



City of Bay St. Louis  
688 Highway 90  
Bay St. Louis, MS 39520

August 26, 2025

Mississippi Emergency Management Agency  
Attention: Mitigation Grant Programs  
1 MEMA Drive  
Pearl, MS 39208

RE: Reimbursement Request – Milestone 1, 3100 Roberson Road Structure Elevation  
FMA-PJ-04-MS-2022-008

Dear Mitigation Program Team,

On behalf of the City of Bay St. Louis, we respectfully submit the enclosed Reimbursement Request Form (RRF No. 3) in the amount of \$42,441.25 for work completed under Milestone 1 of the structure elevation project located at 3100 Roberson Road. The contractor, Davie Shoring, Inc., has fulfilled the initial milestone for this elevation project as outlined in the approved scope of work under the Flood Mitigation Assistance (FMA) Swift Current grant.

Tetra Tech, serving as the project management consultant for the City, has reviewed the invoice and all supporting documentation, including the signed Notice to Proceed, permit documentation, Elevation Certificate, engineering and design plans, and progress photos. Based on their review, Tetra Tech has formally recommended approval of the submitted payment to the contractor.

We request that MEMA process this reimbursement in accordance with the grant terms and forward the funds to the City for disbursement to the contractor.

Should you have any questions or require additional information, please contact me directly.

Sincerely,



Michael J. Reso  
Chief Administrative Officer  
City Clerk  
City of Bay St. Louis  
[mreso@baystlouis-ms.gov](mailto:mreso@baystlouis-ms.gov)  
(228) 466-5457

**Enclosures:**

Reimbursement Request Form (RRF No. 3)  
Contractor Invoice  
Tetra Tech Approval Letter  
Supporting Documentation (Permit, EC, NTP, Progress Photos)

**REQUEST FOR PAYMENT HAZARD MITIGATION ASSISTANCE PROGRAMS**  
**Flood Mitigation Assistance, Hazard Mitigation Grant Program, Swift, BRIC Grant, LPDM**

1. Payment Request No. 3 Disaster: FEMA- FMA 2022 -DR-MS; Fund/Proj. #: FMA-PJ-04-MS-2022-008

3. Type of Request: ☒ Partial ☐ Final 4. FIPS No 2803980 Cost Share% 95.65%/4.35%

5. Name of Applicant: City of Bay St. Louis Telephone: (228) 466-5457  
Address: 688 Highway 90, Bay St. Louis, MS 39520 E-mail: mreso@baystlouis-ms.gov

**COMPUTATION OF AMOUNT REQUESTED**

6. Federal Funding:

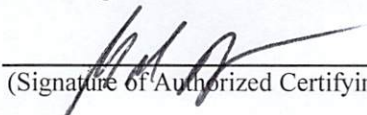
a. Total Amount Approved (100%)	\$ <u>555,220.00</u>
b. Federal Share (95.65% of total) Available	\$ <u>531,053.30</u>
c. Total Previous Payments	\$ <u>103,193.80</u>
d. Current Balance Available (b minus c)	\$ <u>427,859.50</u>
e. Amount of This Request (100%)	\$ <u>42,441.25</u>
f. Cumulative Payments (c plus e)	\$ <u>145,635.05</u>
g. Project Balance (b minus f)	\$ <u>385,418.25</u>

**-----MEMA USE ONLY-----**

Documented Cost \$	<u>                    </u>
Payment Request \$	<u>                    </u>
Approved Payment \$	<u>                    </u>
Project Balance \$	<u>                    </u>
Accounting Officer	<u>                    </u>
Date	<u>                    </u>

**CERTIFICATION**

7. I certify that to the best of my knowledge and belief the information submitted herein is correct and made in accordance with the grant conditions, and that payment requested herein is due and has not been previously paid.

 (Signature of Authorized Certifying Official)	<u>8/26/2025</u> Date
<u>Michael J. Reso</u> Typed Name	<u>Chief Administrative Officer</u> Title

8. I certify that the amount claimed on this voucher is correct and payment has not been disbursed.

<u>Stephen C. McCraney, Governor's Authorized Representative</u>	<u>                    </u> Date
--	-------------------------------------

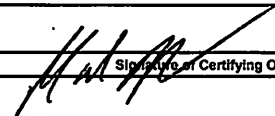
**-----FOR USE BY MEMA MITIGATION AND ADMINISTRATION & FINANCE BUREAU ONLY-----**

Reimbursement of amount below is approved based on review and verification of all required project documentation submitted by the Authorized Certifying Official.

Amount	\$ <u>                    </u>	Grants Director <u>                    </u>	SHMO <u>                    </u>
Program /Fund	<u>                    </u>	Cost share <u>                    </u>	Accounting Officer <u>                    </u>

COMMENTS:

# **Hazard Mitigation Grant Program** **Summary of Documentation in Support of Amount Claimed**

<b>Applicant / Project Description</b>				
City of Bay St. Louis FMA 2022 SWIFT - Elevation of 2 properties			Grant Name and Project Number: FMA 22 SWIFT/FMA-PJ-04-MS-2022-008	
<b>Project Summary of Financial Documentation:</b> <b>Vendor or Services Rendered</b>	<b>Date of Check or Invoice</b>	<b>Check or Warrant No.</b>	<b>Invoice No.</b>	<b>Amount</b>
Davie Shoring, Inc - Milestone 1 of 3100 Roberson Road	6/16/2025		3100R.M1	\$ 42,441.25
			Total	\$ 42,441.25
			Federal Share (90% of Total)	\$ 38,197.13
I CERTIFY THAT THE ABOVE INFORMATION WAS OBTAINED FROM RECORDS, INVOICES, or OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.				
		8/26/2025 Date		
COMMENTS:				



**MISSISSIPPI EMERGENCY MANAGEMENT AGENCY  
REIMBURSEMENT REQUEST FORM (RRF) FOR HAZARD MITIGATION ASSISTANCE FUNDS  
(INCLUDES ATTACHMENTS A - F)**

APPLICANT

City of Bay St. Louis, MS

FIPS #

2803980

DISASTER #

FMA-PJ-04-MS-2022

PROJECT # (F#)

8

ATTACHMENT	TOTAL AMOUNT REQUESTED (TO INCLUDE FEDERAL AND NON-FEDERAL)
A - FORCE ACCOUNT LABOR SUMMARY RECORDS	
B - FORCE ACCOUNT EQUIPMENT SUMMARY RECORDS	
C - RENTED EQUIPMENT SUMMARY RECORDS	
D - CONTRACT SUMMARY RECORDS	\$42,441.25
E - ADMINISTRATIVE FEES (1603 & 1607)	
F - SUB-RECIPIENT MANAGEMENT COST	
G - COASTAL PROTECTION & RESTORATION AUTHORITY COST	

GRAND TOTAL OF REQUEST  
(TO INCLUDE FEDERAL AND NON-FEDERAL)

\$42,441.25

  
APPLICANT OR DESIGNATED AGENT'S SIGNATURE

Michael J. Reso  
APPLICANT OR DESIGNATED AGENT'S PRINT NAME

DATE

08/26/2025

BY SUBMITTING THIS FORM AND ATTACHED SUMMARY RECORDS (ATTACHMENTS A-E), I CERTIFY THAT ALL INFORMATION REPORTED IS COMPLETE AND ACCURATE. THIS CERTIFICATION INCLUDES THAT:

- THE OVERTIME AS DETAILED ON ATTACHMENT A DOES NOT CONTAIN ANY OF THE FOLLOWING, AND OTHERWISE CONFORMS TO THE STIPULATIONS OF THE FEMA INFORMATION SHEET #3, VERSION 4 dated 10/24/05: (1) INELIGIBLE WORK; (2) REST TIME; (3) MEALS; (4) BREAKS; and (5) ON-CALL TIME.

- THIS REQUEST INCLUDES ONLY ITEMS THAT WERE NOT REIMBURSED FROM OTHER SOURCES OF FUNDS (e.g., INSURANCE PROCEEDS, DONATIONS, AND OTHER FEDERAL FUNDS).