

**SUB-RECIPIENT AGREEMENT CHECKLIST**  
**DIVISION OF EMERGENCY MANAGEMENT**  
**MITIGATION BUREAU**  
**FISCAL OPERATIONS UNIT**  
**HMGP**

REQUEST FOR REVIEW AND APPROVAL	
<b>SUB-RECIPIENT:</b>	Charlotte County <small>Type text here</small>
<b>PROJECT #:</b>	4673-228-R
<b>PROJECT TITLE:</b>	Charlotte County, Burnt Store Water Treatment Plant Hurricane Safe Room and Generator
<b>HMGP CONTRACT #:</b>	H1393
<b>SM CONTRACT #:</b> (if applicable)	N/A
<b>MODIFICATION #:</b>	N/A

SUB-RECIPIENT REPRESENTATIVE (POINT OF CONTACT)	
	Syndi Merriman Grants Analyst 3100 Loveland Blvd, Unit 2 Port Charlotte, Florida 33980

Enclosed is your copy of the proposed contract(s)/modification(s) between **Charlotte County** 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 checked="" type="checkbox"/>	Reviewed and Approved
<input checked="" type="checkbox"/>	Signed & Dated Electronic Copy of HMGP Contract by Official Representative
<input type="checkbox"/>	Signed & Dated Electronic Copy of SM Contract by Official Representative (if applicable)
<input checked="" type="checkbox"/>	<b>Copy of the organization's resolution or charter</b> that specifically identifies the person or position that is authorized to sign, if not Chairman, Mayor, or Chief
<input checked="" type="checkbox"/>	Attachment I - Federal Funding Accountability and Transparency Act (FFATA) - completed, signed, and dated  <input type="checkbox"/> N/A for Modifications or State Funded Agreements
<input checked="" type="checkbox"/>	Attachment K – Certification Regarding Lobbying - completed, signed, and dated  <input type="checkbox"/> N/A for Modifications or State Funded Agreements
<input checked="" type="checkbox"/>	Attachment L – FACTS - completed, signed, and dated  <input type="checkbox"/> N/A for Modifications or State Funded Agreements
<input checked="" type="checkbox"/>	Attachment M – Foreign County of Concern Affidavit completed, signed, and dated  <input type="checkbox"/> N/A for Modifications or State Funded Agreements
<input checked="" type="checkbox"/>	Electronic Submittal to the Grant Specialist

## **SUB-RECIPIENT AGREEMENT CHECKLIST**

If you have any questions regarding this contract, or who is authorized to sign it, please contact your Project Manager at 850-270-6219 or email me at [Kelcie.swede@yagroup.com](mailto:Kelcie.swede@yagroup.com).