

DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT

RESIDENTIAL LENDING AND REHABILITATION SERVICES

250 FRANK H. OGAWA PLAZA, SUITE 5313

OAKLAND, CALIFORNIA 94612-2034

ResidentialLending@oaklandca.gov



EARTHQUAKE SAFE HOMES PROGRAM (ESHP)

Reimbursement Request

Complete and submit this form via email to request reimbursement for eligible ESHP expenses. You must return a copy of each invoice and corresponding proof of payment. Refer to approved expenses in your Notice of FEMA Design Approval.

SITE ADDRESS:	_____		
OWNER/APPLICANT:	_____		
BUILDING PERMIT #:		DATE OF FINAL PERMIT INSPECTION:	_____

1. Register for Oakland’s iSupplier payment disbursement system.

The property owner must create an account to receive reimbursement. Where the instructions refer to “company” use the same name that you enter on the W9, which will also be the name on your check.

- Follow this link: <https://www.oaklandca.gov/services/register-with-isupplier>. Click “Register Here” and enter name from W9, Tax ID (SSN), Email, First and Last Name, and Phone Number.
- Click “Submit” and you will get confirmation that it was forwarded for review. Enter the name and assigned ID: Name Registered: _____ Registration ID: _____
- You will receive an email with instructions to log back in and complete your profile, including adding your contact information and uploading a completed W9 form, which you can find here: <https://www.irs.gov/pub/irs-pdf/fw9.pdf>. Note that this system is typically used to pay companies with contracts with the City, not individual users, so many fields in the profile will not apply to you.

Date W9 Uploaded: _____ Confirmed Account Number: _____

2. Design Costs: include all invoices issued and paid for reimbursable design services.

Invoices must be from entities whose bids were submitted and approved by ESHP and the amounts must not total more than the approved bid(s).

INVOICE (# or Date)	DESCRIPTION	CHECK#/PAYMENT ID	\$ AMOUNT PAID
INVOICE (# or Date)	DESCRIPTION	CHECK#/PAYMENT ID	\$ AMOUNT PAID
INVOICE (# or Date)	DESCRIPTION	CHECK#/PAYMENT ID	\$ AMOUNT PAID

Total for Design Services: \$ _____

3. Permit Fees: provide proof of payment for permit fees if eligible for reimbursement.

If permit fees were paid by the design or construction firm, include their invoice for that cost in the next section. *If a reduced fee permit was offered, permit fees are not eligible for reimbursement.*

Included with Construction Invoices **Permit Fees Paid by Owner:** \$ _____

4. Construction Costs: include all invoices issued and paid for reimbursable construction services.

Invoices must be from entities whose bids were submitted and approved by ESHP and the amounts must not total more than the approved bid(s) or change orders. The final permit valuation must be greater than or equal to the amount invoiced for construction services.

INVOICE (# or Date)	DESCRIPTION	CHECK#/PAYMENT ID	\$	AMOUNT PAID
INVOICE (# or Date)	DESCRIPTION	CHECK#/PAYMENT ID	\$	AMOUNT PAID
INVOICE (# or Date)	DESCRIPTION	CHECK#/PAYMENT ID	\$	AMOUNT PAID
INVOICE (# or Date)	DESCRIPTION	CHECK#/PAYMENT ID	\$	AMOUNT PAID
INVOICE (# or Date)	DESCRIPTION	CHECK#/PAYMENT ID	\$	AMOUNT PAID
Total for Construction Services:			\$	

5. Invoice Summary: Transfer totals from each section above and sum all provided invoices

Design \$ _____ + Permit \$ _____ + Construction \$ _____ = \$ _____

6. Close-Out Inspection: An ESHP inspection must be conducted after your permit is final and before reimbursement to confirm that activities were completed as approved by FEMA. This is a separate inspection from that conducted to final your permit. If you have not already scheduled your close-out inspection, please indicate your availability:

Preferred Dates: _____
Preferred Times: _____

7. Owner Certification

I/we understand or confirm the following:

- This document and the included invoices represent all charges paid for retrofit services approved by ESHP for which I/we are requesting reimbursement.
- The amount reimbursed will be based on the rate and maximum amount for each type of service as confirmed at the time of bid approval or as revised and approved by ESHP.
- I declare under the penalty of perjury under the laws of the State of California that the information provided in this document and as attachments to it are true and correct.

OWNER NAME	SIGNATURE	DATE
OWNER NAME	SIGNATURE	DATE