

Texas Division of Emergency Management
 Recovery, Mitigation and Standards
 Texas Residential Safe Room Rebate Program
Advance Payment Request Form

Date: _____

To: State Coordinator for Mitigation
 Texas Division of Emergency Management

From: _____(Name, Title, and Jurisdiction)

Subject: _____(DR-XXXX-Project-XXX)

This is a formal request for a reimbursement payment of funds on the following approved Texas Residential Safe Room Rebate Program project(s):

Project Number	Project Amount	Federal Share	Amount Expended
	\$	\$	\$

Advance Payments can be requested under the following conditions:

Funds are needed to pay eligible costs incurred by program participants based upon received supporting documentation. Jurisdiction certifies that they are able to make payments to the program participants included in this request **within 5 days** of the receipt of funds from Texas. Additionally, Jurisdiction agrees to submit all supporting documentation for each program participant included in this request **within 30 days** or within an agreed upon time-frame of receiving the funds.

Jurisdiction certifies that any part of this payment that is not expended within the scope of the project will be refunded to the Texas Division of Emergency Management **within 30 days** of receiving a de-obligation notice. These funds are needed to reimburse eligible cost of approved project scope of work to be paid by Jurisdiction based on received supporting documentation, which is described in the Texas Residential Safe Room Rebate Program handbook. To support this claim, the jurisdiction has included supporting documentation for the requested amount.

Please note; no advances will be made on administrative fees.

Jurisdiction: _____

Authorized Representative Name and Title: _____

Authorized Representative Signature: _____

Signature Date: _____