

RECIPIENT AGREEMENT CHECKLIST
DIVISION OF EMERGENCY MANAGEMENT
MITIGATION BUREAU
FISCAL OPERATIONS UNIT
HLMP & SHELTER DEVELOPMENT

REQUEST FOR REVIEW AND APPROVAL	
RECIPIENT:	Hernando County Fire and Emergency Services
PROJECT #:	DEM-HL00091
PROJECT TITLE:	Hernando County Fire and Emergency Services Station 1 Mitigation
CONTRACT #:	B0193
MODIFICATION #:	2

RECIPIENT REPRESENTATIVE (POINT OF CONTACT)	
	David DeCarlo Director of Emergency Management 18900 Cortez Boulevard Brooksville FL, 34601

Enclosed is your copy of the proposed contract/modification between **Hernando County Fire and Emergency Services** and the Florida Division of Emergency Management (FDEM).

COMPLETE	
<input checked="" type="checkbox"/>	This form is required to be included with all Reviews, Approvals, and Submittals
<input type="checkbox"/>	Reviewed and Approved
<input type="checkbox"/>	Signed & Dated Electronic Copy by Official Representative
<input type="checkbox"/>	Copy of the organization's resolution or charter that specifically identifies the person or position that is authorized to sign, if not Chairman, Mayor, or Chief
<input type="checkbox"/>	Attachment I – Contracts with Non-Profit Organizations - completed, signed, and dated
<input type="checkbox"/>	Electronic Submittal to the Grant Specialist

If you have any questions regarding this contract, or who is authorized to sign it, please contact your Project Manager at (850) 815-4517 or email me at Mackenzie.Lane@em.myflorida.com.