

Nov-25

MITIGATION REIMBURSEMENT FORM PROJECT COSTS

1. Applicant:				Grant Program			
2. Address		115 2nd St SE, Sidney, MT 59270				HMGP	
3. Phone Number		406-480-5008				BRIC	X
4. Award Nu	mber		EMD-2022-BR-001-0001			FMA	
Approved federal:	share from a	award letter **	(\$1,192,506.00			
Total costs (100%)		avvara recor		\$707,117.19			
				\$176,779.30			
Match - State Resiliency Dollars (25%) Amount requested (BRIC, 75%)			\$176,779.30 \$530,337.89				
Amount requested	(BRIC, 73)	70)		\$330,337.89			
			I ine Item	in accordance with appro	wed scope		
Date	I	nvoice #	Line item	of work	ved scope	Costs	
9/8/25		258501	N	IMI - Construction Admi	\$4,486.64		
10/3/25		258593	MMI - Construction Admin			\$16,746.35	
11/11/25		258909	MMI - Construction Admin			\$21,213.85	
11/14/25		ny App #1	Western Municipal Construction			\$664,670.35	
						\$707,	117.19
district the second		., .,	. 1			· -	
	•			one exception to this policy	•		
				es of invoices/receipts from unty/City, provide a comple			
		•	•	B years. I certify to the best			
	_			the grant conditions or other	-	_	
				appropriate documentation	_		
•			reques				
	Sign	ature			D	ate	
							1



Nov-25

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 Nu	umber		EMD-202	2-BR-001-0001			FMA		
Approved share fr	om award le	etter **		\$85,179.00		Manageme	nt Costs O1	nly	
Total costs (100%)			\$478.50 (no mat			(no match	ch req)		
Previous Requests			\$2,335.00						
Budget Remaining			\$84,700.50						
			T . T.	. 1	•.1	1			
		• 11	Line Item	in accordance with approved scope					
Date	Invoice #		of work				Costs		
11/11/25	258909		MMI - Grant Admin			\$478.50			
							Φ 4.5	70.50	
							\$47	78.50	
** All mitigation ar	ante will be a	oaid on a reimburseme	ent basis. The	one excention to t	his policy	is acquisitio	n projects. D	leace cubmit	
	-	vith reimbursement red		•		-			
_		ny in-kind services pro	•		-		-	_	
grantees must keep a	all original do	ocuments at local leve	el for at least	3 years. I certify to	o the best	of my knowl	edge and bel	ief the above	
		ents were made in acc		_		_	- •		
and has not been p	previously re	quested. This is also t	o certify that reque	• • •	nentation i	s on hand in	support of th	ne payment	
	Sign				Da	ate			