

**STATE CALIFORNIA DISASTER ASSISTANCE ACT PROGRAM**

**PROJECT SUMMARY  
CERTIFICATION OF DOCUMENTATION**

(Must be submitted with attached CDAA4a Database Project Summary)

CDAA #: \_\_\_\_\_ FEMA- \_\_\_\_-DR P.A. #: \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_

I HEREBY CERTIFY under penalty of perjury: That I am the duly authorized official of the herein named applicant; that the Project Summary (final claim) attached to this certification, is in all respects true, correct, and has not heretofore been paid, and is in accordance with law; that materials, supplies or services listed have been received or performed; that the materials, supplies or services for which payment was made were used or performed exclusively in connection and consistent with Disaster Assistance of the applicant in accordance with the California Disaster Assistance Act and applications approved by the California Emergency Management Agency; that original contracts, invoices, vouchers or payrolls in support of this claim are on file in the office of the herein named applicant, that I have not violated any of the provisions of Sections 1090 to 1096 inclusive of the Government Code in incurring the items of expense referred to in this claim.

I certify that I am the fully qualified and authorized official of the herein applicant responsible for the examination and settlement of accounts; and that the accounts claimed have been paid by the herein named applicant:

\_\_\_\_\_  
(Printed Name of Applicant's Agent and Title)

\_\_\_\_\_  
(Signature of Applicant's Agent)

By \_\_\_\_\_  
(Auditor-Controller-Clerk of Applicant)

\_\_\_\_\_  
(Date)

*This form must be completed and submitted with the CDAA Database Project Summary within sixty (60) days following completion of all work, to:*

California Emergency Management Agency – Grants Processing Section  
3650 Schriever Avenue, Mather, California 95655

(For Internal Use Only)		
TOTAL APPROVED FINAL CLAIM.....	\$	_____
Administrative Allowance.....	\$	_____
Amount of Prior Advances.....	\$	_____
AMOUNT OF FINAL PAYMENT.....	\$	_____
Date _____	Reviewer _____	Title _____
Date _____	Reviewer _____	Title _____