

## STATE OF CONNECTICUT Department of Emergency Services and Public Protection Division of Emergency Management & Homeland Security Hazard Mitigation Buy-Out Assistance Program

FEMA Project # :\_\_\_\_\_

## **REIMBURSEMENT CERTIFICATION**

I,\_\_\_\_\_(Grantee CEO Name and Title) for the \_\_\_\_\_(Grantee), hereby certify all demolition(s) for the properties identified in the above referenced HMA project are complete. I hereby certify that the information contained in the attached Reimbursement Package is based on official accounting records, and that project payouts shown have been made in accordance with applicable application terms and that documentation to support this project outlay is available.

Dated this day of

, 201\_.

(Grantee CEO Name)

(Title) (Grantee)

NOTICE: ANY FALS	SE STATEMENT MAI	DE BY YOU U	NDER OATH THAT
YOU DO NOT BELIEVE	TO BE TRUE AND W	HICH IS INTE	NDED TO MISLEAD
A PUBLIC SERVANT I	N THE PERFORMAN	NCE OF HIS	OR HER OFFICIAL
FUNCTION MAY BE	PUNISHABLE BY	A FINE O	R IMPRISONMENT
PURSUANT TO CONNE	CTICUT GENERAL ST	TATUTES SECT	TION 53a-157b.
County of	)		
State of Connecticut	)		, SS.
Subscribed and swe	orn to before me, this	day of	, 201 .

Notary Public My Commission Expires: Commissioner of the Superior Court