION OF EMERGENCY MANAGEMENT
CONTRACT DEVELOPMENT OR MODIFICATION ~ REQUEST

PROJECT NUMBER: DEM-HL00091

<input checked="" type="checkbox"/> NEW CONTRACT:	PROGRAM: HLMP
<input type="checkbox"/> CONTRACT MODIFICATION #: _____	CONTRACT #: _____

SECTION 1: Contact Information (☒ New or ☐ Existing)

Recipient: Hernando County Fire and Emergency Services

Project Title: HCFEM Station 1 Mitigation

POC :

Name: David DeCarlo Title: Director of Emergency Management

E-mail: ddecarlo@hernandocounty.us FEIN 59-1155275

Address: 18900 Cortez Boulevard, Brooksville FL, 34601

Phone #: (352) 754-4083 Fax #: _____

Remittance: ☐ Same as POC

Recipient: Hernando County Fire and Emergency Service

Address: 15400 Flight Path Drive, Brooksville FL, 34604

Phone #: (352) 754-4083 Fax #: _____

Global Match: ☐ Yes ☒ No (If yes, Match Project #): _____

Pre-Award Cost: ☐ Yes ☒ No (If yes Add Authorized Start Date): _____

Authorized Start Date: _____ or ☒ Upon Execution (new contract)

Date of Contract Execution : _____

Current Ending Date of Agreement (POP): 30-Jun-24

SECTION 2: Contract Modification: (Type and Information)

Administrative:	[]					
POP Extension:	[]	<input type="checkbox"/> Expired	_____	& Reinstate	<input type="checkbox"/> Not Expired	
Budget:	[]	<input type="checkbox"/> Decrease	<input type="checkbox"/> Increase	<input type="checkbox"/> Share Change		
Scope of Work:	[]					
Termination:	[]	<input type="checkbox"/> w/ Funds disbursed	<input type="checkbox"/> w/o Funds disbursed			
Other:	[]	<input type="checkbox"/> Exhibit I	<input type="checkbox"/> Pre-Award	<input type="checkbox"/> Attachments	#(s):	
Notes:						

New Ending Date of Agreement (POP): _____

BUDGET:	<u>Current</u>	<u>Revised</u>
Project Costs:	<u>\$ 194,000.00</u>	Project Costs: _____
Federal Share:	_____	Federal Share: _____
Non-Federal Share:	<u>\$ 179,000.00</u>	Non-Federal Share: _____
Admin Costs:	<u>\$ 15,000.00</u>	Admin Costs: _____

Project Manager's Signature _____ Date: _____