

ATTACHMENT D

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION BEACH MANAGEMENT FUNDING ASSISTANCE PROGRAM REQUEST FOR PAYMENT – PART I

PAYMENT SUMMARY

Name of Project: HALLANDALE BEACH DUNE RESTORATION

Grantee: BROWARD SOIL AND WATER CONSERVATION DISTRICT DEP Contract Number: 07BO1

Billing Number: 1042

Billing Period: 12/01/2006 - 12/ 31/2008

Billing Type: ☒ Interim Billing ☐ Final Billing

Costs Incurred This Payment Request:

Federal Share*	State Share	Local Share	Total
\$ _____ *if applicable	\$ <u>174,582.00</u>	\$ <u>192,958.00</u>	\$ <u>367,540.00</u>
Cost Summary:			
State Funds Obligated	\$ <u>174,582.00</u>	Local Funds Obligated	\$ <u>192,958.00</u>
Less Advance Pay	\$ _____	Less Advance Pay	\$ <u>0.00</u>
Less Previous Payment	\$ <u>62,403.00</u>	Less Previous Credits	\$ <u>192,958.00</u>
Less Previous Retained	\$ <u>6,933.67</u>		
Less This Payment	\$ <u>94,720.80</u>	Less This Credit	\$ <u>0.00</u>
Less This Retainage (10%)	\$ <u>10,524.53</u>	Local Funds Remaining	\$ <u>0.00</u>
State Funds Remaining	\$ <u>0.00</u>		

Certification: I certify that this billing is correct and is based upon actual obligations of record by the grantee; that payment from the State Government has not been received; that the work and/or services are in accordance with the Department of Environmental Protection, Bureau of Beaches and Coastal Systems approved Project Agreement including any amendments thereto; and that progress of the work and/or services are satisfactory and are consistent with the amount billed.

Russell M. Setti

Name of Project Administrator

Signature of Project Administrator

Date

Thaddeus Hamilton

Name of Project Financial Officer

Signature of Project Financial Officer

Date