



## **Subrecipient Management Cost Checklist:**

Disaster/Project Number:

Jurisdiction Name:

Project Name:

**Please review the following information and check one of the boxes**

**below:**

- Yes, the above-mentioned jurisdiction would like to seek reimbursement for Subrecipient Management Costs. I have attached the completed 'HMGP Management Cost Estimate Spreadsheet' and 'Management Cost Estimate Narrative' for the above-mentioned project. These funds do not exceed 5% of the total project cost, and I am aware that the Federal cost share is 100%.
  
- No, the above-mentioned jurisdiction does not wish to seek reimbursement for Subrecipient Management Costs for the above-mentioned project, and waive their right to these funds.

Authorized Agent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Authorized Agent Name and Title: \_\_\_\_\_