

Paperwork Burden Disclosure Notice

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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; Title 44 Code of Federal Regulations (C.F.R.) § 206 Subpart G; 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

Debris removal includes activities that eliminate immediate threats to lives, public health, and safety; eliminate immediate threats of significant damage to improved public or private property; and ensure economic recovery of the affected community to the benefit of the community at large by clearance, removal, and disposal when in the public interest. FEMA uses this form to collect information necessary to support the Applicant's claim. For more information, please see *Chapter 7 Emergency Work Eligibility* in the [Public Assistance Program and Policy Guide](#) 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:

- Type and location of debris and disposal sites
- When, where, and by whom the activities were [will be] completed
- Estimated or actual cost information
- Effects on environmental, floodplain, and historic resources

Resources:

- [Public Assistance Debris Monitoring Guide](#): This guide provides guidance on monitoring debris removal operations and eligibility requirements associated with necessary work and reasonable costs to carry out a debris monitoring program.
- [Planning for Natural Disaster Debris guidance](#): This guidance assists communities in planning for natural disaster debris before a disaster occurs, including hurricanes, earthquakes, tornadoes, volcanoes, floods, wildfires and winter storms, by providing useful, relevant information that is intended to increase community preparedness and resiliency.
- [Build Reuse](#): Empowering communities to turn construction and demolition waste into local resources.

Section I – Impact Groups and Project Information

Impact Groups

Based on previously provided information, the identified impact(s) have been grouped into a project.

[List is system generated]

Do the grouped impact(s) need to be modified?

☐ No

☐ Yes. Please provide a reason for modifying grouped impacts:

What is the total amount associated with the newly grouped impact(s)? Applicant will be prompted to complete Small Project Information or Large Project Information based upon answers provided.

Project Information		
Declaration # [system generated]	Legal Name of Applicant: [system generated]	FEMA PA ID: [system generated]
Project # [system generated]	Applicant-Assigned Project # (Optional)	Project Title
Project Amendment # [system generated]	Period of Performance deadline: [system generated]	Work Type: Debris Removal
Impact line item(s) final grouping [system generated]		
Is the Applicant requesting expedited funding? [system generated] <i>Please update if changed.</i> <input type="checkbox"/> No <input type="checkbox"/> Yes. <i>Please describe immediate need for funding:</i>		
Do you want to make this impact a High Priority? High Priority means that FEMA will work with you to address this impact before any others you list. [system generated] <i>Please update if changed.</i> <input type="checkbox"/> No <input type="checkbox"/> Yes		
Description of Activities		
Please select the time-period for the activities being claimed on this project application: Start Date: (MM/DD/YYYY) Designated Time-Period: <input type="checkbox"/> 30 days <input type="checkbox"/> 60 days <input type="checkbox"/> 90 days <input type="checkbox"/> Another time-period:		
Please describe how the activities address an immediate threat to life, public health, or safety:		
Section II – Expedited Project		
Cost Estimate		
Please upload an itemized cost estimate for this project. <i>Please include the number and type of resources necessary to complete the work.</i>		
What is the basis for the estimate? <input type="checkbox"/> Actual costs <input type="checkbox"/> Historical unit costs <input type="checkbox"/> Average costs for similar work in the area <input type="checkbox"/> Contractor or vendor quotes <input type="checkbox"/> Other. <i>Please describe:</i>		
What resources did [will] the Applicant use to complete the work? <i>Please select all that apply.</i> <input type="checkbox"/> Contracted		

Has the Applicant procured and selected a contractor?

- ☐ No
☐ Yes

How did the Applicant ensure the contract costs were reasonable?

- ☐ Competitive procurement process
☐ Cost or price analysis
☐ Compared to historical costs for similar projects in the area
☐ Other. *Please describe:*

What is the total cost of contracted work?

Completed Cost \$	+	Future Cost \$	=	Total Cost \$
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- ☐ Labor
☐ Applicant's own employees

What is the total cost of budgeted employee labor?

Completed Cost \$	+	Future Cost \$	=	Total Cost \$
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- ☐ Mutual aid, prison labor, or national guard

What is the total cost of mutual aid, prison labor, or national guard?

Mutual Aid	Completed Cost	Future Cost	=	Total Cost
Prison Labor	\$	\$		
National Guard	\$	\$		
	\$	\$		
	\$	\$		

- ☐ Equipment
☐ Applicant's own equipment
☐ Purchased or rented equipment

Has the Applicant completed the purchase or rental?

- ☐ No
☐ Yes

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:*

What is the total cost of equipment?

Completed Cost \$	+	Future Cost \$	=	Total Cost \$
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- ☐ Materials
- ☐ From Stock
- ☐ Purchased

Has the Applicant completed the purchase?

- ☐ No
- ☐ Yes

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:*

What is the total cost of materials?

Completed Cost		Future Cost		Total Cost
\$	+	\$	=	\$

- ☐ Donated Resources
- ☐ Labor
- ☐ Equipment
- ☐ Materials
- ☐ Buildings or Land
- ☐ Permanent
- ☐ Temporary
- ☐ Space
- ☐ Logistical Support

What is the total value?

Completed Value		Future Value		Total Value
\$	+	\$	=	\$

- ☐ Additional Debris Removal costs
- ☐ Travel
- ☐ Meals
- ☐ Miscellaneous. *Please describe:*

What is the total additional debris removal costs?

Completed Costs		Future Costs		Total Costs
\$	+	\$	=	\$

Total Cost Claim
\$[system calculated]

Section III – Small Project

This option is only available for projects totaling up to the large project threshold.

Description of Activities

Please provide a brief overview of the activities or work claimed within this application:

Please select which debris removal activities are being claimed:

- ☐ Debris clearance
- ☐ Debris removal
 - ☐ From the grounds of a facility or complex *Check if activities occurred on private property:* ☐
Date FEMA approved request: [system generated]
 - ☐ From roads or rights-of-way *Check if activities occurred on private property:* ☐
Date FEMA approved request: [system generated]
 - ☐ From a waterway *Check if activities occurred on private property:* ☐
Date FEMA approved request: [system generated]
 - ☐ Navigable. Did [Does] the debris obstruct the passage of vessels?
 - ☐ No
 - ☐ Yes
 - ☐ Non-navigable. Please describe how the debris did [does] pose an immediate threat?
 - ☐ Hazardous stumps, trees, limbs, or branches *Check if activities occurred on private property:* ☐
Please provide an estimated number of removed stumps, trees, limbs, or branches or upload documentation containing the same level of information:
 - ☐ Vehicles or vessels. *Check if activities occurred on private property:* ☐
Please describe any efforts undertaken to contact the owners of abandoned vehicles and vessels, and efforts made to track and document handling of vehicles and vessels:
- ☐ Other debris removal from public property: Please describe:
- ☐ Other debris removal from private property: Please describe:

What is the total quantity of debris removed? Quantity: . Units: ☐ Cubic Yards, ☐ Tons, or ☐ Each

☐ Actual Quantity ☐ Estimated Quantity

Which of the following are being used to manage debris? Please select all that apply.

☐ Temporary debris staging site

Site Name:

Site Location: (Address or GPS)

Was the site authorized for debris staging by a state or local regulatory agency?

- ☐ Yes. Please provide permit number, permit, or documentation allowing use of the site
- ☐ No

Please describe how the debris will be hauled, the site surface and any work done or planned to restore the site back to its pre-disaster use:

☐ Final disposal site(s)

Site Name:

Site Location: (Address or GPS)

Was the site authorized for debris staging by a state or local regulatory agency?

- ☐ Yes. Please provide permit number, permit, or documentation allowing use of the site

☐ No

Please describe how the debris will be loaded and hauled to the final disposal site:

Please describe how debris will be disposed at the final site (e.g., burying, dumpster, landfill, recycled):

☐ Will debris be reduced on site?

☐ No

☐ Yes. Quantity reduced: Units: Cubic Yards, Tons, or Each

Please describe the reduction method (e.g., chipping or grinding, compaction, open burning):

If any debris activities are planned for private property, please describe the activities, including the Applicant's legal responsibility and authority to enter private property, and the basis for the determination that a threat exists to the general public:

General Cost and Work Status Information

Has the Applicant started any of the work activities claimed on this project application? [system generated]

☐ All work is complete Please provide work start and end dates (MM/DD/YYYY) - (MM/DD/YYYY).

☐ Work has started and is approximately % complete. Please provide the start date and a projected end date, if known: (MM/DD/YYYY) - (MM/DD/YYYY)

☐ Work has not started. Please provide a projected start date: (MM/DD/YYYY)

Does the Applicant have insurance for this work? [system generated]

☐ No, the facilities and work were not insured.

☐ Yes, the Applicant anticipates receiving \$.

☐ Yes, the Applicant received \$.

☐ Yes, but the Applicant is uncertain of the amount it will receive.

☐ Yes, but the insurance company denied the claim. Please provide an explanation of denied claim or upload denial correspondence.

Has [Does] the Applicant received [anticipate receiving] funding from another source for this work?

Please update if changed. [system generated]

☐ No

☐ Yes. Please check all that apply:

☐ Cash Donations. Please describe: Amount \$

☐ Federal Grants. Please describe: Amount \$

☐ Non-Federal Grants. Please describe: Amount \$

☐ Revenue. Please describe: Amount \$

☐ Third-Party Liability. Please describe: Amount \$

Cost Estimate

Please upload an itemized cost estimate for this project. Please include the number and type of resources necessary to complete the work.

What is the basis for the estimate?

☐ Actual costs

- ☐ Historical unit costs
- ☐ Average costs for similar work in the area
- ☐ Contractor or vendor quotes
- ☐ Other. *Please describe:*

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

- ☐ Contracted

Has the Applicant procured and selected a contractor?

- ☐ No
- ☐ Yes

How did the Applicant ensure the contract costs were reasonable?

- ☐ Competitive procurement process
- ☐ Cost or price analysis
- ☐ Compared to historical costs for similar projects in the area
- ☐ Other. *Please describe:*

What is the total cost of contracted work?

Completed Cost		+	Future Cost	=	Total Cost
\$			\$		\$

- ☐ Labor

- ☐ Applicant's own employees

What is the total cost of employee labor?

Completed Cost		+	Future Cost	=	Total Cost
\$			\$		\$

- ☐ Mutual aid, prison labor, or national guard

What is the total cost of mutual aid, prison labor, or national guard?

Mutual Aid	Completed Cost		Future Cost		Total Cost
Prison Labor	\$	+	\$	=	\$
National	\$		\$		\$
Guard	\$		\$		\$

- ☐ Equipment

- ☐ Applicant's own equipment
- ☐ Purchased or rented equipment

Has the Applicant completed the purchase or rental?

- ☐ No
- ☐ Yes

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:*

What is the total cost of equipment?

Completed Cost \$	+	Future Cost \$	=	Total Cost \$
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- ☐ Materials
- ☐ From Stock
- ☐ Purchased

Has the Applicant completed the purchase?

- ☐ No
- ☐ Yes

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:*

What is the total cost of materials?

Completed Cost \$	+	Future Cost \$	=	Total Cost \$
-----------------------------	---	--------------------------	---	-------------------------

- ☐ Donated Resources
- ☐ Labor
- ☐ Equipment
- ☐ Materials
- ☐ Buildings or Land
- ☐ Permanent
- ☐ Temporary
- ☐ Space
- ☐ Logistical Support

What is the total value?

Completed Value \$	+	Future Value \$	=	Total Value \$
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- ☐ Additional Debris Removal costs
- ☐ Travel
- ☐ Meals
- ☐ Miscellaneous. *Please describe:*

What is the total additional debris removal costs?

Completed Costs	+	Future Costs	=	Total Costs
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\$

\$

\$

Total Cost Claim
\$[system calculated]

Section IV – Small Project Closeout Request

Has the Applicant completed all the work associated with the project?

- ☐ No
- ☐ Yes. Work Completed date: (MM/DD/YYYY)
- Does the Applicant want to close this project of other small projects as well?
- ☐ Applicant wants to closeout this project only.
- ☐ Applicant wants to closeout multiple small projects.
- ☐ Applicant wants to closeout all small projects.

The Applicant may request additional funding if its combined actual cost of all its Small Projects exceeded the combined cost FEMA approved for all its Small Projects. Does the Applicant wish to claim any costs that exceeded the total amount obligated? [system generated for the small project with the latest period of performance]

- ☐ No
- ☐ Yes. Please upload all documentation to support work and costs for all small projects.

Total approved amount [system generated]

Federal share obligated [system generated]

Date obligated [system generated]

Section V – Large Project

Description of Activities

Please describe the debris removal activities, including the nature of the immediate threat to lives or property presented by the debris removed:

Please select which debris removal activities are being claimed:

- ☐ Debris clearance
- ☐ Debris removal
- ☐ From the grounds of a facility or complex. Check if activities occurred on private property: ☐
Date FEMA approved request: [system generated]
- ☐ From roads or rights-of-way. Check if activities occurred on private property ☐
Date FEMA approved request: [system generated]
- ☐ From a waterway Check if activities occurred on private property: ☐
Date FEMA approved request: [system generated]
- ☐ Navigable
- Did [Does] the debris obstruct the passage of vessels?
- ☐ No
- ☐ Yes
- ☐ Non-navigable.
- Please describe how the debris did [does] pose an immediate threat?
- How did [does] the debris pose an immediate threat?
- ☐ Debris obstructs, or could obstruct, intake structures.

- ☐ Debris is causing, or could cause damage to structures, such as bridges and culverts.
- ☐ Debris is causing, or could cause, flooding to improved public or private property during the occurrence of a five-year flood.
- ☐ Other threat. *Please describe:*

Was [will] any debris [be] removed from streams?

- ☐ No
- ☐ Yes

Has the Applicant requested assistance from the Natural Resources Conservation Service?

- ☐ No.
- ☐ Yes. *Please upload related correspondence.*

Was [will] any debris [be] removed from flood control works?

- ☐ No
- ☐ Yes

Is the flood control work part of the Watershed and Flood Prevention Operations Program under PL 83-566?

- ☐ No
- ☐ Yes

Please select the type of debris removed:

- ☐ Vegetative
- ☐ Construction and demolition (C&D)
- ☐ Electronics
- ☐ Hazardous materials
- ☐ Household hazardous waste
- ☐ Large appliances/white goods
- ☐ Sand, mud, silt, gravel, rocks, or boulders
- ☐ Hazardous stumps, trees, limbs, or branches. *Check if activities occurred on private property:* ☐
- ☐ Stump

How was [will] the stump [be] removed?

- ☐ Extracting
- ☐ Flush cut
- ☐ Grinding

What percent of root-ball was [is] exposed?

- ☐ 50% or more
- ☐ Less than 50%

Did [will] the Applicant remove a root-ball?

- ☐ No
- ☐ Yes

☐ Tree that extends over improved property or public-use area

- ☐ Split trunk
- ☐ Broken canopy

☐ Leaning at an angle greater than 30 degrees

☐ Broken limb or branch that extends over improved property or public-use area

☐ Vehicles or vessels *Check if activities occurred on private property:* ☐

Please describe any efforts undertaken to contact the owners of abandoned vehicles and vessels, and efforts made to track and document handling of vehicles and vessels:

Did [will] the vehicles [vessels] need to be stored prior to identifying the owners?

☐ No

☐ Yes

☐ Other

Please provide the original location of the debris: *Please upload a representative sample of debris photographs. [system generated] Please update if needed.*

☐ Throughout jurisdiction

☐ Specific areas. *Please describe (e.g., specific neighborhood, quadrant, etc.):*

☐ Specific address or GPS coordinates:

Which of the following are being used to manage debris? *Please select all that apply.*

☐ Temporary debris staging site

Site Name:

Site Location: *Address or GPS*

Was [will] contract labor [be] used to manage the site?

☐ No

☐ Yes

what type of labor was [will be] used for debris monitoring at the site? *Please select all that apply.*

☐ Applicant employees

☐ Contract. *Please provide name:*

Was the site authorized for debris staging by a state or local regulatory agency?

☐ No

☐ Yes. *Please provide permit number, permit, or documentation allowing use of the site.*

How was [will] the debris [be] loaded and hauled?

☐ Trucks with solid tailgate

☐ Trucks without solid tailgate

☐ Hand-loaded

☐ Barge/Other. *Please describe:*

Quantity [to be] hauled ☐ Actual ☐ Estimate

☐ Cubic yards

☐ Tons

☐ Each

Number of load tickets

☐ Fewer than 45. *Please upload all load tickets.*

☐ 45 or more. *Please upload either a random sample of 45 load tickets or a list of all load tickets.*

Haul price per unit

\$/Cubic yard

\$/Ton

\$/Each

Total haul cost: \$[system calculated]

Was [will] the debris [be] reduced on site?

☐ No

☐ Yes. Quantity reduced: Units: *Cubic Yards, Tons, or Each*

Please select the reduction method:

☐ Air curtain burning. *Please upload a copy of the permit.*

☐ Chipping or grinding

☐ Compacting

☐ Open burning. *Please upload a copy of the permit.*

☐ Other. *Please describe:*

Reduction price per unit

☐ \$/Cubic yard

☐ \$/Ton

☐ \$/Each

Total reduction cost: \$[system calculated]

☐ Final disposal site(s)

Site Name:

Site Location: (*Address or GPS*)

Was the site authorized for debris staging by a state or local regulatory agency?

☐ No

☐ Yes. *Please provide permit number, permit, or documentation allowing use of the site*

Was [will] contract labor [be] used to load/haul debris to this site?

☐ No

☐ Yes

What type of labor was [will be] used for debris monitoring at the site? Please select all that apply.

☐ Applicant employees

☐ Contract. *Please provide name:*

How was [will] the debris [be] loaded and hauled?

☐ Trucks with solid tailgate

☐ Trucks without solid tailgate

☐ Hand-loaded

☐ Barge/Other. *Please describe:*

Quantity [to be] hauled ☐ Actual ☐ Estimate

☐ Cubic yards ☐ Tons ☐ Each

Number of load tickets

☐ Fewer than 45. *Please upload all load tickets.*

☐ 45 or more. *Please upload either a random sample of 45 load tickets or a list of all load tickets.*

Haul price per unit

\$/Cubic yard

\$/Ton

\$/Each

Total haul cost: \$[system calculated]

Was [will] the debris [be] reduced on site?

☐ No

☐ Yes. Quantity reduced: Units: *Cubic Yards, Tons, or Each*

Please select the reduction method:

☐ Air curtain burning. *Please upload a copy of the permit.*

☐ Chipping or grinding

☐ Compacting

☐ Open burning. *Please upload a copy of the permit.*

☐ Other. *Please describe:*

Reduction price per unit

\$/Cubic yard

\$/Ton

\$/Each

Total reduction cost: \$[system calculated]

Please select the disposal method:

☐ Burying

☐ Composted

☐ Dumpster

☐ Landfill

☐ Recycled

☐ Spreading

☐ Supplied to public/Made available for reuse

☐ Other. *Please describe:*

Tipping fee per unit

\$/Cubic yard

\$/Ton

\$/Each

Total disposal cost \$ [system calculated]										
General Cost and Work Status Information										
<p>Has the Applicant started any of the work activities claimed on this project application? [system generated] <i>Please update if changed.</i></p> <p><input type="checkbox"/> All work is complete. <i>Please provide work start and end dates (MM/DD/YYYY) - (MM/DD/YYYY).</i></p> <p><input type="checkbox"/> Work has started and is approximately % complete. <i>Please provide the start date and a projected end date, if known: (MM/DD/YYYY) - (MM/DD/YYYY)</i></p> <p><input type="checkbox"/> Work has not started. <i>Please provide a projected start date: (MM/DD/YYYY)</i></p>										
<p>Please indicate what type of cost was used for this project: <i>Please select all that apply:</i></p> <p><input type="checkbox"/> Actual cost. <i>Please complete actual cost table below.</i></p> <p><input type="checkbox"/> Estimate for future cost.</p> <p style="margin-left: 20px;"><input type="checkbox"/> Estimated contracted cost: \$</p> <p style="margin-left: 20px;"><input type="checkbox"/> Estimated labor cost: \$</p> <p style="margin-left: 20px;"><input type="checkbox"/> Estimated equipment cost: \$</p> <p style="margin-left: 20px;"><input type="checkbox"/> Estimated materials cost: \$</p> <p style="margin-left: 20px;"><input type="checkbox"/> Estimated other costs: \$</p>										
<p>Does the Applicant have insurance for this work? [system generated] <i>Please update if changed.</i></p> <p><input type="checkbox"/> No, the facilities and work were not insured.</p> <p><input type="checkbox"/> Yes, the Applicant anticipates receiving \$.</p> <p><input type="checkbox"/> Yes, the Applicant received \$.</p> <p><input type="checkbox"/> Yes, but the Applicant is uncertain of the amount it will receive.</p> <p><input type="checkbox"/> Yes, but the insurance company denied the claim. <i>Please upload denial correspondence.</i></p> <p>Has [Does] the Applicant received [anticipate receiving] funding from another source for this work? [system generated] <i>Please update if changed.</i></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. <i>Please check all that apply:</i></p> <table style="width: 100%; border: none;"><tr><td style="width: 40%;"><input type="checkbox"/> Cash Donations. <i>Please describe:</i></td><td style="width: 60%;">Amount \$</td></tr><tr><td><input type="checkbox"/> Federal Grants. <i>Please describe:</i></td><td>Amount \$</td></tr><tr><td><input type="checkbox"/> Non-Federal Grants. <i>Please describe:</i></td><td>Amount \$</td></tr><tr><td><input type="checkbox"/> Revenue. <i>Please describe:</i></td><td>Amount \$</td></tr><tr><td><input type="checkbox"/> Third-Party Liability. <i>Please describe:</i></td><td>Amount \$</td></tr></table>	<input type="checkbox"/> Cash Donations. <i>Please describe:</i>	Amount \$	<input type="checkbox"/> Federal Grants. <i>Please describe:</i>	Amount \$	<input type="checkbox"/> Non-Federal Grants. <i>Please describe:</i>	Amount \$	<input type="checkbox"/> Revenue. <i>Please describe:</i>	Amount \$	<input type="checkbox"/> Third-Party Liability. <i>Please describe:</i>	Amount \$
<input type="checkbox"/> Cash Donations. <i>Please describe:</i>	Amount \$									
<input type="checkbox"/> Federal Grants. <i>Please describe:</i>	Amount \$									
<input type="checkbox"/> Non-Federal Grants. <i>Please describe:</i>	Amount \$									
<input type="checkbox"/> Revenue. <i>Please describe:</i>	Amount \$									
<input type="checkbox"/> Third-Party Liability. <i>Please describe:</i>	Amount \$									
Actual Cost Information										
<p>Impact Line Item: <i>Please select one. [system generated list of impacts]</i></p> <p>What resources did the Applicant use to complete the work? <i>Please select all that apply.</i></p> <p><input type="checkbox"/> Contracted</p> <p><input type="checkbox"/> Labor</p> <p><input type="checkbox"/> Equipment</p> <p><input type="checkbox"/> Materials</p> <p><input type="checkbox"/> Additional debris removal costs</p>										

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 only claiming Equipment]

☐ Straight time \$

☐ Overtime \$

☐ Premium \$

☐ Hazard \$

Total hours:

[system calculated]

Labor hours:

[system calculated]

Equipment hours:

[system calculated]

Date(s)

Hours

Total Cost

[system calculated]

Labor cost \$

[system calculated]

Equipment cost

\$ [system calculated]

Donated value

\$ [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

\$ [system calculated]

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 debris removal costs						
Description	Vendor/Donor	Purchased/Donated Date	Used Date	Quantity Purchased/Donated	Fair Market Value	Total Cost [system calculated]
<input type="checkbox"/> Travel <input type="checkbox"/> Meals <input type="checkbox"/> Miscellaneous. <i>Please describe:</i> <input type="checkbox"/> Donated <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary						

Section VI – Scope of Work and Cost Summary

Work Summary

Scope of Work: [system generated]

Closeout Project Scope of Work: [system generated]

Cost breakdown

Estimated Costs [system calculated below]	Closeout Final Costs [system calculated below]
Contract: Labor <input type="checkbox"/> Applicant's own employees: <input type="checkbox"/> Mutual Aid: Equipment: <input type="checkbox"/> Applicant's own equipment: <input type="checkbox"/> Purchased equipment: <input type="checkbox"/> Rented equipment: Materials: <input type="checkbox"/> Stock materials: <input type="checkbox"/> Purchased materials: Additional infrastructure restoration costs <input type="checkbox"/> Travel <input type="checkbox"/> Meals <input type="checkbox"/> Miscellaneous	Contract: Labor <input type="checkbox"/> Applicant's own employees: <input type="checkbox"/> Mutual Aid: Equipment: <input type="checkbox"/> Applicant's own equipment: <input type="checkbox"/> Purchased equipment: <input type="checkbox"/> Rented equipment: Materials: <input type="checkbox"/> Stock materials: <input type="checkbox"/> Purchased materials: Additional infrastructure restoration costs <input type="checkbox"/> Travel <input type="checkbox"/> Meals <input type="checkbox"/> Miscellaneous
Deductions: <input type="checkbox"/> Insurance: <input type="checkbox"/> Other sources:	Deductions: <input type="checkbox"/> Insurance: <input type="checkbox"/> Other sources:
Donated Resources: <input type="checkbox"/> Labor: <input type="checkbox"/> Equipment: <input type="checkbox"/> Material: <input type="checkbox"/> Buildings or Land:	Donated Resources: <input type="checkbox"/> Labor: <input type="checkbox"/> Equipment: <input type="checkbox"/> Material: <input type="checkbox"/> Buildings or Land:

<input type="checkbox"/> Space: <input type="checkbox"/> Logistical Support:	<input type="checkbox"/> Space: <input type="checkbox"/> Logistical Support:
Grand total:	Grand total:

Section VII – 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 VIII – Applicant 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 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).

Applicant Signature

Applicant Authorized Representative [system generated]	Title [system generated]	Signature [system generated]	Date submitted [system automated]
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Section IX – Recipient Recommendation

Does all work in this project meet the criteria to be an eligible for Public Assistance funding?

- ☐ No. *Please describe why:*
☐ Yes

Recipient Authorized Representative [system generated]	Title [system generated]	Signature [system generated]	Date submitted [system automated]
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Section X – 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) [system generated] *Please update if changed.*

Total approved amount [system generated]	Federal share obligated [system generated]	Date obligated [system generated]
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Section XI – 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 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 [system generated]	Signature [system generated]	Date submitted [system automated]
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Section XII – 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 [system generated]	Signature [system generated]	Date submitted [system automated]
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