

Q3 2025

MITIGATION REIMBURSEMENT FORM PROJECT COSTS

| 1. Applicant: | | City of Sidney | | | | | Grant Program | | | |
|--|--|---|--|--|--|---------------------------------------|-------------------------------------|--|--|--|
| 2. Address | | 115 2nd St SE, Sidney, MT 59270 | | | | | | | | |
| 3. Phone Number | | 406-480-5008 | | | | | X | | | |
| 4. Award Number | | EMD-2022-BR-001-0001 | | | FMA | | | | | |
| Approved federal: | share from | award letter ** | \$1,192,506.00 | | | | | | | |
| Total costs (100%) | | | | \$13,786.19 | | | | | | |
| Match - State Resiliency Dollars (25%) | | | | \$3,446.55 | | | | | | |
| Amount requested (BRIC, 75%) | | | \$10,339.64 | | | | | | | |
| | | | | | | | | | | |
| _ | _ | | Line Item in accordance with approved scope of | | | | | | | |
| Date | | Invoice # | | work | | | Costs | | | |
| 7/11/25 | 258501 | | MMI - Construction Admin | | | \$11,542.93 | | | | |
| 8/8/25 | 258593 | | MMI - Construction Admin | | | \$2,243.26 | | | | |
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| | | | | | | \$13,7 | '86.19 | | | |
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| the following in ledger/checks/warra grantees must kee | nformation wants 3. For a ep all origina | rith reimbursement re- ny in-kind services pr Il documents at local l | quest: 1. Copi ovided by Co level for at lea | one exception to this policy es of invoices/receipts from unty/City, provide a comple ast 3 years. I certify to the b | contractors. ted In-Kind V est of my kno | 2. Copies of Worksheet. A owledge and | general NOTE: Sub- belief the | | | |
| above is correct and that all disbursements were made in accordance with the grant conditions or other agreements and that payment is due and has not been previously requested. This is also to certify that appropriate documentation is on hand in support of the | | | | | | | | | | |
| payment requested. | | | | | | | | | | |
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| | | nature | | | | | | | | |



Q3 2025

MITIGATION REIMBURSEMENT FORM SUBRECIPIENT MANAGEMENT COSTS

| 1. Applicant: | | City of Sidney | | | | | Grant Program | | |
|---|---|---|---|--|---|---|---|---|--|
| 2. Address | | 115 2nd St SE, Sidney, MT 59270 | | | | HMGP | | | |
| 3. Phone Number | | 406-480-5008 | | | | BRIC | X | | |
| 4. Award Number | | EMD-2022-BR-001-0001 | | | | FMA | | | |
| Approved share from award letter ** | | | \$85,179.00 Managem | | | Manageme | ent Costs Only | | |
| Total costs (100%) | | | | | | (no match | · · · · · · · · · · · · · · · · · · · | | |
| Previous Requests | | | \$2,335.00 | | | | 2 | | |
| Budget Remaining | | | \$84,483.00 | | | | | | |
| | | | | | | | | | |
| | | | Line Item in accordance with approved scope of | | | | | | |
| Date | Invoice # | | work | | | | Costs | | |
| 8/8/25 | | 258593 | | MMI - Grant A | Admin | | \$696.00 | | |
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| | | | | | | | \$69 | 6.00 | |
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| the following in ledger/checks/warra grantees must ke above is correct and | nformation wants 3. For a ep all original that all disb | paid on a reimbursement receivith reimbursement receivith reimbursement receivith reimbursement at local local local sursements were made ously requested. This | quest: 1. Cop ovided by Co evel for at lea in accordance | ies of invoices/rece unty/City, provide a ast 3 years. I certifice with the grant co ify that appropriate | ipts from a complete by to the bonditions | contractors. ted In-Kind V est of my kno or other agree | 2. Copies of Worksheet. Nowledge and ements and the | general NOTE: Sub- belief the hat payment | |
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| | Sign | | | | Da | ate | | | |
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