## WASHINGTON STATE EMERGENCY MANAGEMENT SMALL PROJECT COMPLETION CERTIFICATION

APPLICANT:	STATE NO.:	DISASTER NO.:	FEMA NO.:
	D		

I hereby certify that to the best of my knowledge and belief, all work and costs claimed are eligible in accordance with the grant conditions, all work claimed has been completed and all costs claimed have been paid in full for the following project(s):

PW Number	Date of Total Completion (month, day, year)	Total Amount Claimed* (total eligible amount of PW)
Indire	ect Administrative Costs Certification	

Indirect Administrative Costs Certification

For the \_\_\_\_-DR-WA disaster, the Washington State Public Assistance Program will pass through \$\_\_\_\_\_\_ in Indirect Administrative funds (federal funds). I certify that the \_\_\_\_\_\_\_ expended \$\_\_\_\_\_\_\_ in indirect administrative funds to attend the Public Assistance applicant briefing, Kick-Off meeting, and exit briefing for the purpose of meeting with FEMA and/or State officials on the Public Assistance Program and its application to our entity. In addition, time was spent establishing files, making copies, and tracking documentation for the Public Assistance grant.

Documentation has been maintained that will verify the expenditures covered under the indirect administrative allowance.

CERTIFIED BY:	TITLE:	DATE: