

MEMORANDUM FOR THE RECORD

FROM: Lloyd E. Arnold  
Public Assistance Program Manager  
Kansas Division of Emergency Management

SUBJECT: Subgrantee Management Costs  
Applicant Certification of Documented Cost

ACKNOWLEDGED

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\_\_\_\_\_  
Applicant  
(Please Print Organization – not individual)

\_\_\_\_\_  
Public Assistance Representative  
(Please Print)

\_\_\_\_\_  
Applicants Authorized Representative  
(Signature)

\_\_\_\_\_  
Public Assistance Representative  
(Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date