



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

August 12, 2026

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

RE: Reimbursement Request – Engineering, 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. 14) in the amount of \$5,000.00 for Engineering and Design during the application development of the structure elevation project located at 3100 Roberson Road.

Tetra Tech, serving as the project management consultant for the City, has reviewed all cancelled checks and supporting documentation. Based on their review, Tetra Tech has formally recommended approval of the submitted payment.

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

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

Sincerely,

A handwritten signature in blue ink, appearing to read "Michael J. Favre".

Michael J. Favre
Mayor
City of Bay St. Louis
mfavre@baystlouis-ms.gov
(228) 466-8951

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

1. Payment Request No. 12 Disaster: FEMA- FMA 22 -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: mfavre@baystlouis-ms.gov

COMPUTATION OF AMOUNT REQUESTED

6. Federal Funding:

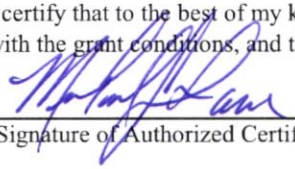
a. Total Amount Approved (100%)	\$ <u>555,220.00</u>
b. Federal Share (75% of total) Available	\$ <u>531,053.30</u>
c. Total Previous Payments	\$ <u>433,546.96</u>
d. Current Balance Available (b minus c)	\$ <u>97,506.34</u>
e. Amount of This Request (75%)	\$ <u>4,500.00</u>
f. Cumulative Payments (c plus e)	\$ <u>438,046.96</u>
g. Project Balance (b minus f)	\$ <u>93,006.34</u>

MEMA USE ONLY

Documented Cost \$ _____
 Payment Request \$ _____
 Approved Payment \$ _____
 Project Balance \$ _____
 Accounting Officer _____
 Date _____

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)

8/12/2026
 Date

Michael J. Favre
 Typed Name

Mayor
 Title

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

Stephen C. McCraney, Governor's Authorized Representative

 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	\$ _____	Grants Director	_____	SHMO	_____
Program /Fund	_____	Cost share	_____	Accounting Officer	_____

COMMENTS:

Hazard Mitigation Grant Program

Applicant / Project Description				Grant Name and Project Number:		
City of Bay St. Louis FMA 2022 SWIFT - Elevation of 2 properties				FMA 22 SWIFT/FMA-PJ-04-MS-2022-008		
Project Summary of Financial Documentation: Vendor or Services Rendered			Date of Check or Invoice	Check or Warrant No.	Invoice No.	Amount
3100 Roberson Rd - Engineering and Design			1/17/2023	107019		\$ 5,000.00
					Total	\$ 5,000.00
					Federal Share	\$ 4,500.00
I CERTIFY THAT THE ABOVE INFORMATION WAS OBTAINED FROM RECORDS, INVOICES, or OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.						
 Signature of Certifying Official			Date			

Contract Work Summary

MISSISSIPPI EMERGENCY MANAGEMENT AGENCY									
ATTACHMENT E - CONTRACT WORK SUMMARY RECORD									
APPLICANT		FIPS NO.		DISASTER / GRANT		PAGE		OF	
City of Bay St. Louis, MS		2803980		FMA 2022 SWIFT		FMA-PJ-04-MS-2022-008		14	
INVOICE ONLY									
☒ YES ☐ NO									
DESCRIPTION OF WORK PERFORMED									
3100 Roberson Road - Relocation Expenses									
HOMEOWNER	STRUCTURE ADDRESS	VENDOR	INVOICE #	INVOICE DATE	INVOICE TOTAL	AMOUNT REQUESTING	FEDERAL SHARE	NON-FEDERAL SHARE	TOTAL REQUESTED AMOUNT
HOMEOWNER	STRUCTURE ADDRESS	VENDOR	INVOICE #	INVOICE DATE	INVOICE TOTAL	AMOUNT REQUESTING	FEDERAL SHARE	NON-FEDERAL SHARE	TOTAL REQUESTED AMOUNT
Perry and Tami Guy	3100 Roberson Rd	Tami Guy			\$5,000.00	\$5,000.00	\$4,500.00	\$500.00	\$5,000.00
Engineering/Design									
Total									
					\$5,000.00	\$5,000.00	\$4,500.00	\$500.00	\$5,000.00



Current Date: April 04, 2025
Account Number: 2070202201
Capture Date: January 19, 2023
Item Number: 5252688974655
Posted Date: January 19, 2023
Posted Item Number: 150042674
Amount: 5,000.00
Record Type: Debit
RT Number: 065503681
Run Number: 2532
Serial Number: 107019
Batch Number: 250185
BOFD Sequence: 2474053508
CL Item Before: 2474053466 - 2,213.60
CL Item After: 2474056604 - 95.50
CL Item Info: 2474053508 - 5,000.00
CL Bundle Amt: 295,661.77
CL File Amt: 7,260,905.44
CL Orig RT: 061000146



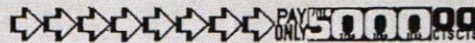
CASHIER'S CHECK

0000107019

BAY 90

65-368/555

January 17, 2023



PAY TO THE RISE CONSTRUCTION
ORDER OF

\$5,000.00

Five Thousand and 00/100ths Dollars

TAMI GUY

REMITTER

ADDRESS

Emory Mayfield

⑈0000107019⑈ ⑆065503681⑆ 2070202201⑈

Capital One, N.A. Richmond VA 065000090

41475EYN0651020230119000075826537

Security features on this document include a Micro-Fin
Signature Line, Watermark and Security Strip.
Absence of these features may indicate alteration.
⑈ Pullback strip is a verification mark of Check Payment System Association.

FEDERAL RESERVE BOARD OF GOVERNORS REG. CC

This pullback icon is printed with ink that responds to warmth.
Place your thumb on it and it should change appearance. If it does
not, this may be a copy.

>065000090<
CAPITAL ONE, NA
0060240890 01192023
RICHMOND, VA 023 21
Deposit 3027088666

DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE
RESERVED FOR FINANCIAL INSTITUTION ONLY

X

ENDORSE HERE

**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

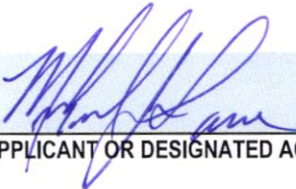
PROJECT # (F#)

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	\$5,000.00
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)

\$5,000.00


APPLICANT OR DESIGNATED AGENT'S SIGNATURE

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

08/12/2026
DATE