

PAYMENT OF FUNDS REQUEST FORM

| | |
|---------------------------------|------------------------|
| Subrecipient Name | Grant Program |
| Nueces County Hospital District | Public Assistance (PA) |
| Disaster Number | Project Number |
| FEMA-4485-DR-TX | 674808 |

Payments can be requested under the following conditions (select one):

- Funds are needed to pay for approved project scope of work before supporting documentation is available compiled due to a hardship. The subrecipient will be required to provide TDEM with a letter that justifies the hardship and a spend plan. The spend plan will detail amount of funds requested for the next 30 to 60 days, timeline to expend the funds, and eligible cost to be covered by the funds. To ensure proper use of funds this will be monitored by TDEM to ensure compliance with the spend plan.
- Funds are needed to pay eligible cost of approved project scope of work based on received invoices and/or supporting documentation, but the subrecipient is unable to pay due to a hardship. The subrecipient will be required to provide TDEM with a letter that justifies the hardship, and the invoices and/or supporting documentation of cost incurred. To ensure proper use of funds the subrecipient will be required to provide proper supporting documentation to TDEM that the funds were expended within 30 days of receiving the funds.
- Funds are needed to pay eligible cost of approved project scope of work paid by the subrecipient based on received invoices and or other supporting documentation. The subrecipient will be required to provide proper supporting documentation to TDEM for the cost. I understand that any part of this payment that is not expended within the scope of the project will be refunded to the Texas Division of Emergency Management within 30 days of receiving the deobligation notice. In addition, to support this claim, I have included supporting documentation for the requested amount.

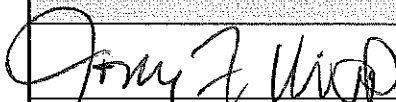
| Work Type | Total of Subrecipient Eligible Costs | Supporting Documentation Attached? |
|--|--------------------------------------|------------------------------------|
| Force Account Labor (FAL) | | |
| Force Account Equipment (FAE) | | |
| Materials | | |
| Contract Costs | \$ 385,000.00 | Yes |
| Lease/Rental Costs | | |
| Administrative Costs (DAC / Management and Indirect Costs) | | |
| Other Costs | | |
| 404 HMGP and PDM Only | | |
| Cost of Property Acquisition | | |
| Individual Safe Rooms (Capped at \$6,000.00 total per shelter) | | |
| Safe Room Admin Fee (5%/\$100 per shelter) | | |
| GRAND TOTAL OF REQUEST: | \$ 385,000.00 | |

This form does not list all work types, if the types listed do not represent the work performed, please input those as "Other Costs" and provide additional summaries for each type of work performed.

Subrecipient Comments

Accenture Invoices 9995331106, 9995331588, 1100738506, 1100741256, 1100745183, 1100748143, 1100735106, 1100735113. See attached.

Signature Block


 Signature of Subrecipient's Agent

Johnny Hipp 09/25/2023
 Printed Name of Subrecipient's Agent Date (MM/DD/YYYY)

Nueces County Hospital District

Chief Executive Officer 361-808-3300

Name of Jurisdiction

Subrecipient's Agent's Title Subrecipient's Agent's Phone Number

555 N. Carancahua St., Suite 950

Corpus Christi, TX 78401

Mailing Address

City, State, ZIP Code