

**Federal Emergency Management Agency  
Project Completion and Certification Report (P.4)  
Event: 4485DR-TX (4485DR)**

**Applicant FIPS ID:** 355-UONZ4-00 **Applicant/Subdivision Name:** Nueces County Hospital District

Project #	PW #	Version #	Work Category	Eligible Cost	Cost Share %	Work Done By	Work Completion Percentage	Activity Completion Deadline	Actual Date Completed	Final Expenditures	Comment
742188	01231	0	Z - Management Costs	\$33,747.80	100.00%		99.00%	03/25/2028			

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<p>I hereby certify that to the best of my knowledge and belief all work and costs claimed are eligible in accordance with the grant conditions, all work claimed has been completed, and all costs claimed have been paid in full.</p>	<p>I hereby certify that all funds were expended in accordance with the provisions of the signed FEMA-State Agreement and I recommend an approved amount of \$_____.</p>
<p>Signed: _____ Applicant's Authorized Representative</p>	<p>Signed: _____ Governor's Authorized Representative</p>
<p>Date: _____</p>	<p>Date: _____</p>