Reset Print

FEMA GRANT PROGRAM
3 -YEAR OPEN SPACE PROPERTY CERTIFICATION

State/Commonwealth of _____

Select and complete the appropriate program information (disaster number or federal fiscal year, and FEMA project number):

HMGP – DR – _____ PROJECT NO _____ PDM – FY – _____ PROJECT NO _____

FMA – FY – _____ PROJECT NO _____ RFC – FY – _____ PROJECT NO _____

SRL – FY – _____ PROJECT NO _____

TO: _____ _____
Local Jurisdiction Official and Title Date

_____
Address

_____
City, State, Zip code

This document should be completed every three (3) years by the appropriate local jurisdiction official and returned to the Grantee who will forward it to FEMA Region III.

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1. How many deed restrictions or easements does your community hold as a result of this acquisition/relocation projects? _____

   List all addresses, Lat/Long, legal descriptions (lot number) and current use or attach a separate document.

   _____
   _____
   _____
   _____

2. Have you inspected all properties? Yes ☐ No ☐ _____
   Date inspected

3. Are there any properties that are **not** consistent with the terms of the deed restrictions or easements? Yes ☐ No ☐

   If any, please attach addresses and legal description with an explanation or attach a separate document.

   _____
   _____

In accordance with 44 CFR Part 80.19 (d): Land use and oversight. I _____ (name), certify that I have inspected the above listed deed restricted properties on _____ (date) and the properties continue to be maintained consistent with the provisions of this part, the property conveyance and the grant award, unless they are identified above under No. 3.

_____ _____
Signature of Local Jurisdiction Official Date

(To be Complete by Grantee)

_____
Grantee (State or Commonwealth)

_____ _____
Governor Authorized Representative Telephone Number:

_____ _____
Signature of State Hazard Mitigation Officer Date

(R3-HMA-12/01/2010)