MATCHING GRANT INVOICE COVER SHEET

MSFH Reimbursements
Florida Department of Financial Services
Attn: My Safe Florida Homes
200 East Gaines Street
Tallahassee, FL 32399-0302

Date:
CASE ID:
Invoice No:
Contractor

Homeowner Information
Name:
Address:
Homeowner Email:
Homeowner Phone:
County:

Item ID	Description of Eligible Items	Check Box	Total Cost*
1.0	Upgrading roof covering		
2.0	Improving the strength of roof-deck attachments		
3.0	Reinforcing roof-to-wall connections		
4.0	Roof Geometry		
5.0	Secondary water resistance barrier		
6.0	Opening protection (windows, storm shutters, exterior doors, garage doors, etc.)		
		TOTAL	$ 0.00

Notes

All Improvements must be recommended in the Inspection report to be eligible for reimbursement.

* All costs include applicable contractor overhead, indirect costs, profit, taxes, permitting, etc.

-Any other costs that are associated with construction activities at this address are not authorized for grant reimbursement and should be invoiced separately to the homeowner.

-Contractor must be an approved Contractor from the list included in the MSFH portal. Contractor must obtain a permit for any construction, and that permit must be provided to the MSFH final inspector for review.

-Grant reimbursement maximum allowable is $10,000 per residence provided that the invoice for the eligible items is $15,000 or more.

-Contractor to provide detailed back-up quote with this invoice cover sheet.

Statement of Work Completed:

My company, _____, was hired by the homeowner to provide the services included above. The final inspection by MSFH was completed on _____, and all services were approved by the homeowner. I have been paid by the homeowner for services rendered. By my signature below I attest that this statement as true and correct.

_____

Printed Authorized Contractor Representative Name Date

_____

Signature of Authorized Contractor Representative