

## Public Assistance Advanced Funding Acknowledgment

Advanced	l Amount R	equested: <u>\$7,193,388.80</u>	Disaster #: 4834	PW #: 537	
Standard	Project □	Section 428 Project: □	Expedited Project: ⊠		
I, Brian Hawkins		, the Subrecipient, acknowledge that I have reviewed the following.			
1.	As required payments o	f Federal awards in interest-t ften as practicable but no late	he non-Federal entity must main bearing accounts. The interest must than ten (10) business days aft	ast be remitted to	
2.	Timely Disbursement: I certify that procedures are in place to ensure funds are disbursed to project vendors, contractors, and subcontractors without unnecessary delay.  Initials:				
3.	Cashflow Limitation: I understand that the amount requested cannot exceed the cash flow needed to complete the next ninety (90) days of work.  Initials:				
4.	Use of Funds Within Ninety Days: I certify that the funds will be expended within ninety (90) days after receipt of the advance. Initials:				
5.	I understand	ich may request the return of	ly expended within ninety (90) d Funexpended funds.	ays, I must notify	
6.	I understand Federal sha	re of funding under this Agre t the projected budgeted time	n, may withhold a portion of the eement if it reasonably expects the line.		
7.	I understand		itted via FloridaPA.org no later to vance payment or ninety (90) day		

completion date as required per 2 CFR 200.344 (b) closeout requirements, whichever come

first. An extension may be granted upon request.



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		ccount for all expenditures incurred while performing eligible work ne applicable Project Worksheet for which the advance was received.			
	Documentation Requirements:  I agree to provide the following documentation:				
	expedited pro	stification explaining the need for a cash advance (not required for 428 or bjects).  I day timeline projecting future payment schedules.			
	Documentation to support the cash amount (e.g., quotes for purchases, salary expense projections, invoices).				
	Initials:				
		my acknowledgment of the process described above and agree to adhere to tlined in this agreement.			
Date: Printed Name:					
	Title:	Chairman, Board of County Commissioners			
Subrecipie	ent's Signature:				

For any inquiries related to 2 CFR 200 requirements, please reach out to the FDEM Compliance inbox

fdem-pa-compliance@em.myflorida.com.