

## FLORIDA DEPARTMENT OF Environmental Protection

**Jeanette Nuñez** Lt. Governor

Shawn Hamilton Secretary

**Ron DeSantis** 

Governor

Marjory Stoneman Douglas Building 3900 Commonwealth Boulevard Tallahassee, FL 32399

## Resilient Florida Program Match Funding Source Documentation

Form required for all grant agreements with match expenditures.

Grant Agreement Number: 25SRP23
Grantee Name: County of Pinellas

For the Resilient Florida Program grant listed, match funds may be required, pursuant to Attachment 2, Section 7. If required, complete the following table to identify the match funding source(s) and amounts and provide applicable supporting documentation for verification of funding source(s), pursuant to Attachment 1.

| Match Funding Source Type (Expenditure Category) | Match Funding<br>Amount | Specify the Funding Source                   | Match<br>Documentation<br>Provided |
|--------------------------------------------------|-------------------------|----------------------------------------------|------------------------------------|
| Contractual Services                             | \$ 12,928,000           | Local Infrastructure Sales Surtax (Penny for | $\boxtimes$                        |
|                                                  | \$                      |                                              |                                    |
|                                                  | \$                      |                                              |                                    |
|                                                  | \$                      |                                              |                                    |
| Total Match<br>Amount:                           | \$                      |                                              |                                    |

Add additional rows, if needed.

**Note:** Supporting documentation to substantiate match requirements for specific budget categories, as identified in Attachment 3, is required to be submitted with each payment request to document all match funds provided during the period covered by that request. Refer to Attachment 1 for the documentation required to satisfy match documentation for payment requests.

**Certification:** By signing below, I certify that, on behalf of the Grantee listed above, the matching funds provided with this form are available for use with the Resilient Florida Program Grant Agreement Number, 25CRP23

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|------------|-------|
| Name:      |       |
| Title:     | -     |
|            |       |
| Signature: | Date: |