

## PROJECT APPLICATION FOR EMERGENCY PROTECTIVE MEASURES

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ct (1660-0017) NOTE: Do not send your completed form to this address.

### Privacy Act Statement

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### Purpose and Applicability

Emergency Protective Measures includes activities that eliminate or lessen immediate threats to lives, public health, or safety; or threats of significant damage to improved public or private property. 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 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 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:

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

## Section I – Applicant Information

Declaration # [system generated]

Legal Name of Applicant:  
[system generated]

FEMA PA ID: [system generated]

## Section II – Impact Groups and Project Information

### Impact Groups

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

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

☐ No

☐ Yes. Please provide 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

Project # [system generated]

Applicant-Assigned Project #

Project Title:

|   |   |   |                                       |   |
|---|---|---|---------------------------------------|---|
|   |   | (optional)  |                                       |   |
| <b>Project Amendment #</b> [system generated]   |   | <b>Period of Performance deadline:</b> [system generated] |                                       | <b>Work Type: Emergency Protective Measures</b> |
| <b>Impact line item(s) final grouping</b> [system generated]  |   |   |                                       |   |
| <b>Facility Type(s)</b><br>[system generated]   | <b>Facility Name(s)</b><br>[system generated] | <b>Site/Campus Name(s)</b><br>[system generated]          | <b>Location(s)</b> [system generated] |   |
| <b>Is the Applicant requesting expedited funding?</b> [system generated] <i>Please update if changed.</i><br><input type="checkbox"/> No<br><input type="checkbox"/> Yes. <i>Please describe immediate need for funding:</i>  |   |   |                                       |   |
| <b>Do you want to make this impact a high priority?</b> 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><br><input type="checkbox"/> No<br><input type="checkbox"/> Yes  |   |   |                                       |   |
| <b>Section III –Expedited Project</b>   |   |   |                                       |   |
| <b>Description of Activities</b>  |   |   |                                       |   |
| <b>Please select the time period for the activities being claimed on this project application:</b><br>Start Date: (MM/DD/YYYY) Designated Time-Period:<br><input type="checkbox"/> 30 days<br><input type="checkbox"/> 60 days<br><input type="checkbox"/> 90 days<br><input type="checkbox"/> Another time-period:   |   |   |                                       |   |
| <b>Please describe how the activities address an immediate threat to life, public health, or safety:</b>  |   |   |                                       |   |
| <b>Cost Estimate</b>  |   |   |                                       |   |
| <b>Please upload an itemized cost estimate for this project.</b> <i>Please include the number and type of resources necessary to complete the work.</i><br><br><b>What is the basis for the estimate?</b><br><input type="checkbox"/> Actual costs<br><input type="checkbox"/> Historical unit costs<br><input type="checkbox"/> Average costs for similar work in the area<br><input type="checkbox"/> Contractor or vendor quotes<br><input type="checkbox"/> Other. <i>Please describe:</i><br><br><b>What resources did [will] the Applicant use to complete the work?</b> <i>Please select all that apply.</i><br><input type="checkbox"/> Contracted<br><b>Has the Applicant procured and selected a contractor?</b><br><input type="checkbox"/> No<br><input type="checkbox"/> Yes<br><b>How did the Applicant ensure the contract costs were reasonable?</b><br><input type="checkbox"/> Competitive procurement process<br><input type="checkbox"/> 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**  
\$

- ☐ 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**  
\$

- ☐ 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**  
\$

- ☐ Labor  
☐ Applicant's own employees  
☐ Budgeted employees

☐ Straight Time

☐ Overtime

**What is the total cost of budgeted employee labor?**

**Completed Cost**  
\$

**Future Cost**  
\$

**Total Cost**  
\$

☐ Unbudgeted employees

☐ Straight Time

☐ Overtime

**What is the total cost of unbudgeted 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?**

|                       | <b>Completed Cost</b> |
|-----------------------|-----------------------|
| <b>Mutual Aid</b>     | \$                    |
| <b>Prison Labor</b>   | \$                    |
| <b>National Guard</b> | \$                    |

| <b>Future Cost</b> |
|--------------------|
| \$                 |
| \$                 |
| \$                 |

| <b>Total Cost</b> |
|-------------------|
| \$                |
| \$                |
| \$                |

☐ 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 Emergency Protective Measure costs

☐ Travel

☐ Meals

☐ Miscellaneous. *Please describe:*

**What is the total additional cost?**

|                              |   |                           |   |   |
|------------------------------|---|---------------------------|---|---|
| <b>Completed Costs</b><br>\$ | + | <b>Future Costs</b><br>\$ | = | <b>Total Costs</b><br>\$                        |
|                              |   |                           |   | <b>Total Cost Claim</b><br>\$[system generated] |

### Section IV – Small Project

This section is completed for projects with total costs less than the large project threshold.

#### Description of Activities

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

**Please select which emergency protective measures are being claimed:**

- ☐ Animal carcass removal
- ☐ Animal control services
- ☐ Childcare Services
- ☐ Debris clearance for emergency access. *Check if activities occurred on private property:* ☐
- ☐ Demolition. *Check if activities occurred [will occur] on private property:* ☐  
Date FEMA approved request: [system generated]
  - ☐ Commercial structures
  - ☐ Residential structures
- ☐ Dissemination of information
- ☐ Distribution of commodities for the general public
- ☐ Electrical meter repair for residential properties  
Date FEMA approved request: [system generated]
- ☐ Emergency Operations Center activities
- ☐ Evacuation and Sheltering. *Please select all that apply:*
  - ☐ Evacuation
  - ☐ Congregate sheltering
  - ☐ Non-congregate sheltering
  - ☐ Host-State, Tribe, or Territory sheltering
    - ☐ Congregate
    - ☐ Non-Congregate
- ☐ Firefighting
- ☐ Flood fighting. *Please select all that apply:*
  - ☐ De-watering behind a levee
  - ☐ Emergency stormwater/wastewater pumping
  - ☐ Increasing the height of a levee
  - ☐ Sandbagging
  - ☐ Other flood fighting activity. *Please describe:*

- ☐ Hazardous material removal
- ☐ Human remains
  - ☐ Search and recovery of human remains
  - ☐ Storage and interment of unidentified human remains or mass mortuary services
  - ☐ Other activities associated with human remains. *Please describe:*
- ☐ Increased cost of a facility or providing a service
  - ☐ Fuel
  - ☐ Generators (fixed or temporary)
  - ☐ Water testing or treatment
  - ☐ Other increased cost. *Please describe:*
- ☐ Medical care associated with a destroyed, severely compromised, or overwhelmed emergency medical delivery system

**Are any of the activities underwritten by private insurance, Medicare, Medicaid, or a pre-existing private payment agreement?**

- ☐ No
- ☐ Yes. Please describe how the Applicant has and will continue to pursue payment from patients' private insurance, Medicaid, Medicare, or any other source of funding:
- ☐ Mosquito abatement
  - Date FEMA approved request: [system generated]
- ☐ Power Restoration
- ☐ Pre-positioning or movement of supplies, equipment, or other resources
  - Were any of the resources pre-positioned outside the declared area?**
    - ☐ No
    - ☐ Yes. **Please describe how the resources were or will be used within the declared area:**
- ☐ Pumping of basements, septic tanks, or wells. *Check if activities occurred on private property:* ☐
- ☐ Safety inspections
- ☐ Search and rescue of survivors, household pets, or service animals
- ☐ Security, law enforcement, barricading, or patrolling
- ☐ Snow-related activities
  - What 48 hour period did the Applicant designate for snow-related activities?**

|       |     |                  |
|-------|-----|------------------|
| Start | End | (MM/DD/YY hh:mm) |
|-------|-----|------------------|
- ☐ Temporary relocation of essential services

**Why is the facility being relocated?**

- ☐ The facility cannot be occupied safely, and restoration cannot be completed without suspending operations of the facility.
- ☐ The facility is not damaged but lacks a critical utility or operational item such as potable water, electricity, or road access.
- ☐ The facility can be made usable with the performance of emergency protective measures or minor repairs.

- ☐ Emergency protective measures that involve facility construction or repairs
  - ☐ Buttrressing, shoring, or bracing facilities to stabilize them or prevent collapse
  - ☐ Emergency berms or temporary levees to provide protection from floodwaters or landslides
  - ☐ Emergency repairs to an access route
  - ☐ Emergency slope stabilization
  - ☐ Extracting water and clearing mud, silt, or other accumulated debris from eligible facilities
  - ☐ Mold remediation
  - ☐ Other protective measures that involve facility construction or repair. *Please describe:*
- ☐ Other activities to protect public health and safety. *Please describe:*

If any emergency protective measures 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? [system generated] *Please update if changed.*

- ☐ 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 \$
- ☐ Unsure

#### 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?**

|                       |                    |                   |
|-----------------------|--------------------|-------------------|
| <b>Completed Cost</b> | <b>Future Cost</b> | <b>Total Cost</b> |
| \$                    | \$                 | \$                |

- ☐ Labor

- ☐ Applicant's own employees

- ☐ Budgeted employees

☐ Straight Time

☐ Overtime

**What is the total cost of budgeted employee labor?**

|                       |                    |                   |
|-----------------------|--------------------|-------------------|
| <b>Completed Cost</b> | <b>Future Cost</b> | <b>Total Cost</b> |
| \$                    | \$                 | \$                |

- ☐ Unbudgeted employees

☐ Straight Time

☐ Overtime

**What is the total cost of unbudgeted employee labor?**

|                       |                    |                   |
|-----------------------|--------------------|-------------------|
| <b>Completed Cost</b> | <b>Future Cost</b> | <b>Total Cost</b> |
| \$                    | \$                 | \$                |

- ☐ Mutual aid, prison labor, or national guard



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

|                | Completed Cost | Future Cost | Total Cost |
|----------------|----------------|-------------|------------|
| Mutual Aid     | \$             | \$          | \$         |
| 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 |
|----------------|-------------|------------|
| \$             | \$          | \$         |

☐ 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 Emergency Protective Measure costs
  - ☐ Travel
  - ☐ Meals
  - ☐ Miscellaneous. *Please describe:*

What is the total additional cost?

Completed Costs  
\$

+

Future Costs  
\$

=

Total Costs  
\$

Total Cost Claim  
\$[system generated]

### Section V– Small Project Closeout Request

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

- ☐ No
- ☐ Yes. Work Completed date: (MM/DD/YYYY)

Does the Applicant want to close this project or 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. Amount \$ *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 VI – Large Project

Description of Activities

Please describe the emergency protective measures conducted, including the nature of the immediate threat to lives or property:

**Animal carcass removal**

Was the work conducted in response to a certified threat to public health and safety?

☐ No

☐ Yes. Please upload the certification.

Animal type:                      Quantity:

What process(es) did the Applicant conduct to remove and dispose of animal carcasses? Please select all that apply.

☐ Burning

☐ Burying

☐ Composting

☐ Incinerating

☐ Mounding

☐ Rendering

☐ Other. Please describe the method of removal and disposal:

Please provide GPS coordinates for the removal site:                      and the disposal site:

**Animal control services**

Please describe the health and safety threat that the animals created:

Animal Type:                      Quantity:

**Animal replacement**

Please describe the animal-saving activities:

What animals did [will] the Applicant replace? Please select all that apply.

☐ Animals in museums, zoos, or publicly owned nature centers. Quantity:

☐ Fish in fish hatcheries. Quantity:

☐ Laboratory animals used in an active research program. Quantity:

☐ Police animals. Quantity:

☐ Taxidermy specimens. Quantity:

☐ Trained and certified rescue dogs. Quantity:

☐ Other. Please describe:

**Childcare Services**

Please describe the childcare operations:

Please provide the names of the provider(s):                      Please upload the license for each provider.

**Dissemination of information:**

Please describe the information disseminated to the public, the populations targeted, and the methods used to disseminate information:

Please explain how it was ensured that the information reached underserved populations, such as those with language, technology, or ability barriers:

**Distribution of commodities**

**Which commodities did the Applicant distribute?** *Please select all that apply.*

- ☐ Blankets. Quantity: [REDACTED]
- ☐ Cots. Quantity: [REDACTED]
- ☐ Food, water, or ice. Quantity: [REDACTED]
- ☐ Portable generators. Quantity: [REDACTED]
- ☐ Personal hygiene items. Quantity: [REDACTED]
- ☐ Personal protective equipment. Quantity: [REDACTED]
- ☐ Tarps or plastic sheeting for roof damage. Quantity: [REDACTED]
- ☐ Power tools. Quantity: [REDACTED]
- ☐ Radios. Quantity: [REDACTED]
- ☐ Safety equipment. Quantity: [REDACTED]
- ☐ Sand. Quantity: [REDACTED]
- ☐ Tarps. Quantity: [REDACTED]
- ☐ Other. *Please describe item(s) and quantity distributed:* [REDACTED]

**Which of the following activities did the Applicant conduct?** *Please select all that apply.*

- ☐ Acquiring distribution or storage space. *Please describe:* [REDACTED]
- ☐ Delivery or distribution. *Please describe:* [REDACTED]
- ☐ Purchasing or packaging. *Please describe:* [REDACTED]
- ☐ Other. *Please describe:* [REDACTED]

**Emergency Operations Center activities.**

**Please describe the Emergency Operations Center activities:**

**Evacuation**

**Please describe the evacuation operations:** [REDACTED]

**Sheltering: Congregate**

| Facility Name [system generated] | Site/Campus Name [system generated] | Location [system generated] |
|----------------------------------|-------------------------------------|-----------------------------|
|----------------------------------|-------------------------------------|-----------------------------|

**Please describe the type of facility being used for sheltering:** [REDACTED]  
**Will any additional shelter locations be claimed on this application?**

- ☐ No
- ☐ Yes. Quantity: [REDACTED]

| Facility Name | Site/Campus Name | Location |
|---------------|------------------|----------|
|---------------|------------------|----------|

**Please describe the type of facility being used for sheltering:** [REDACTED]

**What appliances were provided at the shelter?** *Please select all that apply.*

- ☐ Computers. Quantity: [REDACTED]
- ☐ Dryers. Quantity: [REDACTED]
- ☐ Televisions or radios. Quantity: [REDACTED]
- ☐ Washing Machines. Quantity: [REDACTED]
- ☐ Other. *Please describe:* [REDACTED]

**What shelter services were provided?** *Please select all that apply:*

- ☐ Care for survivors with disabilities or access and functional needs
- ☐ Cleaning of linens and animal crates
- ☐ Emergency medical and veterinary services
- ☐ Safety and security
- ☐ Shelter management
- ☐ Sheltering self-evacuees
- ☐ Supervision of paid or volunteer staff
- ☐ Phone banks
- ☐ Use of equipment to provide sheltering support such as ambulances, buses, and other vehicles
- ☐ Other. *Please describe the services provided:* [REDACTED]

**Was this shelter operated by any Non-governmental Organizations (NGO) under a written agreement.**

- ☐ No
- ☐ Yes. *Please upload the written agreements.*

### Sheltering: Non-congregate

The information in this section is system generated from the **Request for Approval**.

**Date FEMA approved request:** [system generated]

**Please provide the following:**

| Age Group | # Sheltered  | # with disabilities or access and functional needs                     | # Registered for FEMA Individual Assistance                            | # Referred to State, Tribal, Territorial, or non-governmental organization programs |
|-----------|--|--|--|---|
| 0-2       | <span style="background-color: black; color: black;">[REDACTED]</span> | <span style="background-color: black; color: black;">[REDACTED]</span> | <span style="background-color: black; color: black;">[REDACTED]</span> | <span style="background-color: black; color: black;">[REDACTED]</span>              |
| 3-6       | <span style="background-color: black; color: black;">[REDACTED]</span> | <span style="background-color: black; color: black;">[REDACTED]</span> | <span style="background-color: black; color: black;">[REDACTED]</span> | <span style="background-color: black; color: black;">[REDACTED]</span>              |
| 7-12      | <span style="background-color: black; color: black;">[REDACTED]</span> | <span style="background-color: black; color: black;">[REDACTED]</span> | <span style="background-color: black; color: black;">[REDACTED]</span> | <span style="background-color: black; color: black;">[REDACTED]</span>              |
| 13-17     | <span style="background-color: black; color: black;">[REDACTED]</span> | <span style="background-color: black; color: black;">[REDACTED]</span> | <span style="background-color: black; color: black;">[REDACTED]</span> | <span style="background-color: black; color: black;">[REDACTED]</span>              |
| 18-21     | <span style="background-color: black; color: black;">[REDACTED]</span> | <span style="background-color: black; color: black;">[REDACTED]</span> | <span style="background-color: black; color: black;">[REDACTED]</span> | <span style="background-color: black; color: black;">[REDACTED]</span>              |
| 22-65     | <span style="background-color: black; color: black;">[REDACTED]</span> | <span style="background-color: black; color: black;">[REDACTED]</span> | <span style="background-color: black; color: black;">[REDACTED]</span> | <span style="background-color: black; color: black;">[REDACTED]</span>              |
| 66+       | <span style="background-color: black; color: black;">[REDACTED]</span> | <span style="background-color: black; color: black;">[REDACTED]</span> | <span style="background-color: black; color: black;">[REDACTED]</span> | <span style="background-color: black; color: black;">[REDACTED]</span>              |
| Animals   | <span style="background-color: black; color: black;">[REDACTED]</span> | <span style="background-color: black; color: black;">[REDACTED]</span> | <span style="background-color: black; color: black;">[REDACTED]</span> | <span style="background-color: black; color: black;">[REDACTED]</span>              |

**Please provide the length of stay per household:** [REDACTED]

**Please provide the number of meals provided:** [REDACTED]

**Please select the types of animal shelter provided:**

- ☐ Stand alone
- ☐ Co-located
- ☐ Co-habitational
- ☐ Other. *Please describe:* [REDACTED]

### Sheltering: Host-State, Tribe, or Territory

The information in this section is system generated from the Request for Approval.

Date FEMA approved request: [system generated]

Please describe the type of facility being used for sheltering: [REDACTED]

Please describe the sheltering activities: [REDACTED]

**Firefighting.**

Please describe the firefighting activities conducted:

**Flood fighting**

When did flood waters begin to recede? (MM/DD/YYYY)

Which of the following flood fighting activities did [will] the Applicant conduct? *Please select all that apply:*

- ☐ De-watering behind a levee
- ☐ Emergency stormwater pumping
- ☐ Emergency wastewater pumping
- ☐ Increasing the height of a levee
- ☐ Sandbagging.

Will the Applicant subsequently remove the sandbags?

- ☐ No
- ☐ Yes. *Please provide the GPS coordinates of the final disposal location(s):*

What method of disposal did or will the Applicant use?

- ☐ Gravel pit
- ☐ Landfill
- ☐ Spreading
- ☐ Other. *Please describe:*

☐ Other. *Please describe other flood fighting activities:* [REDACTED]

**Human Remains: Search and recovery**

Please describe search and recovery operations conducted: [REDACTED]

**Human Remains: Storage and interment of unidentified human remains or mass mortuary services**

Please identify the activities performed. *Please select all that apply:*

- ☐ Storage. *Please describe:*
- ☐ Interment of unidentified human remains. *Please describe:*
- ☐ Mass mortuary services. *Please describe:*
- ☐ Other. *Please describe:*

**Increased cost of operating a facility or providing a service**

What type of service is being provided? *Please select all that apply:*

- ☐ Generators. *Please describe:*
- ☐ Water testing and/or treatment. *Please describe:*
- ☐ Fuel. *Please describe:*
- ☐ EOC facility costs. *Please describe:*
- ☐ Other. *Please describe:*

**Medical care associated with a destroyed, severely compromised or overwhelmed emergency medical delivery system**

**Please describe the impacts to the medical delivery system:**

**Please describe the overall medical care operations:**

**Please select the medical care activities conducted:**

- ☐ Triage and medically necessary tests and diagnosis
- ☐ Treatment, stabilization, and monitoring
- ☐ Vaccinations
- ☐ Mobile medical units
- ☐ Other. *Please describe:*

**Are any of the activities underwritten by private insurance, Medicare, Medicaid, or a pre-existing private payment agreement?**

- ☐ No
- ☐ Yes. **Please describe how the Applicant has and will continue to pursue payment from patients' private insurance, Medicaid, Medicare, or any other source of funding:**

**Mosquito abatement**

**Date FEMA approved request.** [system generated]

**Please confirm which of the following exits:**

- ☐ Evidence of higher levels of disease transmitting mosquitoes in the impacted area following the incident.
- ☐ Evidence of a significant number of disease-carrying mosquitoes in the area due to the increase in incident-related standing water.
- ☐ 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.
- ☐ 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.
- ☐ 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 the activities conducted:**

**Did [will] any of these activities include chemical application?**

- ☐ No
- ☐ Yes. *Please upload a map of the application areas.*

**What chemicals did [will] the Applicant use?**

- ☐ Adulticide
- ☐ Larvicide

☐ Other. *Please describe:*

**What method of application did [will] the Applicant use?**

☐ Aerial

☐ Ground

☐ Other. *Please describe:*

**Please provide the dates and times of application?** (MM/DD/YYYY hh:mm) or ☐ Unknown. *Please explain why (e.g., Applicant has not conducted the work yet):*

**Please supply the average cost of mosquito abatement for the last 3 years of expenses for the same time period:\$**

#### Power Restoration

**Please describe the work performed to restore power:**

#### Pre-positioning or movement of supplies, equipment, or other resources

**Please describe the resources the Applicant pre-positioned:**

**Were any of the resources pre-positioned outside the declared area?**

☐ No

☐ Yes. **Please describe how the resources were or will be used within the declared area:**

#### Safety inspections

**Please describe the purpose of the safety inspections:**

#### Search and rescue to locate survivors, household pets, and service animals requiring assistance

**Please describe the search and rescue activities:**

#### Security, law enforcement, barricading, and patrolling

**Please describe the activities:**

#### Snow-related Activities

**What 48 hour period did the Applicant designate for snow-related activities?**

Start                      End                      (MM/DD/YY hh:mm)

**Did or will the Applicant request different time periods for multiple locations?**

☐ No

☐ Yes. *Please complete for each unique geographical area:*

**Geographical area:**                      **Time period:** Start                      End                      (MM/DD/YY hh:mm)

**What activities did [will] the Applicant conduct? *Select all that apply:***

☐ Snow removal

☐ Snow dumps

☐ De-icing

☐ Salting

☐ Sanding of roads and other eligible facilities

☐ Other. *Please describe the other snow-related activities:*



**Temporary relocation of essential services**

**Name and location of the damaged facility.** [system generated]

*Please upload photos of the temporary facility if available.*

**Why is the facility being relocated?**

- ☐ The facility cannot be occupied safely, and restoration cannot be completed without suspending operations of the facility.
- ☐ The facility is not damaged but lacks a critical utility or operational item such as potable water, electricity, or road access.
- ☐ The facility can be made usable with the performance of emergency protective measures or minor repairs.

**What essential services were relocated?** *Please select the services provided at the facility from the list below:*

- ☐ Education
- ☐ Safe rooms for temporary school. Education
- ☐ Election and polling
- ☐ Police, fire, rescue
- ☐ Emergency medical care
- ☐ Homeless or domestic violence shelters
- ☐ Prison
- ☐ Services provided in administrative and support facilities essential to the provision of an essential community service.
- ☐ Utility
- ☐ Other facilities that provide public health and safety services of a governmental nature. *Please describe:*

**Name and location of the facility where the services are relocated** [system generated]

| (Optional) Please provide the temporary facility name, if applicable. | (Optional) Please provide the temporary site or campus name. | Location |
|---|--|----------|
|---|--|----------|

**How was the temporary facility acquired?** *Please upload a cost analysis demonstrating the selection of the least-costly practical option.*

- ☐ Applicant owned at time of incident
- ☐ Rented
- ☐ Purchased
- ☐ Constructed

**What year was the facility constructed?** (YYYY) ☐ Approximate ☐ Exact

**Is the temporary facility located in a floodplain?**

- ☐ No
- ☐ Yes

**Did the applicant make any of the following modifications to the site or facility?**

☐ Repurposing or reusing an existing facility with no modifications.

**Is the temporary use the same as the most recent use of the facility?**

☐ No. *Please describe:*

☐ Yes

☐ Modifying or expanding an existing facility. *Please describe in detail* and upload design drawings.

☐ Placing a prefabricated facility on a site (e.g., tents and trailers). *Please describe site work:*

☐ Constructing a new facility. *Please describe in detail and upload design drawings:*

☐ Construction of a concrete or asphalt pad.

Please provide the GPS coordinates: and dimensions: Length Width Depth

**Will the Applicant subsequently remove the pad?**

☐ No

☐ Yes. *Please describe planned demolition activities:*

**Is the temporary facility accessible to and usable by individuals with disabilities?**

☐ No. *Please describe why compliance is not applicable to this facility:*

☐ Yes. The existing facility is compliant with the Americans with Disabilities Act, and no alterations were required to make the facility compliant with the Americans with Disabilities Act.

☐ Yes. The Applicant has made all required alterations to ensure that the facility is compliant with the Americans with Disabilities Act.

**Other activities to protect public health and safety.**

**Please describe the activities conducted:**

**Buttressing, shoring, or bracing facilities to stabilize them or prevent collapse.**

**Please describe the work in detail, including dimensions, materials used, and quantities:** . *Please upload sketches, design plans, and photos.*

**Constructing emergency berms or temporary levees to provide protection from floodwaters or landslides**

**Please describe the work in detail, including dimensions, materials used, and quantities:** . *Please upload sketches, design plans, and photos.*

**Is the berm or levee on a beach or coastal facility?**

☐ No

☐ Yes

**Has the beach eroded to a point where flooding from a five-year storm could damage improved property?**

☐ No

☐ Yes. *Please upload documentation demonstrating that the Stillwater Level plus wave runup elevation for a five-year storm exceeds the post-incident elevation of the primary dune.*

**Did [will] any activities result in permanent alterations (e.g., it will not be removed)?**

☐ No

☐ Yes. *Please describe the activities and permanent alterations:*

**Emergency repairs to an access route**

Please describe the work in detail, including dimensions, materials used, and quantities: . Please upload sketches, design plans, and photos.

**Emergency repairs necessary to prevent further damage to infrastructure**

Please describe the work in detail, including dimensions, materials used, and quantities: . Please upload sketches, design plans, and photos.

**Emergency slope stabilization**

Please describe the purpose of the slope stabilization (e.g., to stabilize the road above the slope or to protect property below the slope):

Please describe the work in detail, including dimensions, materials used, and quantities: . Please upload sketches, design plans, and photos.

Is the stabilization the least costly feasible option to alleviate the threat?

☐ No.

☐ Yes. Please upload supporting documentation to demonstrate cost effectiveness of slope stabilization.

Did [will] any activities result in permanent alterations (e.g., rip rap or retaining walls)?

☐ No

☐ Yes. Please describe the activities and permanent alterations:

**Extracting water and clearing mud, silt, or other accumulated debris from eligible facilities**

Did [will] the activities result in wastewater runoff?

☐ No

☐ Yes. Please provide the runoff disposal method and location:

What surfaces did [will] the Applicant treat?

Please describe any materials that were damaged during these activities:

Did [will] the Applicant use:

☐ Chemical cleansers

☐ No

☐ Yes. What chemicals did the Applicant use?

☐ Power washing

☐ No

☐ Yes. Please list the pounds per square inch (PSI) used:

**Mold remediation**

Did the Applicant take steps to prevent the spread of mold in a reasonable time after the incident?

☐ No. Please describe any extenuating circumstances that prevented the Applicant from addressing the spread of mold:

☐ Yes

Did the facility have pre-existing water infiltration?

☐ No

☐ Yes. Please describe: [REDACTED]

**Did the Applicant conduct pre-remediation mold sampling?**

☐ No

☐ Yes. Was the presence of mold found during pre-remediation sampling?

☐ No.

☐ Yes. Please upload the mold sampling results.

Was the sampling conducted by an indoor environmental professional not employed by the remediation company?

☐ No.

☐ Yes

**What surfaces did the Applicant treat?**

**Please describe the mold remediation activities:** [REDACTED]

**Did [will] the Applicant use:**

☐ Chemical cleansers

☐ No

☐ Yes. What chemicals did [will] the Applicant use? [REDACTED]

☐ Power washing

☐ No

☐ Yes. Please list the pounds per square inch (PSI) used: [REDACTED]

**Please describe any materials that were damaged during these activities:**

**Did the Applicant remove sheetrock, ceiling tiles, or plaster?**

☐ No

☐ Yes. Please provide GPS coordinates for the removal site: [REDACTED] and disposal site: [REDACTED]

**Did the Applicant conduct post-remediation mold sampling?**

☐ No

☐ Yes

**Removal or storage of contents from eligible facilities**

**Which activities did [will] the Applicant conduct? Select all that apply.**

☐ Removal. Please describe:

☐ Storage. Please describe:

☐ Other. Please describe:

**Other protective measures that involve facility construction or repair**

**Please describe the activities conducted:**

**Private Roads: Debris clearance for emergency access**

**Was the debris impairing emergency access of local emergency responders, ambulances, fire, and police?**

☐ No

☐ Yes. *Please upload documentation to support that the Applicant completed all necessary legal processes or obtained rights-of-entry and agreements to indemnify and hold harmless the Federal Government*

**Private Property: Demolition**

**The information in this section is system generated from the Request for Approval.**

**Date FEMA approved request.** [system generated]

**Which of the following activities did the Applicant conduct as part of the demolition?**

☐ Capping wells

☐ Filling open below-grade structures such as basements or swimming pools

☐ Obtaining permits and licenses. *Please upload documentation demonstrating that the fees are above and beyond normal administrative costs.*

☐ Performing title searches

☐ Pumping and capping septic tanks.

☐ Securing utilities.

**Did the Applicant cap or remove utilities?**

☐ No

☐ Yes. *Please describe the utilities:*

☐ Testing for hazardous materials

**What year was the building built?**

☐ Approximate ☐ Exact

**Did [will] the Applicant remove a slab?**

☐ No

☐ Yes. *Please describe how the slab or basement presented a health and safety hazard:*

**Private Property: Pumping of basements**

**Number of homes:**

**Private Property: Pumping of septic tanks or decontamination of wells**

**Number of septic tanks or wells:**

**Private Property: Residential Electric Meter Repair**

**The information in this section is system generated from the Request for Approval.**

**Describe in detail the intend scope of work or upload documentation with at least the same level of information:** [System generated]

**General Cost and Work Status Information**

**Has the Applicant started any of the work activities claimed on this project application?** [system generated] *Please update if changed.*

☐ 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)*

**Please indicate what type of cost was used for this project:** *Please select all that apply:*

☐ Actual cost. *Please complete actual cost table below.*

- ☐ Estimate for future cost
  - ☐ Estimated contracted cost: \$
  - ☐ Estimated labor cost: \$
  - ☐ Estimated equipment cost: \$
  - ☐ Estimated materials cost: \$
  - ☐ Estimated other costs: \$

**Does the Applicant have insurance for this work?** [system generated] *Please update if changed.*

- ☐ No, the facilities and work were not insured.
- ☐ Yes, the Applicant anticipates receiving \$ [REDACTED].
- ☐ Yes, the Applicant received \$ [REDACTED].
- ☐ Yes, but the Applicant is uncertain of the amount it will receive.
- ☐ Yes, but the insurance company denied the claim. *Please upload denial correspondence.*

**Has [Does] the Applicant received [anticipate receiving] funding from another source for this work?**  
[system generated] *Please update if changed.*

- ☐ No
- ☐ Yes. *Please check all that apply:*
  - ☐ Cash Donations. *Please describe:* [REDACTED] Amount \$ [REDACTED]
  - ☐ Federal Grants. *Please describe:* [REDACTED] Amount \$ [REDACTED]
  - ☐ Non-Federal Grants. *Please describe:* [REDACTED] Amount \$ [REDACTED]
  - ☐ Revenue. *Please describe:* [REDACTED] Amount \$ [REDACTED]
  - ☐ Third-Party Liability. *Please describe:* [REDACTED] Amount \$ [REDACTED]

#### Actual Cost Information

**Impact Line Item:** *Please select one.*

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

- ☐ Contracted
- ☐ Labor
- ☐ Equipment
- ☐ Materials
- ☐ Additional infrastructure restoration costs

#### 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  |  |                               |   |  |                          |  |
|--|--|-------------------------------|---|--|--------------------------|--|
| <b>Name of Individual</b><br><input type="checkbox"/> Donated labor<br><input type="checkbox"/> Applicant employee<br><input type="checkbox"/> Mutual aid<br><input type="checkbox"/> Emergency Management Assistance Compact (EMAC).<br><i>Please upload the following documents:</i> <ul style="list-style-type: none"> <li>EMAC Resource Support Agreement.</li> <li>R-1 form</li> <li>R-2 form</li> <li>Signed Proof of Payment</li> </ul> <input type="checkbox"/> Other: | <b>Rate type</b><br><input type="checkbox"/> Straight time \$<br><input type="checkbox"/> Overtime \$<br><input type="checkbox"/> Premium \$<br><input type="checkbox"/> Hazard \$ |                               | <b>Total hours:</b><br><br>[system calculated]<br>Labor hours:<br><br>[system calculated]<br>Equipment hours: | <b>Total Cost</b><br>Labor cost \$ [system calculated]<br>Equipment cost \$ [system calculated]<br>Donated value \$ [system calculated]<br>Total cost \$ [system calculated] |                          |  |
| <b>Equipment Description and source</b><br><br><input type="checkbox"/> Applicant owned<br><input type="checkbox"/> Purchased<br><input type="checkbox"/> Rented<br><input type="checkbox"/> Donated   | <b>Is the Applicant claiming mileage or hourly rate?</b><br><input type="checkbox"/> Mileage<br><input type="checkbox"/> Equipment \$  |                               |   |  |                          |  |
| <b>How did the Applicant ensure the costs were reasonable?</b><br><input type="checkbox"/> Cost or price analysis<br><input type="checkbox"/> Compared to historical costs for similar projects in the area<br><input type="checkbox"/> Obtained multiple quotes<br><input type="checkbox"/> Other. <i>Please describe:</i>  |  |                               |   |  |                          |  |
| Materials  |  |                               |   |  |                          |  |
| <b>Material description</b>  | <b>How was the material obtained?</b><br><input type="checkbox"/> Donated<br><input type="checkbox"/> Purchased<br><input type="checkbox"/> From Stock                             |                               | <b>Purchased Date (MM/DD/YYYY)</b>  | <b>Used Date (MM/DD/YYYY)</b>  |                          |  |
| <b>Quantity Purchased</b>  | <b>Unit Price</b>  | <b>Quantity Used</b>          | <b>Fair Market Value</b>  | <b>Total Cost</b><br>Donated value \$ [system calculated]<br>Total cost \$ [system calculated]   |                          |  |
| <b>How did the Applicant ensure the costs were reasonable?</b><br><input type="checkbox"/> Cost or price analysis<br><input type="checkbox"/> Compared to historical costs for similar projects in the area<br><input type="checkbox"/> Obtained multiple quotes<br><input type="checkbox"/> Other. <i>Please describe:</i>  |  |                               |   |  |                          |  |
| Additional infrastructure restoration costs  |  |                               |   |  |                          |  |
| <b>Description</b><br><input type="checkbox"/> Travel<br><input type="checkbox"/> Meals<br><input type="checkbox"/> Miscellaneous.<br><i>Please describe:</i><br><br><input type="checkbox"/> Donated<br><input type="checkbox"/> Permanent<br><input type="checkbox"/> Temporary  | <b>Vendor/Donor</b>  | <b>Purchased/Donated Date</b> | <b>Used Date</b>  | <b>Quantity Purchased/Donated</b>  | <b>Fair Market Value</b> | <b>Total Cost</b><br>[system calculated] |

**Section VII – Scope of Work and Cost Summary**



| Work Summary  |   |
|---|---|
| Scope of Work: [system generated]                   |   |
| Closeout Project Scope Work: [system generated]     |   |
| Cost breakdown                                      |   |
| Estimated Costs                                     | Closeout Final Costs                                |
| [system calculated below]                           | [system calculated below]                           |
| <b>Contract:</b>                                    | <b>Contract:</b>                                    |
| <b>Labor</b>  | <b>Labor</b>  |
| <input type="checkbox"/> Applicant's own employees: | <input type="checkbox"/> Applicant's own employees: |
| <input type="checkbox"/> Mutual Aid:                | <input type="checkbox"/> Mutual Aid:                |
| <b>Equipment:</b>                                   | <b>Equipment:</b>                                   |
| <input type="checkbox"/> Applicant's own equipment: | <input type="checkbox"/> Applicant's own equipment: |
| <input type="checkbox"/> Purchased equipment:       | <input type="checkbox"/> Purchased equipment:       |
| <input type="checkbox"/> Rented equipment:          | <input type="checkbox"/> Rented equipment:          |
| <b>Materials:</b>                                   | <b>Materials:</b>                                   |
| <input type="checkbox"/> Stock materials:           | <input type="checkbox"/> Stock materials:           |
| <input type="checkbox"/> Purchased materials:       | <input type="checkbox"/> Purchased materials:       |
| <b>Additional infrastructure restoration costs</b>  | <b>Additional infrastructure restoration costs</b>  |
| <input type="checkbox"/> Travel                     | <input type="checkbox"/> Travel                     |
| <input type="checkbox"/> Meals                      | <input type="checkbox"/> Meals                      |
| <input type="checkbox"/> Miscellaneous              | <input type="checkbox"/> Miscellaneous              |
| <b>Deductions:</b>                                  | <b>Deductions:</b>                                  |
| <input type="checkbox"/> Insurance:                 | <input type="checkbox"/> Insurance:                 |
| <input type="checkbox"/> Other sources:             | <input type="checkbox"/> Other sources:             |
| <b>Donated Resources:</b>                           | <b>Donated Resources:</b>                           |
| <input type="checkbox"/> Labor:                     | <input type="checkbox"/> Labor:                     |
| <input type="checkbox"/> Equipment:                 | <input type="checkbox"/> Equipment:                 |
| <input type="checkbox"/> Material:                  | <input type="checkbox"/> Material:                  |
| <input type="checkbox"/> Buildings or Land:         | <input type="checkbox"/> Buildings or Land:         |
| <input type="checkbox"/> Space:                     | <input type="checkbox"/> Space:                     |
| <input type="checkbox"/> Logistical Support:        | <input type="checkbox"/> Logistical Support:        |
| <b>Grand total:</b>                                 | <b>Grand total:</b>                                 |

**Section VIII – 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 IX – 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, compliance with environmental and historic preservation laws, and inclusion of required provisions as applicable.

The requirement to comply with all Public Assistance Program applicable statutes. The statute that authorizes FEMA to provide assistance through the Public Assistance Program is the Robert T. Stafford Disaster Relief and Emergency Assistance Act, as Amended (Stafford Act), Title 42 of the United States Code (U.S.C.) § 5121 et seq.

The requirement to comply with Public Assistance Program rules and regulations as described in 44 C.F.R. Part 206 Subpart G, H, and I.

The requirement to comply with applicable administrative requirements, cost principles, and audit requirements in 2 C.F.R. Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.

The requirement to comply with applicable policies which are used to articulate FEMA's intent and direction in applying statutory and regulatory authority to achieve desired outcomes. Compliance with the Public Assistance Program and Policy Guide (PAPPG) is also required. The purpose of the PAPPG is to define FEMA's Public Assistance Program and its policy and procedural requirements. When the PAPPG uses the words "must" or "required," it is a legal requirement.

**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.

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.

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.

All activities on private property must have completed all necessary legal processes and

obtained rights-of-entry and agreements to indemnify and hold harmless the Federal Government.

As required by 44 C.F.R. § 206.228 and 2 C.F.R. Part 200, I certify 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).

#### Non-Congregate Sheltering

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

**APPLICANT SIGNATURE**

|   |              |                  |  |
|---|--------------|------------------|--|
| <b>Applicant Authorized Representative</b> [system generated] | <b>Title</b> | <b>Signature</b> | <b>Date submitted</b> [system automated] |
|---|--------------|------------------|--|

**Section X – Project/Amendment Recipient Recommendation**

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

- ☐ No. *Please describe why:*  
☐ Yes

|   |              |                  |  |
|---|--------------|------------------|--|
| <b>Recipient Authorized Representative</b> [system generated] | <b>Title</b> | <b>Signature</b> | <b>Date submitted</b> [system automated] |
|---|--------------|------------------|--|

**Section XI - Large Project Closeout Applicant Request**

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

- ☐ No  
☐ Yes. *Proceed to the General Cost and Work Status Information section to provide your final costs and upload supporting documentation.*

**Work Completed date:** (MM/DD/YYYY) [system generated] *Please update if changed.*

|   |   |  |
|---|---|--|
| <b>Total approved amount</b> [system generated] | <b>Federal share obligated</b> [system generated] | <b>Date obligated</b> [system generated] |
|---|---|--|

**Section XII – 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 Applicants 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.

|   |              |                  |  |
|---|--------------|------------------|--|
| <b>Applicant Authorized Representative</b> [system generated] | <b>Title</b> | <b>Signature</b> | <b>Date submitted</b> [system automated] |
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**Section XIII –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.

|  |              |                  |   |
|--|--------------|------------------|---|
| <b>Recipient Authorized Representative</b><br>[system generated] | <b>Title</b> | <b>Signature</b> | <b>Date submitted</b><br>[system automated] |
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