Exhibit A



WORKSPACE FORM

1-800-518-4726 SUPPORT@GRANTS.GOV

This Workspace form is one of the forms you need to complete prior to submitting your Application Package. This form can be completed in its entirety offline using Adobe Reader. You can save your form by clicking the "Save" button and see any errors by clicking the "Check For Errors" button. In-progress and completed forms can be uploaded at any time to Grants.gov using the Workspace feature.

When you open a form, required fields are highlighted in yellow with a red border. Optional fields and completed fields are displayed in white. If you enter invalid or incomplete information in a field, you will receive an error message. Additional instructions and FAQs about the Application Package can be found in the Grants.gov Applicants tab.

The state of the s						
OPPORTUNITY & PACK	AGE DETAILS:					
Opportunity Number:	DHS-18-GPD-134-00-01					
Opportunity Title:	Fiscal Year 2018 Presidential Residence Protection Assistance Grant (PRPA)					
Opportunity Package ID:	PKG00245344					
CFDA Number:	97.134					
CFDA Description:	Presidential Residence Protection Security Grant					
Competition ID:						
Competition Title:						
Opening Date:	10/01/2018					
Closing Date:	11/15/2018					
Agency:	Department of Homeland Security - FEMA					
Contact Information:	Centralized Scheduling and Information Desk (CSID) (800) 368-6498 askcsid@fema.gov					

APPLICANT & WORKSPA	ACE DETAILS:				
Workspace ID:	WS00219135				
Application Filing Name:	Town of Palm Beach				
DUNS:	760306590000				
Organization:	PALM BEACH, TOWN OF				
Form Name:	Application for Federal Assistance (SF-424)				
Form Version:	2.1				
Requirement:	Mandatory				
Download Date/Time:	Nov 01, 2018 11:14:57 AM EDT				
Form State:	No Errors				

FORM ACTIONS:

OMB Number: 4040-0004 Expiration Date: 12/31/2019

Application	for Federal Assista	ance SF-424						
* 1. Type of Submission: * 2. Type of Application: * If Revision, select appropriate letter(s):								
Preapplication		☒ New						
★ Application		Continuation	* Other (Specify):					
l —	Corrected Application	Revision						
* 3. Date Receive	ed:	4. Applicant Identifier:			_			-
l 	ts.gov upon submission.							
5a. Federal Entity Identifier: 5b. Federal Award Identifier:								
State Use Only	•		<u> </u>					
6. Date Received	d by State:	7. State Application	on Ide	entifier:				1
8. APPLICANT	INFORMATION:							
* a. Legal Name:		each				**·		
* b. Employer/Ta	expayer Identification Nu		T	* c. Organ	izational DUNS:			
59-60000402			- I	0760306				
d. Address:			<u>- 1.</u>				···········	
* Street1:								
Street2:	360 S County	360 S County Rd						
* City:								
County/Parish:		Palm Beach						
1	Palm Beach							\neg
* State: Province:				F	L: Florida			
* Country:								\neg
1	do:			USA:	UNITED STAT	ES		
* Zip / Postal Co								
e. Organization	nal Unit:			-				
Department Nan		_	Division N	lame:				
f. Name and contact information of person to be contacted on matters involving this application:								
Prefix:	Ms.	* First Na	me:	Amy				
Middle Name:								
* Last Name:	Wood							
Suffix:								
Title: Assistant Finance Director								
Organizational Affiliation:								
* Telephone Number: 561-227-6332 Fax Number: 561-835-4632								
Email: awood	d@townofpalmbeach	n.com						

Application for Federal Assistance SF-424
* 9. Type of Applicant 1: Select Applicant Type:
C: City or Township Government
Type of Applicant 2: Select Applicant Type:
Type of Applicant 3: Select Applicant Type:
* Other (specify):
* 10. Name of Federal Agency:
Department of Homeland Security - FEMA
11. Catalog of Federal Domestic Assistance Number:
97.134 CFDA Title:
Presidential Residence Protection Security Grant
Testacheral Residence Proceeds Security Stand
* 12. Funding Opportunity Number:
DHS-18-GPD-134-00-01
* Title:
Fiscal Year 2018 Presidential Residence Protection Assistance Grant (PRPA)
13. Competition Identification Number:
Title:
14. Areas Affected by Project (Cities, Counties, States, etc.):
Add Attachment Delete Attachment View Attachment
And Anderson Development View Anderson
* 15. Descriptive Title of Applicant's Project:
Presidential Residence Protection of Mar-a-Lago October 1, 2017 - September 30, 2018
Attach supporting documents as specified in agency instructions.
Add Attachments Delete Attachments View Attachments
L

16. Congressional Districts Of: *a Applicant FL-021 *b. Program/Project FL-021 Attach an additional list of Program/Project Congressional Districts if needed. Add Attachment Delete Attachment View Attachment	Application for Federal Assistance SF-424							
Attach an additional list of Program/Project Congressional Districts if needed.	16. Congressional Districts Of:							
Add Attachment Delete Attachment View Attachment 17. Proposed Project: *a. Start Date: 10/01/2017 *b. End Date: 109/30/2018 18. Estimated Funding (\$): *a. Federal 57, 613.55 *b. Applicant 0.00 *c. State 0.00 *d. Local 0.00 *d. Local 0.00 *g. TOTAL 57, 613.55 *19. Is Application Subject to Review By State Under Executive Order 12372 Process? *a. This application was made available to the State under the Executive Order 12372 Process for review on *p. Program is subject to E.O. 12372 but has not been selected by the State for review. *c. Program is one to covered by E.O. 12372 but has not been selected by the State for review. *If Yes.', provide explanation and attach *If Yes.', provide explanation in attachment. *Add Attachment. Delete Attachment. View Attachment. *If Yes.', provide explanation and attach *If Yes.', provide explanation and accurate to the best of my knowledge. I also provides the required assurances" and agree to have in a true, complete and accurate to the best of my knowledge. I also provide the required assurances and agree to have in a true. Complete and accurate to the best of my knowledge. I also provide the required assurances and agree to have in a true. Complete and accurate to the heat of my knowledge. I also provide the required assurances and agree to have in a true. Complete and accurate to the heat of my knowledge. I also provide the required assurances and agree to have in a true. Complete and accurate to the heat of my knowledge. I also provide the required assurances and agree to have in a true. Statements contained in the list of certifications and adject to the statements contained in the list of certifications and agree to a certification and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions. **Title:** Assistant Finance Director** **Title:** Assistant Finance Director** **Title:** Assistant Finance Director** **Title:** Assi	* a. Applicant	FL-021			* b. Progra	am/Project FL-021		
19. Estimated Funding (5): *a. Foderal	Attach an addition	nal list of Program/P	roject Congressional Distric	ts if needed.				
*a. Start Date: 10/01/2017 *b. End Date: 09/30/2018 18. Estimated Funding (\$): *a. Federal				Add Attachme	nt Delete A	ttachment View	v Attachment	
18. Estimated Funding (\$): *a Federal	17. Proposed Pr	roject:						
*a. Federal 57, 613.55 *b. Applicant 0.00 *c. State 0.00 *d. Local 0.00 *d. Local 0.00 *e. Other 0.00 *g. TOTAL 57, 613.55 *19. Is Application Subject to Review By State Under Executive Order 12372 Process? a. This application subject to Review By State Under Executive Order 12372 Process for review on b. Program is subject to E.O. 12372 but has not been selected by the State for review. c. Program is subject to E.O. 12372. *20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.) Yes No If "Yes", provide explanation and attach Latter of the Executive Order 12372 Process for review on b. Program is not covered by E.O. 12372. *20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.) Yes No If "Yes", provide explanation and attach Latter of the Executive Order 12372 Process for review on b. Program is not covered by E.O. 12372. *21. "By signing this application. I certify (1) to the statements contained in the list of certifications and (2) that the statements berein are true, complete and accurate to the best of my knowledge. I also provide the required assurances" and agree to comply with any resulting terms if I accept an award. I am award that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) X "1 AGREE" *The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions. **Authorized Representative:** Prefix. *First Name: Amy Middle Name:	* a. Start Date:	10/01/2017			* b	. End Date: 09/30	/2018	
*b. Applicant 0.00 c. State 0.00 d. Local 0.00 d. Coller 0.00 f. Program Income 0.00 f. Program Income 0.00 3. TOTAL 57, 613.55 *19. Is Application Subject to Review By State Under Executive Order 12372 Process? a. This application subject to Review By State Under Executive Order 12372 Process for review on b. Program is subject to E.O. 12372 but has not been selected by the State for review. c. Program is not covered by E.O. 12372. *20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.) Yes No If "Yes", provide explanation and attach 21. "By signing this application, I certify (1) to the statements contained in the fist of certifications** and (2) that the statements herein are true, complete and accurate to the beat of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am award that my share that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) X *1 AGREE* *The list of certifications and assurances, or an internet sile where you may obtain this list, is contained in the announcement or agency specific instructions. Authorized Representative: *First Name: *Itast Name: *Itast Name: *Itast Name: *Section Number: *First Name: *First Name: *First Name: *Section Number: *First Name: *Section Number: *First Name: *Section Number: *First Name: *Section Number: *First Number: *Section Number: *First Number: *Section Number: *Section Number: *Section Section Section Number: *Section Section Sectio	18. Estimated F	unding (\$):						
*C. State	* a. Federal		57,613.55					
*d. Local 0.00 *e. Other 0.00 *f. Program Income 0.00 *f. Program Income 0.00 *g. TOTAL 57,613.55 *19. Is Application Subject to Review By State Under Executive Order 12372 Process ? a. This application was made available to the State under the Executive Order 12372 Process for review on b. Program is subject to E.O. 12372 but has not been selected by the State for review. c. Program is not covered by E.O. 12372. *20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.) Yes \(\subseteq \text{N} \) o If "Yes", provide explanation and attach Add Attachment Delete Attachment View Attachment 21. "By signing this application, I certify (1) to the statements contained in the fist of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) ** *I AGREE** ** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions. **Authorized Representative:* **Prefix:** **First Name: Amy Middle Name: Necod Suffix Print Name: Neco	* b. Applicant		0.00					
*e. Other	* c. State		0.00					
*f. Program Income	* d. Local		0.00					
*9. TOTAL 57,613.55 *19. is Application Subject to Review By State Under Executive Order 12372 Process? a. This application was made available to the State under the Executive Order 12372 Process for review on b. Program is subject to E.O. 12372 but has not been selected by the State for review. c. Program is not covered by E.O. 12372. *20. is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.) Yes No If "Yes", provide explanation and attach 21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances* and agree to comply with any resulting terms if I accept an award. It am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) **The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions. Authorized Representative: *First Name: Any Middle Name: **Last Name: Wood Suffix: **Title: Assistant Finance Director *Telephone Number: \$61-227-6332 Fax Number: \$61-835-4632 **Email: awood@btownofpalmbeach.com			0.00					
*19. Is Application was made available to the State Under Executive Order 12372 Process? a. This application was made available to the State under the Executive Order 12372 Process for review on b. Program is subject to E.O. 12372 but has not been selected by the State for review. c. Program is not covered by E.O. 12372. *20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.) Yes \(\subseteq \) No If "Yes", provide explanation and attach 21. "By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements harein are true, complete and accurate to the best of my knowledge. I also provide the required assurances* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) **I AGREE* ** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions. Authorized Representative: Prefix: ** First Name: Amy Middle Name: **Last Name: Wood Suffix: **Title: Assistant Finance Director **Telephone Number: \$\(\subseteq \) 551-227-6332 Fax Number: \$\(\subseteq \) 561-835-4632 **Trellerian: Amy available to the State United State Order of Tax Number: \$\(\subseteq \) 561-835-4632		me						
a. This application was made available to the State under the Executive Order 12372 Process for review on b. Program is subject to E.O. 12372 but has not been selected by the State for review. c. Program is not covered by E.O. 12372. *20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.) Yes ☑ No If "Yes", provide explanation and attach Add Attachment Delete Attachment View Attachment 21. "By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) ★*I AGREE* ** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions. Authorized Representative: Prefix: *First Name: Last Name: Wood	g. TOTAL		57,613.55					-
b. Program is subject to E.O. 12372 but has not been selected by the State for review. c. Program is not covered by E.O. 12372. *20. is the Applicant Delinquent On Any Federal Debt? (if "Yes," provide explanation in attachment.) Yes ⊠ No If "Yes", provide explanation and attach Add Attachment Delete Attachment View Attachment 21. "By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) If "I AGREE The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions. Authorized Representative: Prefix: First Name: Amy Middle Name: Last Name: Assistant Finance Director *Telephone Number: 561-227-6332 Fax Number: 561-835-4632 *Email: awood@townofpal.mbeachcom	I ''	-	•					
	1=					ess for review on		
*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.) Yes	I = -			elected by the St	ate for review.			
Yes X No If "Yes", provide explanation and attach Add Attachment Delete Attachment View Attachment View Attachment 21. "By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any faise, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) **IAGREE ** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions. Authorized Representative: Prefix:								
If "Yes", provide explanation and attach Add Attachment Delete Attachment View Attachment 21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) **I AGREE ** The list of certifications and assurances, or an intermet site where you may obtain this list, is contained in the announcement or agency specific instructions. Authorized Representative: Prefix: **First Name: **Last Name: **Wood Suffix: **Title: **Assistant Finance Director **Telephone Number: **561-227-6332 **Email: **awood@townofpalmbeach.com	l		On Any Federal Debt? (II	r "Yes," provide (explanation in atta	achment.)		
Add Attachment Delete Attachment View Attachment 21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) **I AGREE** ** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions. **Authorized Representative:** Prefix:			attach					
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) X ** I AGREE ** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions. Authorized Representative:	ii Tes , provide	- explanation and t	attacii -	Add Attachme	ent Delete Al	tachment View	w Attachment	
herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) **I AGREE*		4.1	15 15 11 11					
subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) **I AGREE	herein are true,	complete and a	ccurate to the best of n	ny knowledge. I	also provide the	required assurance	ces** and agree to	
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions. Authorized Representative: Prefix: * First Name: Amy Middle Name: * Last Name: Wood Suffix: * Title: Assistant Finance Director * Telephone Number: 561-227-6332 * Email: awood@townofpalmbeach.com							ents or claims may	
Specific instructions. Authorized Representative: Prefix:	X ** I AGREE							
Authorized Representative: Prefix:	** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency							
Prefix:	specific instructions.							
Middle Name: * Last Name: wood Suffix: * Title: Assistant Finance Director * Telephone Number: 561-227-6332 Fax Number: 561-835-4632 * Email: awood@townofpalmbeach.com	Authorized Rep	resentative:						
* Last Name: Wood Suffix: * Title: Assistant Finance Director * Telephone Number: 561-227-6332 Fax Number: 561-835-4632 * Email: awood@townofpalmbeach.com	Prefix:	<u> </u>	* Fin	st Name: Amy				
Suffix: Title: Assistant Finance Director Telephone Number: 561-227-6332 Fax Number: 561-835-4632 Email: awood@townofpalmbeach.com	l							
* Title: Assistant Finance Director * Telephone Number: 561-227-6332 Fax Number: 561-835-4632 * Email: awood@townofpalmbeach.com	l	ood						
*Telephone Number: 561-227-6332 Fax Number: 561-835-4632 *Email: awood@townofpalmbeach.com	Suffix:						·	
*Email: awood@townofpalmbeach.com	Pastistant Timinet Sirector							
	* Telephone Number: 561-227-6332 Fax Number: 561-835-4632							
* Signature of Authorized Representative: Completed by Grants.gov upon submission. * Date Signed: Completed by Grants.gov upon submission.	* Email: awood@townofpalmbeach.com							
	* Signature of Authorized Representative: Completed by Grants.gov upon submission. * Date Signed: Completed by Grants.gov upon submission.							



TOWN OF PALM BEACH POLICE DEPARTMENT



DEDICATED TO EXCELLENCE

October 31, 2018

Mr. Brock Long FEMA Administrator Federal Emergency Management Agency 400 C Street SW Washington, DC 20472

Re:

Certification - FY2018 PRPA Grant

Dear. Mr. Long:

Pursuant to FY2018 Presidential Residence Protection Assistance (PRPA) Grant application instructions, this letter shall serve to certify that the protection activities provided by the Palm Beach Police Department were requested by the Director of the USSS, for all overtime for which reimbursement under this grant is requested.

Sincerely

Nicholas Caristo Acting Chief of Police

NC:lsg

INVESTMENT NARRATIVE

Title: Presidential Residence Protection Assistance (PRPA) Grant

Date: October 26, 2018

Covered Agency: Town of Palm Beach Police Department

Description of Extraordinary Law Enforcement Protection:

Prior to and during the FY 2018 Presidential Residence Protection Assistance (PRPA) Grant

Period of Performance the President of the United States maintained a residence in the Town of

Palm Beach, hereto referred to as Mar-a-Lago. Prior to the 2017 Presidential Election, Mr.

Trump and his family spent a good portion of the "season" at residence in the Town of Palm

Beach. Since Mr. Trump's election to President, these occurrences have not changed as might be

expected. During the grant period, President Trump, the First Lady, their son Barron and other

family members have frequented Mar-a-Lago for holidays and other events. In addition to the

First Family's visits, President Trump has held some high profile events at his home, including

visits by the Prime Minister of Japan Shinzo Abe, Vice President Michael Pence, Chief of Staff

John Kelly, National Security Advisor H. R. McMaster and other high-ranking members of the

Presidential staff.

During the FY 2018 PRPA grant period of performance, the Palm Beach Police Department

developed approximately 12 operational plans for Dignitary Visits for the President, the

Presidential family, and many high-profile world leaders and White House staff. Palm Beach

staff members worked alongside and in conjunction with the United States Secret Service and the

Palm Beach County Sheriff's Office in developing operation plans and carrying out protective

services in accordance with USSS practices.

The location of the Presidential Residence in the Town promotes logistical complications, as the Town of Palm Beach is unique in its geography and demographics. It is a barrier island 16 miles long and a half-mile wide, at its widest point. The main roadway that runs north and south throughout the Town of Palm Beach is Ocean Boulevard (SR A1A). The roadway is an 11.9 mile undivided roadway, with one lane north and one lane south. This roadway encompasses the east and south sides of the Presidential residence in the Town of Palm Beach. To the east side of the road is the Atlantic Ocean, and to the west side of the residence is the Intracoastal Waterway.

The center of town is an approximate 3.5 square mile mixed residential commercial area, which includes two public beaches, and a high-traffic commercial district.

Ever since Mr. Trump began his campaign for President of the United States, the Town of Palm Beach has had a steady increase in curiosity seekers. This interest has multiplied since January 20, 2017 when Mr. Trump became President of the United States, and has not only attracted curiosity seekers, but also numerous demonstrations and protests on the road surrounding the Presidential Residence when the President is in residence and when he is not.

Descriptions of Financial Burden:

On January 20, 2017 when Mr. Trump became President of the United States, the Town of Palm Beach was in its 4th month of its Fiscal Year 2017 budget. Prior to January 20, 2017, Mr. Trump's visits to his residence during the campaign and post-election played a role in depleting the already established overtime budgets of the Palm Beach Police Department. With approximately 12 qualifying events during the current PRPA Grant period of performance, each

utilizing approximately 9-15 staff members per shift, the overtime budget was quickly over-expended. At Fiscal Year End (September 30, 2018) the total overtime expenses related to activities as a result of President Trump's Palm Beach residence were \$57,613.55. The overtime expenses covered by PRPA grant priority 1 were calculated at \$37,454.97, and the remaining amount of \$20,158.58 was covered by PRPA grant priority 3.

Memorandum of Understanding: The Town of Palm Beach did not enter an agreement or memorandum of understanding that was enacted for the purpose of security related activities undertaken to protect the designated residence.

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

* APPLICANT'S ORGANIZATION Town of Palm Beach	
* PRINTED NAME AND TITLE OF AUTHORIZED REPRESENTATIVE Prefix:	Middle Name: Suffix:
* SIGNATURE: Amy Wood	* DATE: 11/01/2018

Disclosure of Pending Applications or Open Awards

The Town of Palm Beach does not have any pending applications submitted within the last 12 months for Federally funded grants or cooperative agreements (or for subawards under Federal grants or cooperative agreements) that request funding to support the same investment being proposed in this application to FEMA and that would cover any identical cost items outlined in the budget submitted as part of this application.