

PROJECT APPLICATION FOR MANAGEMENT COSTS

Paperwork Burden Disclosure Notice

Public reporting burden for this data collection is estimated to average 13 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. This collection of information is required to obtain or retain benefits. You are not required to respond to this collection of information unless a valid OMB control number is displayed in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW., Washington, DC 20472, Paperwork Reduction Project (1660-0017) NOTE: Do not send your completed form to this address.

Privacy Act Statement

The collection of this information is authorized by the Robert T. Stafford Disaster Relief and Emergency Assistance Act, §§ 402-403, 406-407, 417, 423, 427, 428, 502, and 705; 42 U.S.C. 5170a-b, 5172-73, 5184, 5189a, 5189e, 5189f, 5192, 5205; and 2 C.F.R. § 200. This information is collected to provide assistance to eligible jurisdictions and organizations to facilitate the response to and recovery from a Presidentially-declared disaster or emergency, or to provide assistance for hazard mitigation measures during the recovery process. The disclosure of information on this form is voluntary; however, failure to provide the requested information may delay or prevent the agency from receiving funds from FEMA's Public Assistance program.

Purpose and Applicability

Management costs include indirect and direct administrative costs associated with the Public Assistance Program and projects. FEMA uses this form to collect information necessary to support management cost claims. For more information, please see [FEMA Recovery Policy FP 104-11-2, Public Assistance Management Costs](#) (Interim) or contact the State, local, Tribal, or Territorial emergency management office for additional information.

Recipients and Applicants should use Public Assistance Grants Portal to submit all documentation and information to FEMA. Questions are displayed in an intuitive manner to show the information and documentation needed based on answers provided. All signatures are official and legally binding.

The following information is needed to complete this form:

- The specific activities [to be] conducted
- When, where, and by whom the activities were [will be] completed
- Estimated or actual cost information
- Effects on environmental, floodplain, or historic resources, if applicable

Section I – Applicant Information

Declaration # [system generated]	Legal Name of Applicant [system generated]	FEMA PA ID [system generated]
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Section II – Project Information

Project # [system generated]	Applicant-Assigned Project # (Optional)	Project Title
Project Amendment # [system generated]	Period of Performance deadline: [system generated]	Work Type: Grant Management Administrative Costs

Which of the following funding options is the Recipient requesting?

- Estimated 7 percent of the minimum statewide per capita indicator \$
- Anticipated expenditures for the first 180 days of the declaration: \$. *Please provide the estimated total award amount for the incident \$ and upload a summary of expenditures.*
- Estimated 7 percent of the total award: \$
- Estimated amount less than 7 percent of the total award: \$
- Actual costs \$

Which of the following funding options is the Applicant requesting?

- Estimated 5 percent of the total award amount: \$
- Estimated Less than 5 percent of the total award: \$
- Actual costs\$

Description of Activities

What Public Assistance related activities were conducted? *Please select all that apply:*

- Meetings
 - Applicant Briefing(s)
 - Preliminary Damage Assessments. Approximate # of sites:
 - Exploratory Calls, Recovery Scoping Meetings, Recovery Transition Meetings. Approximate #:
 - Other. *Please describe type and #:*
- Activities related to preparing, reviewing, or submitting:
 - Administrative plan
 - Request for Public Assistance or Applicant Impact Survey. Approximate #:
 - Impact Information. Approximate # of impacts:
 - Damage or maintenance information. Approximate # of facilities or sites:
 - Cost information
 - Project applications. Approximate #:
 - Draw down requests. Approximate #:
 - Project amendments. Approximate #:
 - Time extensions or other requests for approval. Approximate #:
 - Quarterly reports
 - Other. *Please describe:*
- Evaluating Public Assistance hazard mitigation measures
- Travel. *Please describe the purpose:*
- Training. *Please upload documentation or provide information below:*
 - Course title:
 - Dates:
 - Location:
- Purchasing or renting equipment, software, or supplies. *Please upload documentation or provide information below:*
 - Item:
 - # of items:
 - Necessity:
- Adding, expanding, or modifying a facility. *Please describe need:*

*Please provide the address or GPS coordinates for the facility:
Please upload a cost analysis demonstrating the selection of the least-costly practical option.*

Purchasing or renting a facility or space

Placing a prefabricated facility on a site

Please describe any ground disturbing activities:

Please provide ground disturbance dimensions: Length Width Depth

Does the work involve construction of a concrete or asphalt pad?

No

Yes. *Please provide dimensions: Length Width Depth*

Did [will] the Applicant subsequently remove the pad?

No

Yes. *Please describe demolition activities:*

Modifying the interior of a facility. *Please describe the modifications in detail:*

What year was the facility built? (YYYY) Approximate Exact

Is the facility a locally registered landmark, or listed/eligible to be listed on a local, state, or national register?

No

Yes

Constructing or expanding a facility. *Please describe the work in detail including any ground disturbing activities*

Please provide the ground disturbance dimensions: Length Width Depth

Please upload the following, if available: design drawings; permits and correspondence with regulatory agencies; facility and site photographs; and a site map showing the location of all proposed areas of site work and construction (including staging areas, access roads, parking, landscaping, grading or utilities).

Does the work involve construction or expansion of parking facilities?

No

Yes. *Please describe:*

Does the work involve temporary staging of equipment or materials?

No

Yes. *Please provide the GPS coordinates and type of surface of the staging area*

Other. *Please describe:*

Actual Cost Information

What resources did the Applicant use to complete the work? *Please select all that apply.*

Contracted

Labor

Equipment

Materials

Additional management costs

Will all funds be needed within one year?

No. *Please upload a plan for expending the funds, including projected dates for when and how much*

management cost funding is needed.

Yes

Contracted Costs

Please complete the Contract Information form for all contracts that have an estimated value of more than \$1,000,000.

Has the Applicant procured and selected a contractor?

No

Yes. How did the Applicant ensure the contract costs were reasonable? Please upload a copy of the awarded contract, bid package, any change orders, and invoices.

Cost or price analysis

Compared to historical costs for similar projects in the area

Obtained multiple quotes

Other. Please describe:

Labor and Equipment

Name of Individual

- Donated labor
- Applicant employee
- Mutual aid
 - Emergency Management Assistance Compact (EMAC). Please upload the following documents:
 - EMAC Resource Support Agreement.
 - R-1 form
 - R-2 form
 - Signed Proof of Payment
- Other:

Rate type (optional if claiming equipment)

- Straight time \$
- Overtime \$
- Premium \$
- Hazard \$

Date(s)
Hours

Total hours:
Labor hours:
Equipment hours:
Total hours:
[system calculated]

Total Cost
Labor cost \$
Equipment cost \$
Donated value \$
Total cost \$
[system calculated]

Equipment Description and source

- Applicant owned
- Purchased
- Rented
- Donated

Is the Applicant claiming mileage or hourly rate?

- Mileage
- Equipment \$

How did the Applicant ensure the costs were reasonable?

- Cost or price analysis
- Compared to historical costs for similar projects in the area
- Obtained multiple quotes
- Other. Please describe:

Materials

Material description

How was the material obtained?

- Donated
- Purchased
- From Stock

Purchased Date (MM/DD/YYYY)

Used Date (MM/DD/YYYY)

Quantity Purchased

Unit Price

Quantity Used

Fair Market Value

Total Cost
Donated value \$
Total cost \$
[system calculated]

How did the Applicant ensure the costs were reasonable?

- Cost or price analysis
- Compared to historical costs for similar projects in the area
- Obtained multiple quotes
- Other. Please describe:

Additional management costs

Description	Vendor	Purchased Date	Used Date	Quantity Purchased	Fair Market Value	Total Cost \$ [system calculated]
<input type="checkbox"/> Travel <input type="checkbox"/> Meals <input type="checkbox"/> Miscellaneous Please describe:						

Section III – Scope of Work and Cost Summary [system generated]

Work Summary

Scope of Work:

Closeout Project Scope Work:

Cost breakdown

Estimated Costs	Closeout Final Costs
[system generated below]	[system generated below]
Contract:	Contract:
Labor	Labor
<input type="checkbox"/> Applicant's own employees:	<input type="checkbox"/> Applicant's own employees:
Equipment:	Equipment:
<input type="checkbox"/> Applicant's own equipment:	<input type="checkbox"/> Applicant's own equipment:
<input type="checkbox"/> Purchased equipment:	<input type="checkbox"/> Purchased equipment:
<input type="checkbox"/> Rented equipment:	<input type="checkbox"/> Rented equipment:
Materials:	Materials:
<input type="checkbox"/> Stock materials:	<input type="checkbox"/> Stock materials:
<input type="checkbox"/> Purchased materials:	<input type="checkbox"/> Purchased materials:
Additional Management costs	Additional Management costs
<input type="checkbox"/> Travel:	<input type="checkbox"/> Travel:
<input type="checkbox"/> Meals:	<input type="checkbox"/> Meals:
<input type="checkbox"/> Miscellaneous:	<input type="checkbox"/> Miscellaneous:
Grand total:	Grand total:

Section IV – Additional Information and Comments (optional)

If you have any additional information and supporting documentation not previously provided, use this section to help support your claim. Please ensure personally identifiable information is redacted on any documentation submitted.

Please provide any additional information, comments, or a brief description of the uploaded documentation, if applicable:

Section V – Project Acknowledgements and Certifications

I acknowledge and certify that I have reviewed and understand the following information regarding overarching requirements to receive Public Assistance. Please initial next to each statement.

The requirement to comply with applicable Federal, State, local, Tribal, and Territorial laws, regulations, and executive orders. Non-compliance may result in denial or deobligation of funding. This includes but is not limited to laws prohibiting discrimination; complying with the most restrictive of its

own documented policies and procedures used for procurements with non-Federal funds; Federal procurement and contracting laws in accordance with 2 C.F.R. § 200, compliance with the Environmental Protection Agency guidelines for procurement of recovered materials; environmental and historic preservation laws; and inclusion of required provisions as applicable.

Applicants must maintain all source documentation for each Project for 3 years after the date of transmission of the Closeout Form as certified by the Recipient. Recipients must keep all financial and program documentation for 3 years after the date it submits the final SF-425, in accordance with Title 2 C.F.R. §200.334-337. Longer retention periods may apply to real property and equipment disposition, audits, and litigation. Additionally, State, local, Tribal, or Territorial government laws may require longer retention periods.

The requirement to inform FEMA of all purchased equipment with a fair market value over \$5,000 after it is no longer needed for federally funded programs or projects in accordance with 2 C.F.R. § 200.313. FEMA reduces eligible funding by this amount.

The requirement to inform FEMA if the aggregate fair market value of unused supplies purchased for FEMA projects is over \$5,000 after they are no longer needed for federally funded programs or projects in accordance with 2 C.F.R. § 200.314. FEMA reduces eligible funding by this amount.

All activities on private property must have completed all necessary legal processes and obtained rights-of-entry and agreements to indemnify and hold harmless the Federal Government.

As required by 44 C.F.R. § 206.228 and 2 C.F.R. Part 200.404, the costs claimed were of a type generally recognized as ordinary and necessary for the type of facility and work.

As required by Stafford Act § 312, I certify that I am not claiming any work or costs that are covered by another source such as revenue, non-federal grants, cash donations, another Federal agency, or another FEMA Program (e.g., Individual Assistance programs or Hazard Mitigation Grant Program. If I receive funding for any work or costs in this project application, I will notify the Recipient and FEMA, and funding will be reconciled to eliminate duplication.

All information provided regarding the project application is true and correct to the best of my knowledge. Upon submittal this project application becomes a legal document. The Recipient or FEMA may use external sources to verify the accuracy of the information entered. It is a violation of Federal law to intentionally make false statements or hide information when applying for Public Assistance. The False Claims Act (31 U.S.C. §§3729-3733) prohibits the submission of false or fraudulent claims for payment to the federal government. Suspicion of fraudulent activities should be reported to the FEMA Disaster Fraud Hotline, the Department of Homeland Security's Office of the Inspector General, or the Department of Justice Fraud Hotline. I understand that, if I intentionally make false statements or conceal any information in an attempt to obtain Public Assistance, it is a violation of Federal laws, which carry severe criminal and civil penalties including a fine of up to \$250,000, imprisonment, or both. (18 U.S.C. §§ 287, 1001, 1040, and 3571).

APPLICANT SIGNATURE

Applicant Authorized Representative
[system generated]

Title
[system generated]

Signature [system generated]

Date submitted [system automated]

Section VI – Recipient Recommendation

Do all activities in this project meet the criteria to be eligible for Public Assistance funding?

No. *Please describe why:*

<input type="checkbox"/> Yes			
Recipient Authorized Representative [system generated]	Title [system generated]	Signature [system generated]	Date submitted [system automated]

Section - VII – Large Project Closeout Request

Has the Applicant completed all the work associated with the project?
 No
 Yes. *Proceed to the General Cost and Work Status Information section to provide the final costs and upload supporting documentation.*

Work Completed date: (MM/DD/YYYY) *Please update if changed.* [system generated from the Large Project Quarterly Progress Report]

Total approved amount [system generated]	Federal share obligated [system generated]	Date obligated [system generated]
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Section VIII – Applicant Closeout Acknowledgements and Certifications

I acknowledge and certify that I have reviewed and understand the following information regarding overarching requirements to receive Public Assistance. Please initial next to each statement.

Projects were completed in accordance with 44 C.F.R. § 206.205 and the FEMA approved scopes of work, all necessary documents have been received, and any appeal for large project overruns have been reconciled.

The Stafford Act Section 705 imposes a 3-year limit on FEMA’s authority to recover payments made to SLTT government Recipients and Subrecipients unless there is evidence of fraud. Section 705 does not apply to Private Non-profit organizations. I have read and understand FEMA issued Recovery Policy (FP 205-081-2), Stafford Act Section 705, Disaster Grant Closeout Procedures, which describes the limitations and requirements in detail.

Applicant Authorized Representative [system generated]	Title	Signature	Date submitted [system automated]
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Section IX – Recipient Closeout Acknowledgements and Certifications

I certify that I have reviewed and understand the following information regarding overarching requirements to receive Public Assistance. Please initial next to each statement.

I certify that all costs were incurred in the performance of eligible work, that the projects were completed in accordance with the FEMA approved scopes of work, and that the project is in compliance with the provisions of the FEMA-State/Tribe/Territory Agreement in accordance with 44 C.F.R. § 206.205.

I certify that the Recipient paid its applicable contribution to the non-Federal share, in accordance with the FEMA-State/Tribe/Territory Agreement.

Recipient Authorized Representative [system generated]	Title	Signature	Date submitted [system automated]
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