

## PRE-APPROVAL REQUEST

### Paperwork Burden Disclosure Notice

Public reporting burden for this data collection is estimated to average 30 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; "Public Assistance Project Administration§," 44 C.F.R. 206 Subpart G; and 2 C.F.R. § 200. This information is being 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

Work associated with the following activities requires pre-approval from FEMA:

- Alternate Project
- Alternative Procedures Use of Excess Funds
- Demolition of Commercial Property
- Demolition of Residential Property
- Equipment Rate
- Improved Project
- Host-State/Tribe Sheltering and Evacuation
- Mosquito Abatement
- Non-congregate Sheltering
- Private Property Debris Removal
- Project Amendment
- Replacement Project
- Residential Electric Meter Repair Program
- Safe Rooms for Temporary Schools

Recipients and Applicants should use PA 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:

- Impact information
- Intended recovery work plan, including scope of work and cost
- Explanation of benefits to the general public

## Section I – Applicant Information

Declaration # [system generated]	Legal Name [system generated]	FEMA PA ID: [system generated]	(Optional) Applicant Project #: [system generated]
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## Section II – Request for Approval Details

Please select the type of Request for Approval:

☐ **Alternate Project.** When an Applicant determines that the public welfare would not be best served by restoring a disaster-damaged facility, FEMA allows the Applicant to use the funding toward a different facility (or facilities). FEMA refers to this as an Alternate Project. Select this option to submit the scope of work and estimate for the alternate project.

- ☐ **Alternative Procedures Use of Excess Funds.** *One of the benefits to using the Alternative Procedures for Permanent Work is that Applicants and Recipients may request to use excess funds remaining after the approved scope of work is complete. Select this option to submit the scope of work and estimate for how the excess funds will be used.*
- ☐ **Demolition of Commercial Property.** *Demolition of structures owned by commercial enterprises are generally ineligible as it is expected that the commercial enterprise retain insurance that cover the cost of demolition. In very limited, extraordinary circumstances, FEMA may provide an exception. Select this option to submit the details necessary for FEMA to determine if the commercial property is eligible for demolition.*
- ☐ **Demolition of Residential Property.** *Demolition of private property are generally ineligible as it is expected that the property owner retain insurance that cover the cost of demolition. In very limited, extraordinary circumstances, FEMA may provide an exception. Select this option to submit the details necessary for FEMA to determine if the residential property is eligible for demolition.*
- ☐ **Equipment Rate.** *If the Applicant or Recipient uses equipment that has no established State, local, Tribe, Territory rate, FEMA reimburses that equipment based on the FEMA rate. If FEMA does not have a rate established for the equipment, the Applicant may select this option to submit a rate for approval or request that FEMA provide a rate.*
- ☐ **Host-State/Tribe Sheltering and Evacuation.** *When a host-state/tribe provides evacuation and sheltering for a State, Tribe, or Territory impacted by an event, FEMA may be able to provide reimbursement. Select this option to submit the details necessary for FEMA to determine if host-state/tribe activities are eligible for reimbursement.*
- ☐ **Improved Project.** *While making repairs to a damaged facility an Applicant may wish to make improvements that are not considered upgrades based on a construction code or standard and are not considered mitigation. FEMA refers to this as an Improved Project. Select this option to submit the scope of work and estimate for the improved project.*
- ☐ **Mosquito Abatement.** *Mosquito Abatement measures may be necessary when the mosquito population poses a significant health threat. Select this option to submit the details needed for FEMA to determine if costs associated with mosquito abatement are eligible for reimbursement.*
- ☐ **Non-congregate Sheltering.** *Applicants and Recipients can request reimbursement for non-congregate sheltering activities when congregate shelters are not available or sufficient. Select this option to submit the details necessary for FEMA to determine if the non-congregate sheltering activities are eligible.*
- ☐ **Private Property Debris Removal.** *Some incidents cause widespread debris on public and private property. When the severity of the incident debris on private property is so widespread that it threatens public health and safety or the economic recovery of the community the Applicant or Recipient may need to perform debris removal activities. Select this option to submit the details necessary for FEMA to determine if private property debris removal is eligible.*
- ☐ **Project Amendment.** *The Applicant or Recipient are responsible for completing the work as identified in the FEMA approved scope of work. Any changes to the scope of work after the project has been obligated requires an amendment. Select this option to submit the details associated with the change to the scope of work and cost.*
- ☐ **Replacement Project.** *Restoration is divided into two categories: Repair or Replacement. If a facility is damaged to the point where the Applicant thinks the facility should be replaced rather than repaired, FEMA considers the repair cost with the replacement cost to determine whether replacement is eligible. Select this option to submit the details necessary for FEMA to determine if the replacing the facility is eligible.*

☐ **Residential Electrical Meter Repair.** To reduce the number of survivors needing shelter, FEMA may be able to reimburse activities associated with residential electrical meter repair if it is safe to restore power and the dwelling is habitable after power is restored. Select this option to submit details necessary for FEMA to determine if funding is eligible for residential electric meter repair.

☐ **Safe Rooms for Temporary Schools.** Educational facilities determined to be unsafe, inaccessible, or destroyed as a result of the incident may be eligible to temporarily relocate to another facility. A safe room can provide protection for members of the community. Funding for accessible safe rooms as part of a temporary school facility may be eligible if the damaged school contained a safe room or other space that served as a storm shelter and there are no other cost-effective, reasonable alternatives available to address the safety needs of the students and faculty. Select this option to submit the details necessary for FEMA to determine if funding is eligible as part of a temporary school facility.

#### Alternate Project

The Request for an Alternate Project and the project application must be approved prior to the start of construction. For a list of how the funds can and cannot be used, please see Use of Alternate Project Funds in the [Public Assistance Program and Policy Guide](#). Funding for alternate projects is limited to the approved estimate to restore the damaged facility to its pre-disaster design and function.

Impact Line Item [Impact list] Please select one.	Facility Name(s) [system generated]	Site/Campus Name(s) [system generated]	Location(s) [system generated]
Project # [system generated]	Project Title [system generated]	Project Application # [system generated]	Type of work [system generated]

**What does the Applicant intend to use funding for in lieu of repairs?** Please check all that apply:

- ☐ Change the function of the facility during repairs.
- ☐ Conduct hazard mitigation measures to an Applicant-owned facility.
- ☐ Demolish the facility or facilities
- ☐ Fund project shortfalls due to mandatory flood insurance reductions taken from Public Assistance program funding for repairs to buildings in Special Flood Hazard Area (SFHA). Please provide the project number, if known: .
- ☐ Purchase capital equipment that has a useful life for at least one year and is equal to, or greater than, \$5,000 per unit.
- ☐ Repair, expand or construct a facility that would otherwise be an eligible facility under the Public Assistance program.

**Please provide the GPS coordinates or address for the proposed Alternate Project location**

Latitude: Longitude: Address:

- ☐ Supplement funds for an Improved Project. Please provide the project number, if known: .
- ☐ Other. Please describe:

**What does the Applicant intend to do with the original facility?**

- ☐ Demolish the facility
- ☐ Make the facility safe and secure (e.g., by restricting access, locking doors and windows, constructing a fence around the property)
- ☐ Repair the facility with non-Public Assistance funds
- ☐ Sale or lease of property at the original site

☐ Other. Please describe:

**Please describe in detail the intended scope of work or upload documentation.** [Optional] Please upload any design drawings, sketches, technical surveys, or reports, if available.

**Please explain how the intended Alternate Project benefits the general public, serving the same general area that was being served by the original facility:**

**What is the estimated cost for the intended scope of work? \$**

#### Alternative Procedures Use of Excess Funds

The Request for Alternative Procedures Use of Excess and the project application must be approved prior to the start of any construction. For a list of how the funds can and cannot be used, please see Use of Alternative Procedures Project Funds in the [Public Assistance Program and Policy Guide](#).

**Which of the following activities does the Applicant intend to complete with the use of excess funds from the Alternative Procedures project(s)? Please select all that apply**

- ☐ Restore disaster-damaged facilities and equipment.
- ☐ Purchase equipment, construct new facilities, and/or add improvements to undamaged facilities in declared areas.
- ☐ Implement cost-effective hazard mitigation measures for undamaged facilities.
- ☐ Cover future insurance premiums, including meeting obtain and maintain insurance requirements, on damaged or undamaged facilities.
- ☐ Conduct or participate in training for response or recovery activities, including Federal grants management or procurement courses.  
Course Title:          Dates:          Location:
- ☐ Plan for future disaster response and recovery operations, such as developing or updating plans, integrating these plans into other plans, preparedness activities, exercises, and outreach.
- ☐ Reimburse salaries for Public Assistance (PA) or emergency management staff.
- ☐ Other. Please describe:

**Please describe in detail the intended scope of work or upload documentation.** [Optional] Please upload any design drawings, sketches, technical surveys, or reports, if available.

#### Demolition of Commercial Property

Demolition of commercial property is usually not eligible. In very limited, extraordinary circumstances, FEMA may grant an exception. The Request for Demolition of Commercial Property is used to collect information needed to determine if demolition is eligible under the Public Assistance Program. If demolition is approved by FEMA, the project application must be approved prior to the start of any demolition activities. For a list of activities associated with demolition that are and are not eligible, please see Demolition of Private Structures in the [Public Assistance Program and Policy Guide](#).

Impact Line Item [system generated List of impacts] Please select one.	Facility Name(s) [system generated]	Site/Campus Name(s) [system generated]	Location(s) [system generated]
Please provide the commercial property address(es) considered for demolition or upload a list.			

Please provide a detailed description of the extraordinary circumstances FEMA should consider in approving this request: .

Does the Applicant have the legal authority and responsibility to enter commercial property and demolish the unsafe structure?

☐ No

☐ Yes. Please provide the following:

- Proof that Applicant has responsibility and authority to go onto commercial property and accomplish demolition.
- Structural assessments or other official certifications based on local ordinances or building codes that the structures are determined to be unsafe or pose an immediate threat to the public because partial or complete collapse is imminent and that other methods of protecting the public interest, such as perimeter fencing, are determined inadequate.
- Documentation that structure has been viewed by any lienholder and insurance carrier involved.
- All insurance documentation.

#### Demolition of Residential Property

*Demolition of private property is usually not eligible. In very limited, extraordinary circumstances, FEMA may grant an exception. The Request for Demolition of Residential Property is used to collect information needed to determine if demolition is eligible under the Public Assistance Program. If demolition is approved by FEMA, the project application must be approved prior to the start of any demolition activities. For a list of activities associated with demolition that are and are not eligible, please see Demolition of Private Structures in the [Public Assistance Program and Policy Guide](#).*

Impact Line Item [system generated Impact list] Please select one.

Facility Name(s) [system generated]

Site/Campus Name(s) [system generated]

Location(s) [system generated]

Please list the residential property address(es) considered for demolition or upload a list.

Does the Applicant have the legal authority and responsibility to enter private property and demolish the unsafe structure?

☐ No

☐ Yes. Please provide the following documentation:

- Proof that Applicant has responsibility and authority to go onto private property and accomplish demolition.
- Structural assessments or other official certifications based on local ordinances or building codes that the structures are determined to be unsafe or pose an immediate threat to the public because partial or complete collapse is imminent and that other methods of protecting the public interest, such as perimeter fencing, are determined inadequate.
- Documentation that structure has been viewed by any lienholder and insurance carrier involved.

#### Equipment Rate

*The Request for an Equipment Rate is used to approve a rate for an Applicant or Recipient that either meets State, local, Territorial, or Tribal rates or establishes a rate for equipment when there is no published FEMA rate. Once an equipment rate is established by being approved by FEMA, the rate is valid for current and future use for that Applicant or Recipient. The approved rate and equipment description will be housed on the Organizational Profile for*

use on all projects. For more information, please see Applicant-Owned and Purchased Equipment rates in the [Public Assistance Program and Policy Guide](#).

**Proposed Equipment Rate:**

**Similar FEMA Equipment Rate:**

**Cost Code:**

**Please select the type of equipment rate the Applicant is proposing to use.**

- ☐ Rate established under State, Territorial, or Tribal guidelines. *Please upload documentation of the established equipment rate for the equipment related to this request. [required]*
- ☐ Rate established under local guidelines or government substitution equipment rate. *Please upload documentation of established equipment rate for the equipment related to this request. [required]*
- ☐ No established rate under the FEMA Schedule of Equipment Rates.

**Equipment description:**

Manufacturer's name  
Make and model  
Year manufactured  
Year purchased  
Acquisition cost\$  
Rating, size, or horsepower  
Capacity  
Equipment function  
Number of units owned  
Please provide any other additional description information:

**Equipment Survey:**

Economic life hours:	Tire cost: \$
Annual use hours:	Tire life hours:
Salvage value: \$	Hourly fuel consumption:
Equipment overhead: \$	Hourly lube cost: \$
Annual repair hours:	Diesel
Annual repair parts cost: \$	Price per gallon: \$
Overhaul labor hours:	Gasoline
Overhaul parts cost: \$	Price per gallon: \$

**Equipment Maintenance:**

Company:  
Address:  
Telephone:  
Mechanic's hourly wage: \$

**Host-State/Tribe Evacuation and Sheltering**

*If an impacted State or Tribe requests assistance for sheltering and evacuation directly from another State or Tribal government, FEMA can reimburse costs to the State or Tribe based on the mutual aid agreement or FEMA can reimburse the State or Tribe directly. The Request for Host-State/Tribe Evacuation and Sheltering is used to collect information necessary to determine whether the activities associated with sheltering and evacuation activities by the host State or Tribe are eligible under the Public Assistance Program. The Applicant or Recipient should engage*



<i>in discussions with FEMA as soon as the need for Host-State/Tribe activities are identified. For more information please see Host-State or Host-Tribe Evacuation and Sheltering in the <a href="#">Public Assistance Program and Policy Guide</a>.</i>			
<b>Legal name</b> <i>Please select one from the list.</i>	<b>Public Assistance ID</b>	<b>EIN #</b>	<b>DUNS #</b>
<b>Physical address</b>		<b>Mailing address</b>	
<b>Governor's Authorized Representative Name</b>		<b>Governor's Alternate Authorized Representative Name</b>	
<b>State, Tribal, or Territorial Coordinating Officer</b>		<b>State, Tribal, or Territorial Public Assistance Officer</b>	
Please describe how, as the Host-State or Host-Tribe, you have sufficient capability within your jurisdiction to meet the evacuation and sheltering needs requested by the Impact State or Impact Tribe.			
Please describe how evacuation and sheltering needs are beyond your ability as the Impact-State or Impact-Tribe to address within your jurisdictional area:			
<p><b>Is the Applicant legally responsible for conducting the evacuation or sheltering needs requested of the Host-State or Host-Tribe?</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. The Applicant is a government organization, and the State's, Tribe's, or Territory's constitution or laws delegate jurisdictional powers to the Applicant.</p> <p><input type="checkbox"/> Yes. A statute, order, contract, articles of incorporation, charter, or other legal document provides the Applicant authority to conduct the activities. <i>Please upload supporting documentation and describe:</i> [required]</p>			
<p><b>Please select the evacuation and sheltering activities requested of the Host-State or Host-Tribe. Please select all that apply.</b></p> <p><input type="checkbox"/> Evacuation</p> <p><input type="checkbox"/> Congregate sheltering</p> <p><input type="checkbox"/> Non-congregate sheltering</p>			
<p><b>What is the timeframe for the requested sheltering?</b> Start date: (MM/DD/YYYY) End date: (MM/DD/YYYY) Applicants must upload documentation that demonstrates the need or projected need for sheltering during the time period identified.</p>			
<b>Improved Project</b>			
<p><i>The Request for an Improved Project and project application must be approved prior to the start of construction. For a list of examples and funding considerations, please see Use of Improved Project Funds in the <a href="#">Public Assistance Program and Policy Guide</a>.</i></p>			
<b>Impact Line Item</b> [system generated Impact list] <i>Please select one.</i>	<b>Facility Name(s)</b> [system generated]	<b>Site/Campus Name(s)</b> [system generated]	<b>Location(s)</b> [system generated]
<b>Project #</b> [system generated]	<b>Project Title</b> [system generated]	<b>Applicant-Assigned Project Application #</b> [system generated]	<b>Type of work</b> [system generated]
Please describe in detail the intended improved scope of work or upload documentation. <i>Please upload any design drawings, sketches, technical surveys, or reports, if available. [required]</i>			

**What is the estimated cost for the intended improved scope of work? \$**

#### **Mosquito Abatement**

*The Request for Mosquito Abatement is used to collect information necessary to determine whether the activities associated with mosquito abatement are eligible under the Public Assistance Program. The Applicant or Recipient does not need to wait for FEMA approval to start abatement however FEMA must approve the Request for Mosquito Abatement prior to submitting the project application which includes abatement activities. For a list of eligibility criteria, eligible abatement activities, and environmental considerations please see the Mosquito Abatement in the [Public Assistance Program and Policy Guide](#).*

**Which of the following exists? Please select all that apply:**

- ☐ Evidence of higher levels of disease transmitting mosquitoes in the impacted area following the incident. *Please describe and upload supporting documentation:*
- ☐ Evidence of a significant number of disease-carrying mosquitoes in the area due to the increase in incident-related standing water. *Please describe and upload supporting documentation:*
- ☐ Evidence of the potential for disease transmission and human exposure to disease carrying mosquitoes based on the detection of arboviral diseases in sentinel organisms (poultry, wild birds, mosquito pools) in the impacted area prior to the incident, discovered during surveillance as part of mosquito abatement activities, or reported human cases in which transmission occurred prior to the incident. *Please describe and upload supporting documentation:*
- ☐ A determination that a significant increase in the mosquito population and/or the change of biting mosquito species poses a threat to emergency workers who are required to work out-of-doors, thereby significantly hampering response and recovery efforts. Such evidence may include an abnormal rise in landing rates or trap counts, significant changes in species composition or estimate of infection rates, when compared to pre-incident surveillance results. *Please describe and upload supporting documentation:*
- ☐ Verification from medical facilities within the affected area that an increase in the general public's exposure to mosquitoes has directly resulted in secondary infections, especially among those with weakened immune systems such as the elderly, the very young, or the sick. This may occur when increased numbers of residents in impacted areas with extended power outages are forced to open buildings for air circulation. *Please describe and upload supporting documentation:*

**Please provide the following documentation:**

Written validation from a public health official that this mosquito population poses a specific health threat in accordance with the guidance on mosquito abatement outlined in the [Public Assistance Program and Policy Guide](#) (PAPPG).

#### **Non-congregate Sheltering**

*The Request for Non-congregate Sheltering is used to collect information necessary to determine whether the sheltering activities are eligible under the Public Assistance Program. For more information, please see Non-congregate sheltering in the [Public Assistance Program and Policy Guide](#).*



**What type(s) of non-congregate sheltering does the Applicant intend to utilize?** *Please select all that apply:*

- ☐ Casinos. *Please explain why this type of sheltering is [was] selected:*
- ☐ Dormitories. *Please explain why this type of sheltering is [was] selected:*
- ☐ Hotels. *Please explain why this type of sheltering is [was] selected:*
- ☐ Motels. *Please explain why this type of sheltering is [was] selected:*
- ☐ Retreat Camps. *Please explain why this type of sheltering is [was] selected:*
- ☐ Other. *Please describe the facility type and explain why this type of sheltering is [was] selected:*

**What is the timeframe for the requested sheltering?** *Applicants must upload documentation that demonstrates the need or projected need for sheltering during the time period identified.*

Start date: (MM/DD/YYYY) End date: (MM/DD/YYYY)

**Please explain and/or upload supporting documentation that demonstrates the necessity of non-congregate sheltering:** *Please provide the analysis regarding other available sheltering / housing resources, and how when those resources are expected to support transitioning disaster survivors out of PA -funded, non-congregate sheltering*

**Are there other recovery resources available to transition disaster survivors out of non-congregate sheltering?**

- ☐ No. *Please describe the reason other recovery resources are not sufficient to transition disaster survivors due to known and documented disaster-caused housing challenges:*
- ☐ Yes. *Please describe plan to transition disaster survivors out of non-congregate sheltering:*

#### Private Property Debris Removal

*The Request for Private Property Debris Removal is used to collect information necessary to determine whether the debris removal activities on private property are eligible under the Public Assistance Program. The Applicant or Recipient does not need to wait for FEMA approval to start removing debris from residential property or private roads, however the removal of debris from commercial property does require FEMA approval prior to removing the debris. This request must be submitted prior to completing the project application. For more information, please see Debris Removal from Private Property in the [Public Assistance Program and Policy Guide](#).*

#### Commercial Property

Impact Line Item [system generated Impact list] <i>Please select one.</i>	Facility Name(s) [system generated]	Site/Campus Name(s) [system generated]
Project # [system generated]	Project Title [system generated]	<b>Applicant-Assigned Project Application #</b> [system generated]
Location(s) [system generated]	Type of work [system generated]	Status of work [system generated]

**Please provide the property address(es) that are being considered for commercial property debris removal or upload a list.** [required]

**Has a public health authority or other public entity determined that the debris on commercial property constitutes an immediate threat?**

☐ No

<p><b>Please provide a detailed description of the extraordinary circumstances FEMA should consider in approving this request:</b></p> <p><input type="checkbox"/> Yes. Name: _____ Title: _____ Organization: _____ <i>Please upload supporting documentation and describe: [required]</i></p>		
<p><b>Private Residential Property</b></p>		
<p><b>Impact Line Item</b> [system generated Impact] <i>Please select one.</i></p>	<p><b>Facility Name(s)</b> [system generated]</p>	<p><b>Site/Campus Name(s)</b> [system generated]</p>
<p><b>Project #</b> [system generated]</p>	<p><b>Project Title</b> [system generated]</p>	<p><b>Applicant-Assigned Project Application #</b> [system generated]</p>
<p><b>Location(s)</b> [system generated]</p>	<p><b>Type of work</b> [system generated]</p>	<p><b>Status of work</b> [system generated]</p>
<p><b>Please provide the residential property address(es) or geographic area(s) considered for private residential property debris removal or upload a list. [required]</b></p> <p>Has a public health authority or other public entity determined that the debris on private residential property constitutes an immediate threat?</p> <p><input type="checkbox"/> No</p> <p><b>Please provide a detailed description of the extraordinary circumstances FEMA should consider in approving this request.:</b></p> <p><input type="checkbox"/> Yes. Name: _____ Title: _____ Organization: _____ <i>Please upload supporting documentation and describe: [required]</i></p>		
<p><b>Private Roads</b></p>		
<p><b>Impact Line Item</b> [system generated Impact list] <i>Please select one.</i></p>	<p><b>Facility Name(s)</b> [system generated]</p>	<p><b>Site/Campus Name(s)</b> [system generated]</p>
<p><b>Project #</b> [system generated]</p>	<p><b>Project Title</b> [system generated]</p>	<p><b>Applicant-Assigned Project Application #</b> [system generated]</p>
<p><b>Location(s)</b> [system generated]</p>	<p><b>Type of work</b> [system generated]</p>	<p><b>Status of work</b> [system generated]</p>
<p><b>Please provide the name of the private road(s) or location(s) considered for private road debris removal or upload a list. [required]</b></p> <p>Has a public health authority or other public entity determined that the debris on private property constitutes an immediate threat?</p> <p><input type="checkbox"/> No</p> <p><b>Please provide a detailed description of the extraordinary circumstances FEMA should consider in approving this request:</b></p> <p><input type="checkbox"/> Yes. Name: _____ Title: _____ Organization: _____ <i>Please upload supporting documentation and describe: [required]</i></p> <p><b>Does the public have unrestricted access to the road(s)?</b></p> <p><input type="checkbox"/> No</p>		

<input type="checkbox"/> Yes  <b>Are the road(s) used frequently by the public?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Recipient Request and Justification</b> <b>What is this debris removal request for? Please select all that apply.</b> <input type="checkbox"/> Commercial property <input type="checkbox"/> Private property <input type="checkbox"/> Public property  <b>Is the request for debris removal:</b> <input type="checkbox"/> A specific Applicant. <i>Please select Applicant:</i> <input type="checkbox"/> Multiple designated areas. <i>Please select all designated areas for which the debris removal is requested:</i>  <b>Has a public health authority or other public entity determined that the debris removal constitutes an immediate threat?</b> <input type="checkbox"/> No  <b>Please provide a detailed description of the extraordinary circumstances FEMA should consider in approving this request:</b> <input type="checkbox"/> Yes. Name: _____ Title: _____ Organization: _____ <i>Please upload supporting documentation and describe: [required]</i>		
<b>Project Amendment</b> <i>The Request for a Project Amendment and the project application must be approved prior to the start of construction on the amended scope of work. For a list of common reasons for amending a project and information needed to support scope of work changes, please see Post Award Change in Scope of Work in the <a href="#">Public Assistance Program and Policy Guide</a>.</i>		
<b>Project #</b> [system generated]		<b>Previous Amendment #</b> [system generated]
<b>Project title</b> [system generated]	<b>Category of work</b> [system generated]	<b>Project type</b> [system generated]
<b>Capped project</b> [system generated]		<b>Is there an open Appeal or Arbitration?</b> [system generated]
<b>Total approved project amount:</b> [system generated]	<b>Federal share obligated</b> [system generated]	<b>Date obligated</b> [system generated]
<b>Standard Projects</b> <b>Previous Scope of Work:</b> [system generated]  <b>Please describe in detail the changes to the scope of work and costs or upload a document with that information:</b>		

**Please select the reason(s) for this scope of work change request:** *Please select all that apply.*

- ☐ Add or modify the approved hazard mitigation scope to increase resilience against future incidents
- ☐ Adjust project based on outcome of eligible architectural, engineering, and design services
- ☐ Adjust costs to account for actual insurance proceeds
- ☐ Applicant wishes to pursue or change an Alternate project
- ☐ Applicant wishes to pursue or change an Improved project
- ☐ Change in repair method is more cost-effective than the original approved repair method. *Please provide new cost estimate and supporting documentation.*
- ☐ Change in the damage or impacts assigned to project
- ☐ Error or omission in original scope of work. *Please provide supporting documentation.*
- ☐ Expedited project reconciliation to release additional funding
- ☐ Hidden damage discovered during construction and is disaster related. *Please upload the following:*
  - Documentation substantiating the damage is related to the declared incident;
  - Photographs documenting damage; and
  - Change orders or contract amendments
- ☐ Increase in previously approved quantities due to ongoing work, errors, or omissions
- ☐ Original repair method is not technically feasible. *Please provide supporting documentation such as technical reports.*
- ☐ Request to withdraw project
- ☐ Other reason. *Please describe:*

**What is the estimated total cost of the proposed amended project? \$**

***Alternative Procedures Permanent Work Project***

**Please select the reason(s) for this scope of work change request:** *Please select all that apply.*

- ☐ Add or modify the approved Hazard Mitigation scope to increase resilience against future incidents
- ☐ Adjust costs to account for actual insurance proceeds
- ☐ Change involves buildings or structures 45 years or older
- ☐ Change involves ground disturbing activities
- ☐ Change involves work in or near water
- ☐ Request to withdraw project
- ☐ Other. *Please describe:*

**Replacement Project**

*The Request for a Replacement Project and the project application must be approved prior to the start of construction. When evaluating whether a damaged facility is eligible for replacement, FEMA compares the repair cost with the replacement cost and evaluates the feasibility of repairing the facility. For more information regarding the calculation used to determine eligibility, cost related considerations, and*

*relocating facilities that meet the replacement determination, please see Repair vs. Replacement and Relocation in the [Public Assistance Program and Policy Guide](#).*

<b>Impact Line Item</b> [system generated] Impact list] <i>Please select one.</i>	<b>Facility Name(s)</b> [system generated]	<b>Site/Campus Name(s)</b> [system generated]	<b>Location(s)</b> [system generated]
<b>Project #</b> [system generated]	<b>Project Title</b> [system generated]	<b>Applicant-Assigned Project Application #</b> [system generated]	<b>Type of work</b> [system generated]

**What is the reason for the replacement of the facility?**

- ☐ Destroyed, or repairs are not feasible. *Please provide documentation, such as photos, assessments, or other items to support the claim, if available. [optional]*
- ☐ Estimated repair cost exceeds 50% of the estimated replacement cost. *Please provide documentation that supports the 50% Rule claim.*
- ☐ Replacement of components within a system meets the cost comparison requirements (50% Rule).
- ☐ Other. *Please describe:*

**Does the Applicant need assistance from FEMA to develop the scope of work or cost estimate? Please select all that apply:**

- ☐ Repair
- ☐ Scope of work and cost estimate
- ☐ Cost estimate. *Please upload the repair scope of work.*
- ☐ Neither. Please provide the total estimated repair cost: \$ . *Please upload the repair scope of work and itemized cost estimate.*
- ☐ Replacement
- ☐ Scope of work and cost estimate
- ☐ Cost estimate. *Please upload the replacement scope of work.*
- ☐ Neither. Please provide the total estimated replacement cost: \$ . *Please upload the replacement scope of work and itemized cost estimate.*

**Does the Applicant want to move the facility to a new location?**

- ☐ No
- ☐ Yes. *Please provide GPS coordinates and address for the new location:*
- Latitude: Longitude: Address:

**Please upload the following documentation if available:**

- ☐ Technical surveys and report
- ☐ Design drawings and sketches
- ☐ Elevation documentation

**Relocation Information**

**Do any of the following apply to this project? Please select all that apply.**



☐ The facility is subject to repetitive heavy damage because of its location. *Please upload documentation showing historical damage to the facility.*

**How often does this damage occur?**

**For what length of time is the function of the facility typically impacted by this damage?**

**Is the original facility in a Special Flood Hazard Area (SFHA) or wildland-urban interface?**

☐ No

☐ Yes

☐ An applicable code or standard requires the facility be located away from a hazardous area.

☐ Floodplain management regulation

☐ Other code or standard. *Please provide the applicable code or standard:*

☐ Other. *Please describe:*

**What does the Applicant intended to do with the original facility?**

☐ Demolish

☐ Repair

☐ Sale or lease of property at the original site

☐ Secure

☐ Other. *Please describe:*

### Residential Electrical Meter Repair

*The Request for Residential Electrical Meter Repair is used to collect information necessary to determine whether funding for residential electrical meter repair is eligible under the Public Assistance Program. Funding is generally up to \$800 per residential meter. Commercial properties are not eligible. For more information regarding eligible activities and limitations, please see Residential Electrical Meter Repair in the [Public Assistance Program and Policy Guide](#).*

**Please list the property address(es) requesting residential electric meter repair or upload a list.**

### Safe Rooms for Temporary Schools

*The Request for Safe Rooms for Temporary Schools is used to collect information necessary to determine whether the funding for a safe room as part of a temporary school is eligible under the Public Assistance Program. This request and the project application must be approved prior to any facility modifications or the start of construction. For more information, please see Safe Rooms for Temporary School Facilities in the [Public Assistance Program and Policy Guide](#).*

**Please describe the safe room[s]/safe space[s] that was [were] used as a storm shelter at the damaged school prior to the incident:** . **Alternatively, you may upload documentation with at least the same level of information.** *Please upload any design drawings, sketches, technical surveys, or reports. [optional]*

**What communities are within the school district boundaries:** . *Please upload school district boundary maps. [optional]*

**How many students and faculty will occupy the school's temporary facility:** .

### Section III - Applicant Acknowledgements and Certifications

I acknowledge that I have reviewed and understand the following information regarding overarching requirements for 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.

As required by Title VI of the Civil Rights Act of 1964, Sections 308 and 309 of the Stafford Act, and applicable provisions of laws and authorities prohibiting discrimination, all work claimed was [will be] delivered in an impartial and equitable manner.

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).

#### Alternate Project

I acknowledge that in accordance with 44 C.F.R. § 206.203(d)(2)(ii) and (iii) FEMA limits Federal funding for an Alternate Project to the lesser of the following: The Federal share of the approved estimate to restore the damaged facility to its pre disaster design and function; or the Federal share of the actual costs of completing the Alternate Project. Pursuing an Alternate Project will result in a capped funding project.

I acknowledge that if the Alternate Project request is approved for a facility which FEMA approved for temporary relocation of the services to a temporary facility, FEMA will not reimburse any temporary facility costs incurred after the date of the Alternate Project request.

I acknowledge that the proposed project benefits the general public, serving the same general area that was being served by the original facility and has provided documentation to support this.

I acknowledge that in accordance with 44 C.F.R. § 206.203(d)(2)(v), if the Alternate Project involves construction, I must obtain FEMA approval prior to the start of construction, as FEMA must ensure that it complies with appropriate Environmental and Historic Preservation laws, regulations, and Executive Orders. Beginning work before FEMA's approval of the requested scope of work may jeopardize funding.

I acknowledge that FEMA only increases eligible funding for an Alternate Project if the Applicant identifies an error or omission in the base Scope of Work or cost estimate related to restoring the facility to its pre disaster design and function.

#### Alternative Procedures Use of Excess Funds

I acknowledge that excess funds exist when the final actual cost of the work under all the projects is less than the cost estimate used for the capped projects. I understand that this award will be funded with these available excess funds and FEMA will not obligate additional funds related to the work.

I acknowledge that any excess funds remaining after the approved Scope of Work is complete may be used for cost-effective activities that reduce the risk of future damage, hardship, or suffering from a major disaster, and activities that improve future Public Assistance operations or planning.

I acknowledge that failure to notify FEMA prior to making scope of work changes that involve buildings or structures that are 45 years of age or older, ground disturbing activities, or work in or near waterways could result in loss of funding.

I acknowledge that I must submit a proposed scope of work for use of any excess funds, along with a project timeline to the Recipient within 90 days of completing the last Alternative Procedures Project. The Recipient must forward the request to FEMA within 180 days of date the last Alternative Procedures Project was completed. FEMA evaluates the proposed use of excess funds for reasonableness to ensure prudent use of funds. FEMA also evaluates the submitted project timeline and approves an appropriate deadline for work completion, not to exceed the overall disaster period of performance.

#### Demolition of Commercial Property

The structure(s) is [are] located in an area designated by the disaster declaration. The structure(s) was [were] damaged and made unsafe by the incident and was [were] usable and not condemned prior to the event.

The structure(s) is [are] determined to be unsafe poses an immediate threat to the public and asserts that other methods of protecting the public interest, such as perimeter fencing, have been determined inadequate.

The legally authorized official has formally condemned the premises using local ordinances and ordered the demolition to protect public health and safety. This unsafe (condemnation) certification is to be made by the State or local government's building inspector based upon a structural assessment in accordance with local ordinances and building codes.

The unconditional authorization was [will be] received from the property owner for entry to carry out demolition or has complied with local codes or state law that allow use of police power to establish demolition authority despite owner objection.

I agree to indemnify the Federal government and its employees, agents, and contractors from any claims arising from the demolition work.

The unconditional access for demolition has been obtained through use of rights-of-entries or police power, and formal official notice of condemnation, noting demolition is required.

#### **Demolition of Residential Property**

I certify that the structure(s) is [are] located in an area designated by the disaster declaration. The structure(s) was [were] damaged and made unsafe by the incident and was [were] usable and not condemned prior to the event.

I certify that the structure(s) is [are] determined to be unsafe poses an immediate threat to the public and asserts that other methods of protecting the public interest, such as perimeter fencing, have been determined inadequate.

I certify that a legally authorized official has formally condemned the premises using local ordinances and ordered the demolition to protect public health and safety. This unsafe (condemnation) certification is to be made by the State or local government's building inspector based upon a structural assessment in accordance with local ordinances and building codes.

I certify that unconditional authorization was [will be] received from the property owner for entry to carry out demolition or has complied with local codes or state law that allow use of police power to establish demolition authority despite owner objection.

I certify to indemnify the Federal government and its employees, agents, and contractors from any claims arising from the demolition work.

I certify that the demolition is in the public interest, unconditional access for demolition has been obtained through use of rights-of-entries or police power, and formal official notice of condemnation, noting demolition is required.

#### **Improved Project**

I acknowledge that in accordance with 44 C.F.R. § 206.203(d)(1) FEMA limits Federal funding for an Improved Project to the lesser of the following: The Federal share of the approved estimate to restore the damaged facility to its pre disaster design and function; or The Federal share of the actual costs of completing the Improved Project. Pursuing an Improved Project will result in a capped funding project.

I acknowledge that if a subrecipient desires to make improvements, but still restore the pre-disaster function of a damaged facility, the recipient's approval must be obtained. Federal funding for such improved projects shall be limited to the Federal share of the approved estimate of eligible costs, per 44 C.F.R. § 206.203(d).

I acknowledge that Public Assistance funds can be combined with funding from another Federal agency to construct the Improved Project. However, the funding from another Federal agency cannot be applied toward the non-Federal cost share of the PA-funded project, unless the legislation for the other grant allows such use.

I acknowledge that FEMA only increases eligible funding for an Improved Project if the Applicant identifies an error or omission in the base Scope of Work or cost estimate related to restoring the facility to its pre disaster design and function.

#### **Host-State/Tribe Evacuation and Sheltering**

I acknowledge that I will provide evacuation and sheltering to evacuees from the Impact-State or Impact-Tribe based on need and without restriction.

I acknowledge the requirement to comply with applicable Federal, State, local, Tribal, and Territorial laws, regulations, and executive orders. Non-compliance may result in denial or de-obligation of funding. This includes but is not limited to, Federal procurement and contracting laws, environmental and historic preservation laws, and laws prohibiting discrimination.

I acknowledge that I must amend the State or Tribal Administrative Plan pursuant to § 206.207 and submit a Standard Form SF-424 Application for Federal Assistance directly to FEMA to apply for reimbursement of eligible costs for evacuating and/or sheltering individuals from an impact-State or impact-Tribe. Upon award, I assume the responsibilities of the "Recipient" under this part with respect to its grant award.

I acknowledge the Applicant must maintain all source documentation for each Project for 3 years after the date of transmission of the final expenditure report for project completion as certified by the Recipient. The Recipient must keep all financial and program documentation for 3 years after the date it submits the final SF-425, in accordance with Title 2 Code of Federal Regulations (C.F.R.) §200.302(b)(3) and 200.333. 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.

I acknowledge the requirement to comply with the requirements of The False Claims Act (31 U.S.C. §§3729-3733) which 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 certify that all information provided regarding the request for approval is true and correct to the best of my knowledge. Upon submittal the request for approval becomes a legal document. The Recipient or FEMA may use external sources to verify the accuracy of the information I have entered. It is a violation of Federal law to intentionally make false statements or hide information when applying for Public Assistance. This can 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). 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.

#### **Mosquito Abatement**

I acknowledge a determination of the need for vector control measures should be based on surveillance data provided by local agencies, or on surveillance conducted as a component of the emergency response. Similarly, termination of control efforts should be based on mosquito density and disease transmission monitoring, and on the degree of exposure to mosquitoes of residents and responders.

I acknowledge that if the request is approved, I must provide information in relation to the mosquito abatement activities, i.e., chemical application, method of application, application date and time, and GPS locations, in the project application.

I acknowledge that to be eligible for Public Assistance funding, insecticide formulations must be among those approved and registered by the U.S. Environmental Protection Agency for use in urban areas for mosquito control and must be applied according to label directions and precautions by appropriately trained and certified applicators. Furthermore, mosquito abatement measures must comply with all Federal, State, local, Territorial, and Tribal laws, ordinances, and regulations concerning vector control.

#### **Non-Congregate Sheltering**

I certify that the incident's impact is beyond the capability of the Applicant and Recipient to effectively manage emergency sheltering needs without conducting non-congregate sheltering.

I certify that prior to requesting assistance for non-congregate sheltering from FEMA that analysis has been done to identify and consider other available sheltering/housing resources. It has been identified how and when those resources are expected to support transitioning disaster survivors out of PA-funded, non-congregate sheltering.

I acknowledge that if there is a multi-state event that is impacting the Recipient or Applicant's ability to manage sheltering in some other manner that FEMA may consider a one-time extension under an emergency declaration.

I acknowledge to inform FEMA if other recovery resources are not sufficient to transition identified disaster survivors due to known and documented disaster-caused housing challenges.

I acknowledge that the criteria for each disaster survivor household (individuals and households) served by non-congregate sheltering meets the following:

- Each household is in an IA designated county/parish/jurisdiction;
- Each household has registered with FEMA IA program for disaster assistance;
- Each household has not requested to withdraw its FEMA registration
- The Applicant has determined that the home (primary residence) is not habitable (see FEMA Policy 104-009-18, Appendix A for more information); and
- The SLTT has determined the household is able to document status as an owner or renter of the home (primary residence) pre-incident

I acknowledge that FEMA expects Applicants to develop a data management component that captures specific information regarding individuals/households when conducting non-congregate sheltering operations to ensure eligible work criteria is met and prevent duplication of benefits. Although

FEMA does not require regular reporting of the information, the data could be requested by FEMA. The information collected should contain the following data points:

- FEMA Registration ID (if available)
- Shelter Name
- Head of Household: First Name
- Head of Household: Last Name
- Head of Household: Mobile or other phone number
- Number of individuals in the Household
- Damaged Dwelling: Street Address
- Damaged Dwelling: City
- Damaged Dwelling: State
- Damaged Dwelling: Zip Code

#### Private Property Debris Removal

I certify that the organization has legal authority and responsibility to remove debris from private property.

I agree to indemnify the United States for any claim arising from the debris removal.

#### Residential Electrical Meter Repair Program

I acknowledge that to be eligible for Public Assistance funding that the State, local, Territory, or Tribal government must issue a finding of an immediate threat to safety due to loss of power caused by damaged meters or weather head.

I acknowledge that only residential properties are eligible for this program. Commercial properties, including apartment complexes, are ineligible.

I certify that a signed right-of-entry has [will] be obtained from each residential property owner, reasonable measures to document any known insurance proceeds will be taken, licensed electricians did [will] perform all electrical meter repairs, and the State, local, Tribe, or Territory did [will] coordinate the work with the property owner, power company, and contracted electricians.

#### Safe Rooms for Temporary Schools

I acknowledge and certify that the damaged school contained a safe room or other space that served as a storm shelter and there are no other cost-effective, reasonable alternatives available to address the safety needs of the students and faculty.

I acknowledge that the safe room capacity is based on student population and the number of faculty who are expected to use the temporary school facility. The capacity of the safe room will not exceed the pre-disaster capacity of the safe room in the damaged school and the safe room will be available no later than the opening day of classes at the temporary facility.

I acknowledge that the safe room provided as part of a temporary school facility must comply with the requirements of Safe Rooms for Tornadoes and Hurricanes, Guidance for Community and Residential Safe Rooms ([FEMA P-361](#)).

**Applicant Authorized Representative** [system generated]

**Title** [system generated]

**Signature** [system generated]

**Date submitted** [system automated]

#### Section IV – Recipient Review and Recommendation

**Does the Recipient recommend approval of the Applicant's request?**

- ☐ No. *Please provide the basis for the denial, including the provisions of law, regulation, or policy that support the determination and a complete list of all documents reviewed:*
- ☐ Partially. *Please provide the basis for the portion denied, including the provisions of law, regulation, or policy that support the determination and a complete list of all documents reviewed:*
- ☐ Yes, the Recipient recommends approval of the Applicant's request.

*Please provide any additional comments or information regarding the request for alternate project activities:*

<b>Authorized Representative</b> [system generated]	<b>Title</b> [system generated]	<b>Signature</b> [system generated]	<b>Date submitted</b> [system automated]
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#### Section V – FEMA Review and Determination

**Does FEMA approve the Applicant's request?**

- ☐ No
- ☐ Partially
- ☐ Yes, FEMA approves the request.

<b>FEMA Authorized Representative</b> [system generated]	<b>Title</b> [system generated]	<b>Signature</b> [system generated]	<b>Date submitted</b> [system automated]
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