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,

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

--------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) — Date: 8/12/2026

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
Summary of Documentation in Support of Amount Claimed

Applicant / Project Description				
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	
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
S			**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	8/12/2026 Date

COMMENTS:

HMGP-04A

REV 5/07/2009

Contract Work Summary

MISSISSIPPI EMERGENCY MANAGEMENT AGENCY
ATTACHMENT E - CONTRACT WORK SUMMARY RECORD

PAGE _____ OF _____

APPLICANT	FIPS NO.	DISASTER / GRANT	PROJECT NO. (FEMA)	RRF NO.	INVOICE ONLY
City of Bay St. Louis, MS	2803980	FMA 2022 SWIFT	FMA-PJ-04-MS-2022-008	14	☑ 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	COMMENTS
HOMEOWNER	STRUCTURE ADDRESS	VENDOR	INVOICE #	INVOICE DATE	INVOICE TOTAL	AMOUNT REQUESTING	FEDERAL SHARE	NON-FEDERAL SHARE	TOTAL REQUESTED	COMMENTS
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**	

INVOICE

Date: 12 Nov 2022

RISE CONSTRUCTION

Rise Construction Group
1055 Scarlet Oak lane
Mandeville, LA 70048
504-228-5130
LA License # 67039, 886802
office@riseconstructiongroup.com

TO

Tami Curtis
3100 Roberson rd
Bay Saint Louis, MS 39520

SALESPERSON	JOB	PAYMENT TERMS	DUE DATE
MPG	Roberson-BSL enh=gineering		Upon receipt

ITEM	DESCRIPTION	UNIT PRICE	LINE TOTAL
1	Engineering documentation: To include Foundation Drawings, Initial EC		$5,000.00
		Profit 10%	n/a
	Thank you for your business!	Overhead 10%	n/a
		SUBTOTAL	
		SALES TAX	n/a
		TOTAL	**$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

HANCOCK WHITNEY

CASHIER'S CHECK

0000107019

65-368/655

BAY 90

January 17, 2023

PAY ONLY $5000.00

PAY TO THE ORDER OF RISE CONSTRUCTION

$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

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* FEDERAL RESERVE BOARD OF GOVERNORS REG. CC

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

ENDORSE HERE

X

DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE
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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 - ADMINISTRAVTIVE 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