HAZARD MITIGATION GRANT PROGRAM
VA 1318-710-003

PROJECT CLOSEOUT

BARBARA E. LAI
CITY OF NORFOLK
JUNE 14, 2005

Financial Closeout

VIRGINIA DEPARTMENT OF EMERGENCY MANAGEMENT

REQUEST FOR REIMBURSEMENT OF FUNDS
Hazard Mitigation Grant Program (HMGP)

TO: Department of Emergency Management
Preparedness & Mitigation Division
Hazard Mitigation Grant Program
10501 Trade Court
Richmond, VA 23236

FROM: City of Norfolk (subgrantee)
1101 City Hall Building (address)
810 Union Street
Norfolk, VA 23510 (city, zip)

RE: Dora Highway Acquisition (project name)

VDEM HMGP #: VA 1318-710-003

During the Period of 1/1/2005 through 7/8/2005, eligible project costs totaled $ 45,901.73. We are requesting a reimbursement of funds in the amount of 75% (federal) of the eligible costs $ 34,426.30 and 20% (state) of the eligible costs $ 9,180.35, totaling 95% of the eligible project costs, in accordance with the statement of grant award dated May 21, 2002. We also request reimbursement for administrative costs of $ 0 which are 100% federal funds (taken from awarded subgrantee administrative costs).

Type of Payment Requested: Partial ( ) Full ( ) Final (X)
If payment is partial, this request is payment # _____.

1. Funds shall be used solely for the work approved in the project application.
2. Funds advanced which are in excess of the approved expenditures, as accepted by final audit by the state, shall be refunded promptly to the state.
3. Accounting records will be kept which adequately identify the source and application of HMGP funds and be supported by such source documentation as canceled checks, paid bills, payrolls, time and attendance records, contract and subgrant awards, etc. Support documentation of all in-kind match dollars, such as labor force account labor, inspection logs or reports and use of existing inventory, shall also be included.
4. Progress reports shall be submitted to the State on a quarterly basis until project close-out. Reports will indicate the status and completion date for each project funded as per State requirements.

Maximum Amount of Federal and State Funds Approved for Project: $1,939,838.00
Includes Subgrantee Administrative Costs. Amount must agree with statement in award letter.

Amount Requested to Date (including this request): $ 1,281,924.60

Project Costs to Date: $ 1,347,757.89

I certify that to the best of my knowledge and belief, the data presented above are correct, that all outlays were made in accordance with the grant conditions and that payment is due and has not been previously requested. I further certify that I am the authorized subgrantee agent, designated by the above referenced subgrantee to enter into this agreement for, and on behalf of, said subgrantee.

Subgrantee's Agent: Dawn Griffith — Signature — 7/12/2005 — Date

DAWN GRIFFITH ACCOUNTANT IV
Print Name and Title

VANTAGE Desktop - DGRIFFI - [Expense Budget Summary Inquiry]

File Edit Display Window Help

Budget Fiscal Year: MY | Fund: SR | Agency: 30 | Organization: 138

Activity: | Function:

Display Totals

Totals

Current	2,040,298.00	Encumbered	4,790.56
Expended	1,347,757.89	Available	687,749.55

	Object	Description	Current	Encumbered	Expended	Available
1	5235	SUP-COPY&DUP	215.00	0.00	214.80	0.20
2	5244	FOOD	0.00	0.00	0.00	0.00
3	5298	CO-MAIL RM	0.00	0.00	0.00	0.00
4	5301	CONSULT SVCS	200,000.00	4,789.56	80,210.44	115,000.00
5	5303	ARCH & ENGRS	35,000.00	0.00	35,000.00	0.00
6	5307	OTHR CONTRCT	1,803,606.00	1.00	1,230,856.07	572,748.93
7	5329	ADVERTISING	1,477.00	0.00	1,476.58	0.42
8	5341	PROMO ACTS	0.00	0.00	0.00	0.00

Messages 9:32 AM 07/13/05

This will be unencumbered

PROJECT CLOSEOUT

City of Norfolk Property Acquisition and Elevations

VA 1318-710-003

Financial Reconciliation Form

Federal/State Project Funding

Disaster No.	Project Name	Subgrantee Name	FEDERAL		STATE	TOT. OBLIG. STATE/FEDERAL
			Project	Sub. Admin.	Project	
1318	City of Norfolk Property Acquisition and Elevations	City of Norfolk	$1,506,905.00	$31,092.00	$401,841.00	$1,939,838.00
			2/4/2005 $953,073.12 7/19/2005 $34,426.30	2/4/2005 $31,092.00	2/4/2005 $254,152.83 7/19/2005 $9,180.35	
BALANCE			$519,405.58	$0.00	$138,507.82	$657,913.40

PROJECT CLOSEOUT

City of Norfolk Property Acquisition and Elevations

VA 1318-710-003

Financial Reconciliation Form

Locality MatchingFund

Disaster #	Project Name	Subgrantee Name	Match Funds Required	Match Funds Spent	Match Balance
1318	City of Norfolk Property Acquisition and Elevations	City of Norfolk	$329,166.47	$263,333.18	$65,833.29

ACTIVITY/SOURCE (if any balance left, fill in remaining match activities and fund sources)	FUNDS SPENT	DATES SPENT
Commonwealth of Virginia	$254,152.83 $9,180.35	2/4/2005 7/19/2005

...o the best of my knowledge and belief, the data presented above are correct, that all outlays were made in accordance with the grant conditions and that payment has been requested and has been ... I further certify that I am the authorized subgrantee agent, designated by the above referenced subgrantee to enter into this agreement for and on behalf of said subgrantee.

Subgrantee's Agent: _____ 8/8/05

Signature Date

CONTRACT PAYMENT SUMMARY SHEET

CPV# 8844D VENDOR: Engineering Concepts

VENDOR CODE: ENGINEØ11Ø

PV DATE 030404 ACCT PD 0904 SINGLE CHECK ____ CHECK CATEGORY ____

SCHEDULE PAYMENT DATE ___ ___ ___ TOTAL VOUCHER AMOUNT $ 32,660.18

CPO#	INVOICE #	ACCOUNT NUMBER	LINE #	ACT	AMOUNT	P/F
8844	Ø3Ø3Ø-Ø5	SR3Ø138-53Ø1	Ø1	—	$ 4767.21	F
8844A	Ø3Ø3Ø-Ø5	SR3Ø138-53Ø3	Ø2	—	$ 11,546.82	P
8844A	Ø3Ø3Ø-Ø6	SR3Ø138-53Ø3	Ø2	—	$ 7592.39	P
8844A	Ø3Ø3Ø-Ø7	SR3Ø138-53Ø3	Ø2	—	$ 5827.40	P
8844A	Ø3Ø3Ø-Ø9	SR3Ø138-53Ø3	Ø2	—	$ 2926.36	P

CHECK NO: 626805 CHECK DATE: 3/5/04

Work Completed to date 87,892.97

Less: Retainage —

Less: Escrow —

Less: Previous Payments 55,232.79

Payment Amount Due 32,660.18

Description: (Line 01) Housing Design & Constr.

(Line 02)

(Line 03)

(Line 04)

(Line 05)

Prepared By: D. Everett Entered By: D. Everett

D Everett 3/4/04 K Colombo 3/4/04

Approval 1 Date Approval 2 Date Approval 3 Date

CONTRACT PAYMENT SUMMARY SHEET

CPV# 8844C VENDOR: Engineering Concepts

VENDOR CODE: ENGINE 0110

PV DATE 11 18 03 ACCT PD 0504 SINGLE CHECK ____ CHECK CATEGORY ____

SCHEDULE PAYMENT DATE ____ ____ ____ TOTAL VOUCHER AMOUNT $ 13,155.73

CPO#	INVOICE #	ACCOUNT NUMBER	LINE #	ACT	AMOUNT	P/F
8844	030304	SR30138-5301	01	—	$13,155.73	P
					$	
					$	
					$	
					$	

CHECK NO: 608027 CHECK DATE: 11/19/03

Work Completed to date 55,232.79

Less: Retainage —

Less: Escrow —

Less: Previous Payments 42,077.06

Payment Amount Due 13,155.73

Description: (Line 01) Housing Design & Construction

(Line 02)

(Line 03)

(Line 04)

(Line 05)

Prepared By: D. Everett Entered By: D. Everett

D. Everett 11/18/03 K Colombo 11/18/03

Approval 1 Date Approval 2 Date Approval 3 Date

CONTRACT PAYMENT SUMMARY SHEET

CPV# 8844B VENDOR: Engineering Concepts

VENDOR CODE: ENGINE0110

PV DATE 08 28 03 ACCT PD 02 04 SINGLE CHECK ____ CHECK CATEGORY ____

SCHEDULE PAYMENT DATE ____ ____ ____ TOTAL VOUCHER AMOUNT $ 28,146.82

CPO#	INVOICE #	ACCOUNT NUMBER	LINE #	ACT	AMOUNT	P/F
8844	03030-01	5R30138-5301	01		$10,075.00	P
8844	03030-02				$11,816.00	P
8844	03030-03				$6,255.82	P
					$	
					$	

CHECK NO: 595940 CHECK DATE: 8/29/02

Work Completed to date 42,077.06

Less: Retainage —

Less: Escrow —

Less: Previous Payments 13,930.24

Payment Amount Due 28,146.82

Description: (Line 01) Housing Design & Construction

(Line 02)

(Line 03)

(Line 04)

(Line 05)

Prepared By: D. Everett Entered By: D Everett

D. Everett 8/28/03 K Colombo 8/28/03

Approval 1 Date Approval 2 Date Approval 3 Date

9528 13th Bay Street

APPLICATION AND CERTIFICATE FOR PAYMENT

8

To(OWNER): City of Norfolk
Public Works Department
Room 700 7th Flr.City Hall Bdg
Norfolk,, VA 23510

From: C.P.G., INC.
P.O. BOX 9157
CHESAPEAKE, VA 23321

Project: Elevation Moore House
9528 13th Bay Street
Norfolk,Virginia

Via(Architect): Engineering Concepts, Inc.
20 South Roanoke Street
P.O. Box 619
Fincastle,Virginia 24090

Application No: 3
Invoice No: 1106-3
Period To: 02/28/2005

Architect's
Project No: 1106

Contract Date: 11/15/2004

cpo 9599

CONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for Payment, as shown below, in connection with the Contract. Continuation Sheet, AIA Document G703, is attached.

1. ORIGINAL CONTRACT SUM.....	$	73,416.00
2. Net change by Change Orders.....	$	0.00
3. CONTRACT SUM TO DATE(Line 1 +/- 2).....	$	73,416.00
4. TOTAL COMPLETED & STORED TO DATE..... (Column G on G703)	$	73,416.00
5. RETAINAGE(Column I on G703).....	$	0.00
6. TOTAL EARNED LESS RETAINAGE..... (Line 4 less Line 5)	$	73,416.00
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT. (Line 6 from prior Certificate)	$	67,930.70
8. SALES TAX.....	$	0.00
9. CURRENT PAYMENT DUE.....	$	5,485.30
10. BALANCE TO FINISH, PLUS RETAINAGE..... (Line 3 less Line 6)	$	0.00

CHANGE ORDER SUMMARY

	ADDITIONS	DEDUCTIONS
Change Orders approved in previous months by Owner. TOTAL	0.00	0.00
Approved this month Number Date Approved		
TOTALS	0.00	0.00
Net change by change orders	0.00	

Hold C. Final

3/24/05

JKC 3/25/05

The undersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work for which previous Certificates for Payment were issued and payments received from the Owner, and that current payment shown herein is now due.

State of: Virginia County of: Suffolk
Subscribed and sworn to before me this 28th day of February 2005

Notary Public: Belinda
My Commission expires: 7-31-07

OK for Jones 3-21-05

CONTRACTOR: C.P.G., INC.

By: [signature] Date: 2/28/05

ARCHITECT'S CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observations and the data comprising the above application, the Architect certifies to the Owner that to the best of the Architect's knowledge, information and belief the Work has progressed as indicated, the quality of the Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED.

AMOUNT CERTIFIED..... $ 5,485.30
(Attach explanation if amount certified differs from the amount applied for.)

~~ARCHITECT:~~
Construction Manager

By [signature] Date 3/9/05

This Certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the Contractor named herein. Issuance, payment and acceptance of payment are without prejudice to any rights of the Owner or Contractor under this Contract.

RECEIVED MAR 25 2005

FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077
Expires December 31, 2005

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1 - 7.

SECTION A - PROPERTY OWNER INFORMATION

For Insurance Company Use:
Policy Number
Company NAIC Number

BUILDING OWNER'S NAME
James L. Moore

BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO.
9528 13th Bay Street

CITY	STATE	ZIP CODE
Norfolk	VA	23518

PROPERTY DESCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
Lots 22 &23, Block 27 East Ocean View, Plat A, Section 2

BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use a Comments area, if necessary.)
Residentia (duplex design)l

LATITUDE/LONGITUDE (OPTIONAL)
(##° - ##' - ##.##" or ##.#####°)
36.9290N 76.2030E

HORIZONTAL DATUM: ☐ NAD 1927 ☒ NAD 1983

SOURCE: ☐ GPS (Type):_____ ☐ USGS Quad Map ☐ Other: Norfolk

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER	B2. COUNTY NAME	B3. STATE
City of Norfolk / 510104	Independent City	VA

B4. MAP AND PANEL NUMBER	B5. SUFFIX	B6. FIRM INDEX DATE	B7. FIRM PANEL EFFECTIVE/REVISED DATE	B8. FLOOD ZONE(S)	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of flooding)
510104 0001	E	3/02/1983	7/16/1996	A4	8.5

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.
☐ FIS Profile ☒ FIRM ☐ Community Determined ☐ Other (Describe): ____

B11. Indicate the elevation datum used for the BFE in B9: ☒ NGVD 1929 ☐ NAVD 1988 ☐ Other (Describe): ____

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? ☐ Yes ☒ No Designation Date_____

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

C1. Building elevations are based on: ☐ Construction Drawings* ☐ Building Under Construction* ☒ Finished Construction
*A new Elevation Certificate will be required when construction of the building is complete.

C2. Building Diagram Number 8 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

C3. Elevations – Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO
Complete Items C3.-a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion.
Datum NAVD '88('92) Conversion/Comments +1.20 TO NGVD '29('59)
Elevation reference mark used GPS 075 Does the elevation reference mark used appear on the FIRM? ☒ Yes ☐ No

- o a) Top of bottom floor (including basement or enclosure) 3. 6 ft.(m)
- o b) Top of next higher floor 8. 9 ft.(m)
- o c) Bottom of lowest horizontal structural member (V zones only) 7. 6 ft.(m)
- o d) Attached garage (top of slab) N/A. __ ft.(m)
- o e) Lowest elevation of machinery and/or equipment servicing the building (Describe in a Comments area) 7. 9 ft.(m)
- o f) Lowest adjacent (finished) grade (LAG) 3. 7 ft.(m)
- o g) Highest adjacent (finished) grade (HAG) 3. 7 ft.(m)
- o h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade 6
- o i) Total area of all permanent openings (flood vents) in C3.h 732 sq. in. (sq. cm)

License Number, Embossed Seal, Signature, and Date

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information.
I certify that the information in Sections A, B, and C on this certificate represents my best efforts to interpret the data available.
I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

CERTIFIER'S NAME John R. Saunders III LICENSE NUMBER 1128

TITLECity Surveyor COMPANY NAME City of Norfolk

ADDRESS	CITY	STATE	ZIP CODE
810 Union Street	Norfolk	VA	23510

SIGNATURE	DATE	TELEPHONE
	3/24/2005	(757)664-4673

IMPORTANT: In these spaces, copy the corresponding information from Section A.			For Insurance Company Use:
BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg. No.) OR P.O. ROUTE AND BOX NO. 9528 13th Bay Street			Policy Number
CITY Norfolk	STATE VA	ZIP CODE 23518	Company NAIC Number

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)

Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

COMMENTS
Conversion of +1.20 from NAVD '88('92) to NGVD '29('59) is a local conversion factor.

Item C#(e): Top of wood platform for air handler..

☐ Check here if attachments

SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)

For Zone AO and Zone A (without BFE), complete Items E1 through E4. If the Elevation Certificate is intended for use as supporting information for a LOMA or LOMR-F, Section C must be completed.

E1. Building Diagram Number _(Select the building diagram most similar to the building for which this certificate is being completed – see pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)

E2. The top of the bottom floor (including basement or enclosure) of the building is __ ft.(m) __in.(cm) ☐ above or ☐ below (check one) the highest adjacent grade. (Use natural grade, if available).

E3. For Building Diagrams 6-8 with openings (see page 7), the next higher floor or elevated floor (elevation b) of the building is __ ft.(m) __in.(cm) above the highest adjacent grade. Complete items C3.h and C3.i on front of form.

E4. The top of the platform of machinery and/or equipment servicing the building is __ ft.(m) __in.(cm) ☐ above or ☐ below (check one) the highest adjacent grade. (Use natural grade, if available).

E5. For Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance?
☐ Yes ☐ No ☐ Unknown. The local official must certify this information in Section G.

SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION

The property owner or owner's authorized representative who completes Sections A, B, C (Items C3.h and C3.i only), and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. *The statements in Sections A, B, C, and E are correct to the best of my knowledge.*

PROPERTY OWNER'S OR OWNER'S AUTHORIZED REPRESENTATIVE'S NAME

ADDRESS | CITY | STATE | ZIP CODE

SIGNATURE | DATE | TELEPHONE

COMMENTS

☐ Check here if attachments

SECTION G - COMMUNITY INFORMATION (OPTIONAL)

The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below.

G1. ☐ The information in Section C was taken from other documentation that has been signed and embossed by a licensed surveyor, engineer, or architect who is authorized by state or local law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)

G2. ☐ A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.

G3. ☐ The following information (Items G4-G9) is provided for community floodplain management purposes.

G4. PERMIT NUMBER	G5. DATE PERMIT ISSUED	G6. DATE CERTIFICATE OF COMPLIANCE/OCCUPANCY ISSUED

G7. This permit has been issued for: ☐ New Construction ☐ Substantial Improvement

G8. Elevation of as-built lowest floor (including basement) of the building is: ____. __ft.(m) Datum: ____

G9. BFE or (in Zone AO) depth of flooding at the building site is: ____. __ ft.(m) Datum: ____

LOCAL OFFICIAL'S NAME | TITLE

COMMUNITY NAME | TELEPHONE

SIGNATURE | DATE

COMMENTS

☐ Check here if attachments

STATE FARM INSURANCE COMPANIES

State Farm Fire and Casualty Company

1500 State Farm Blvd.
Charlottesville, VA 22909-0001

Z-2904-F214 F D

MOORE, JAMES LAWRENCE
1985 MALBON RD
VIRGINIA BEACH VA 23456-7219

RENEWAL CERTIFICATE

POLICY NUMBER	46-RB-1270-5
Flood-Dwelling Policy AUG 11 2004 to AUG 11 2005	
DATE DUE	**PLEASE PAY THIS AMOUNT**
AUG 11 2004	$714.00

Location: 9528 13TH BAY ST
NORFOLK VA

Coverages and Limits

A	Dwelling	$110,600
C	Other Coverages	**
D	Increased Cost of Compliance	**

Deductibles

Dwelling	$500

Flood Hazard Zone A04
Building Rated As Elevated

#3935
7-19-04

Forms and Endorsements

Flood Policy - Dwelling Form	FP-7920.4
Increased Cost of Compliance	FE-8746

Annual Premium	$684.0
Federal Policy Fee	~~$30.0~~
Amount Due	$714.0

Premium Reductions

Your premium has already been reduced by the following:

Community Rating Discount	36.0

Cov. A - Inflation Index: 183.4
Cov. B - Consumer Price: N/A

Full premium payment will provide continuous coverage until AUG 11 2005.

**See policy booklet for explanation of coverage.

Thanks for letting us serve you...
Agent MICHAEL WEEKS INS AGENCY INC
Telephone (757) 463-2400

Prepared JUN 28 2004

32 3376 2231

See reverse side for important information.
Please keep this part for your record.