



# TEXAS DIVISION OF EMERGENCY MANAGEMENT

## Applicant's Attestation for Duplication of Benefits



**Applicant:** Fort Bend County, Texas

**Disaster Number:** 4272-0026

**Program:** Hazard Mitigation Grant Program

Please complete the below form in accordance with Section 312(a) of the Stafford Act, which states that Federal assistance cannot duplicate the benefits provided by other sources.

1. Is FEMA the only source of funds received for the project(s)? If "NO" is selected, please report any additional funding using the table below.

☒ YES ☐ NO

2. Did the Applicant take action to maximize any potential insurance proceeds available to fund the project(s)?

☐ YES ☒ NO ☒ N/A – NO COVERAGE

3. Have all insurance claims related to the project(s) been closed and/or settled? If "NO" is selected, please indicate the amount of "Anticipated Insurance Proceeds" in the table below.

☐ YES ☐ NO ☒ N/A – NO COVERAGE

4. Please use the table below to report any non-FEMA funds received or anticipated for the project(s):

Project #	Insurance Claims Received:	Anticipated Insurance Proceeds:	Grant Funds Received:	Contractor Credits or Refunds:	Disposition of Equipment:	Salvageable Materials:	Other Funds Received:	PW Total Non-FEMA Funds Received:

### Statement of Acknowledgement:

I certify that the information provided is true and accurate to the best of my knowledge. I understand that if this information is incorrect, it could affect the federal funding for this project(s).

**Signature:**

*KP George*

**Date:**

*1/4/2022*

**Printed Name:**

*KP George*

**Title:**

*County Judge*

**Organization:**

*Fort Bend County*

[illegible]