

State of Louisiana
Letter of Agreement
Attachment C

Progress Report for the Period of _____ to _____

Act 410 of 2023 Regular Legislative Session

(To be submitted for each individual project for an Eligible Entity. Duplicate pages as needed.)

Name of Grantee and/or Subrecipient:

Project Name:

FEMA Project ID (if applicable):

Parish:

select from dropdown

Contact Name:

Telephone:

Description of Damaged Property(ies):

[Insert Description Here]

Description of Repair(s) Made:

[Insert Description Here]

Total Project Damages*

\$ -

**If funds have not yet been obligated by FEMA for the project, please provide the total current estimated project damages.*

Anticipated Income or Revenue/please include insurance proceeds, and Federal disaster grants and loans of any nature relative to this project:

Sources: *(list all sources of revenue)*

Amounts

1) Insurance Proceeds	\$	-
2) Received and/or Anticipated FEMA	\$	-
3)	\$	-
4)	\$	-
5)	\$	-
Total - All Sources	\$	-

Total Uncovered Project Damages

\$ -

Cost of Repairs/Amounts Expended <u>using</u> <u>Hurricane Ida Program Funds</u> in Prior <u>Reporting Periods:</u>	Item(s):	Amount:
	<i>[List Items Below]</i>	<i>[List Amounts Below]</i>
	Item 1:	\$ -
	Item 2:	\$ -
	Item 3:	\$ -
	Item 4:	\$ -
	Item 5:	\$ -
	Item 6:	\$ -
	Item 7:	\$ -
	Item 8:	\$ -
Total		\$ -

Cost of Repairs/Amounts Expended <u>using</u> <u>Hurricane Ida Program Funds</u> in Current <u>Reporting Period:</u>	Item(s):	Amount:
	<i>[List Items Below]</i>	<i>[List Amounts Below]</i>
	Item 1:	\$ -
	Item 2:	\$ -
	Item 3:	\$ -
	Item 4:	\$ -
	Item 5:	\$ -
	Item 6:	\$ -
	Item 7:	\$ -
	Item 8:	\$ -
Total		\$ -

Total - Cost of Repairs using Hurricane Ida Program Funds

\$

-

Control Check: Variance (Remaining Uncovered Project Damages minus (-) Cost of Repairs using Hurricane Ida Program Funds in Reporting Period

\$

-

Certification

 I hereby certify that I have reviewed the above information, it is true and correct to the best of my knowledge, and I am the duly authorized representative of the organization.

Signature of Authorized Person

Printed Name

Title

Date

State of Louisiana
Letter of Agreement
Attachment D

Cost Report for the Period of _____ to _____
Act 410 of 2023 Regular Legislative Session
(To be submitted for each Eligible Entity. Duplicate pages as needed.)

Name of Grantee and/or Subrecipient:

Parish:

Contact Name:

Telephone:

Fax:

select from dropdown

Expense Category	Amount of Appropriation from Attachment A or A-1	Total Prior Period(s) Expenditures	Total Current Period Expenditures	Total Cumulative Expenditures	Balance Remaining
Operating Services:					
Advertising	\$ -	\$ -	\$ -	\$ -	\$ -
Printing	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ -	\$ -	\$ -	\$ -	\$ -
Maintenance of Equipment	\$ -	\$ -	\$ -	\$ -	\$ -
Maintenance of Office and Grounds	\$ -	\$ -	\$ -	\$ -	\$ -
Rentals	\$ -	\$ -	\$ -	\$ -	\$ -
Software Licensing	\$ -	\$ -	\$ -	\$ -	\$ -
Dues and Subscriptions	\$ -	\$ -	\$ -	\$ -	\$ -
Telephones and Internet Service	\$ -	\$ -	\$ -	\$ -	\$ -
Postage	\$ -	\$ -	\$ -	\$ -	\$ -
Utilities	\$ -	\$ -	\$ -	\$ -	\$ -
Other	\$ -	\$ -	\$ -	\$ -	\$ -
Office Supplies	\$ -	\$ -	\$ -	\$ -	\$ -
Professional Services	\$ -	\$ -	\$ -	\$ -	\$ -
Other Charges	\$ -	\$ -	\$ -	\$ -	\$ -
Acquisitions & Major Repairs	\$ -	\$ -	\$ -	\$ -	\$ -
Totals	\$ -	\$ -	\$ -	\$ -	\$ -

Certification

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Signature of Authorized Person

Printed Name

Title

Date

<p style="text-align: center;">State of Louisiana Letter of Agreement Attachment D-1</p>

Cost Report for the Period of _____ to _____ Act 410 of 2023 Regular Legislative Session <i>(To be submitted for each Eligible Entity. Duplicate pages as needed.)</i>
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(To be submitted for each Eligible Entity. Duplicate pages as needed.)

****select from dropdown****

Hurricane Ida Recovery Fund Program

***Instructions:** List each individual firm or contractor paid from this grant.

Name of Contractor	Prior Period(s) Expenditures Paid to Contractor	Current Period Expenditures Paid to Contractor	Total Cumulative Expenditures Paid to Contractor
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -
Totals	\$ -	\$ -	\$ -

***NOTE: An Attachment E-1 must be submitted for any Contractor listed on this attachment.**

Certification

I hereby certify that I have reviewed the above information, it is true and correct to the best of my knowledge, and I am the duly authorized representative of the organization.

Signature of Authorized Person

Printed Name _____

Title

Date _____