

**FLORIDA BLOCK GRANT DISASTER RELIEF PROGRAM SELF-CONDUCTED WORK  
ATTESTATION**

**Applicant/Producer Name:** \_\_\_\_\_

**Business/Farm Name (if applicable):** \_\_\_\_\_

**Farm Address / Location of Work:** \_\_\_\_\_

**County:** \_\_\_\_\_

**Disaster Event(s):** \_\_\_\_\_

**Period of Performance (start/end):** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**A. Attestation Statement**

I, \_\_\_\_\_ (“Producer/Applicant”), hereby attest and affirm the following statements are true and correct to the best of my knowledge:

**1. Direct Attribution to Eligible Work**

The self-conducted work for which reimbursement is requested was performed **solely to repair, restore, replace, or otherwise address disaster-related damage** and is **directly attributable to eligible work** under the Florida Block Grant Disaster Relief Program (“the program”) requirements and guidance applicable to my award/claim.

**2. Necessity and Reasonableness**

The work performed was **necessary** for recovery from the disaster event identified above, and the time and costs claimed are **reasonable** and consistent with customary practices for the type of work performed.

**3. Accuracy of Records**

The information reported in the **Self-Conducted Work Log** (attached) is accurate, complete, and reflects work I personally performed (or performed by eligible owner/operators, if allowed by the program) for the stated dates, locations, and activities.

**4. No Duplicate Benefit / No Double Counting**

I understand that reimbursement under this program may be subject to a **Duplication of Benefits (DOB)** review. I certify that the labor hours and costs claimed in this request:

- **have not been reimbursed** by any other source (including, but not limited to, insurance proceeds, FEMA, SBA, NRCS/EQIP, other state/federal grants, or private charitable assistance), and

- are **not claimed elsewhere** for the same work, same time period, or same scope.

**5. Segregation from Normal Operations**

The claimed work is separate from ordinary or routine farm operations and represents **direct repairs to Infrastructure (Structures, Irrigation Systems, Roads/Bridges, etc.) damaged by the Eligible Hurricane** and is beyond normal maintenance.

**6. Rate Methodology (How Rate Was Determined)**

The hourly rate used in my claim is based on the following (check one and complete):

- Actual wage paid for my work** (proof of payment documentation attached).
- Program-approved rate** of \$19.52 per hour.

**7. Short scope narrative** describing what was damaged and what work was done:

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**8. Supporting Documentation Availability**

I understand the program may require additional documentation and I agree to provide records upon request, which may include photographs, receipts for materials, equipment records, maps/location details, third-party estimates, or other documents demonstrating the work performed and its disaster-related necessity.

**9. Acknowledgment of Monitoring and Audit**

I understand this claim may be subject to **monitoring, verification, or audit**. I certify that I will maintain all records related to this claim for the period required by the program and applicable regulations, and I acknowledge that **false statements** may result in denial of reimbursement, repayment obligations, **and potential civil or criminal penalties**.

**B. Producer Certification**

By signing below, I certify under penalty of perjury under the laws of the State of Florida that the foregoing is true and correct.

**Producer/Applicant Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Title/Role (if applicable):** \_\_\_\_\_

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Notary (if required by program):**

State of Florida, County of \_\_\_\_\_

Subscribed and sworn before me on \_\_\_\_ / \_\_\_\_ / \_\_\_\_ by \_\_\_\_\_.

Notary Public Signature: \_\_\_\_\_ Commission No.: \_\_\_\_\_