

**PROJECT APPLICATION FOR INFRASTRUCTURE RESTORATION**

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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; 44 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**

Permanent Work (Categories C–G) includes activities required to restore a facility to its pre-disaster design (size and capacity) and function in accordance with applicable codes and standards. FEMA uses this form to collect information necessary to support the Applicant's claim. For more information, please see *Chapter 8 Permanent 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 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 cost associated with the newly grouped impact(s)?** [system generated] *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: Infrastructure Restoration
Impact line item(s) final grouping [system generated]			
Facility Type(s) [system generated]	Facility Name(s) [system generated]	Site/Campus Name(s) [system generated]	Location(s) [system generated]
<p>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] Please update if changed.</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>			
Section III – Small Project			
This section is completed for projects with total costs less than the large project threshold.			
Component Damage Description and Dimensions			
The information in this section is system generated from the Site Inspection Report/Damage Information.			
Component: [system generated]		Component location: [system generated]	
Incident Attribute: [system generated]			
Cause of facility/component damage: [system generated]			
Manufacturer's name plate data: [system generated]			
Type, style, model: [system generated]			
Material: [system generated]			
Quantity: [system generated] Unit of measure: [system generated]			
Dimensions: Length: [system generated] Width: [system generated] Height: [system generated]			
Make, model, year: [system generated]		Capacity, size, horsepower: [system generated]	
Baseline Scope of Work			
The information in this section is system generated from the Site Inspection Report/Damage Information. The damage description and dimensions are applied to develop a baseline scope of work which the Applicant can build upon considering repair methods, incorporating resiliency, or integrating other changes to the original facility.			
Component: [system generated]		Component location: [system generated]	
Manufacturer's name plate data: [system generated]			
Type, style, model: [system generated]			
Material: [system generated]			
Quantity: [system generated] Unit of measure: [system generated]			
Dimensions: Length: [system generated] Width: [system generated] Height: [system generated]			
Make, model, year: [system generated]		Capacity, size, horsepower: [system generated]	

### Scope of Work Considerations

**What is the Applicant's plan for restoring the facility?** *Please select all that apply.*

- ☐ No changes to the baseline scope of work
- ☐ Site investigation, survey, or preliminary design services needed to determine appropriate restoration method. *Please describe:*
- ☐ Repair facility with:
  - ☐ Applicant-driven improvements. *Please describe:*
  - ☐ Change in materials. *Please describe:*
  - ☐ Change in size or capacity. *Please describe:*
  - ☐ Change the function. *Please describe:*
  - ☐ Changes required by codes and standards. *Please describe:*
  - ☐ Interior configuration. *Please describe:*
  - ☐ Relocate the facility. *Please describe:*
  - ☐ Replace the facility. *Please describe:*
- ☐ Abandon the facility. *Please describe:*
- ☐ Unsure
- ☐ Select to view a list of common mitigation measures that can be included in this project application (link to mitigation list addendum)

**Please describe the scope of work to restore the facility:**

### 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)*

**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 \$

### Cost Estimate

Please upload an itemized cost estimate for this project. [system generated] 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
- ☐ Published unit costs from a national cost estimating database
- ☐ Contractor or vendor quotes
- ☐ Other. *Please describe:*

What resources did [will] the Applicant use to complete the work? [system generated] 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
\$ <input type="text"/>		\$ <input type="text"/>		\$ <input type="text"/>

- ☐ Labor

- ☐ Applicant's own employees

#### What is the total cost of employee labor?

Completed Cost	+	Future Cost	=	Total Cost
\$ <input type="text"/>		\$ <input type="text"/>		\$ <input type="text"/>

- ☐ Mutual aid, prison labor, or national guard

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

<input type="text"/>	Completed Cost	+	<input type="text"/>	Future Cost	=	<input type="text"/>	Total Cost
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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 \$
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- ☐ Additional Infrastructure Restoration costs  
☐ Travel  
☐ Meals  
☐ Miscellaneous. *Please describe:*

What is the total additional infrastructure restoration cost?

Completed Costs \$	+	Future Costs \$	=	Total Costs \$
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Total Cost Claim  
\$ [system generated]

### 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 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]
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## Section V – Large Project

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

### Component Damage Description and Dimensions

The information in this section is system generated from the Site Inspection Report/Damage Information.

<b>Component:</b> [system generated]	<b>Component location:</b> [system generated]
<b>Incident Attribute:</b> [system generated]	
<b>Cause of facility/component damage:</b> [system generated]	
<b>Manufacturer's name plate data:</b> [system generated]	
<b>Type, style, model:</b> [system generated]	
<b>Material:</b> [system generated]	
<b>Quantity:</b> [system generated] <b>Unit of measure:</b> [system generated]	
<b>Dimensions:</b> Length: [system generated] Width: [system generated] Height: [system generated]	
<b>Make, model, year:</b> [system generated]	
<b>Component:</b> [system generated]	<b>Component location:</b> [system generated]

### Baseline Scope of Work

The information in this section is system generated from the Site Inspection Report/Damage Information.

The damage description and dimensions are applied to develop a baseline scope of work which the Applicant can build upon considering repair methods, incorporating resiliency, or integrating other changes to the original facility.

<b>Component:</b> [system generated]	<b>Component location:</b> [system generated]
<b>Manufacturer's name plate data:</b> [system generated]	
<b>Type, style, model:</b> [system generated]	
<b>Material:</b> [system generated]	
<b>Quantity:</b> [system generated] <b>Unit of measure:</b> [system generated]	
<b>Dimensions:</b> Length: [system generated] Width: [system generated] Height: [system generated]	
<b>Make, model, year:</b> [system generated]	<b>Capacity, size, horsepower:</b> [system generated]

### Scope of Work Considerations

#### What is the Applicant's plan for restoring this facility?

- ☐ No changes to the baseline scope of work
- ☐ Site investigations, surveys, or preliminary design services needed to determine appropriate restoration method.
- ☐ Repair the facility with:
  - ☐ Changes required by codes and standards
  - ☐ Applicant-driven improvements
    - ☐ Interior configuration
    - ☐ Change in materials
    - ☐ Change the size or capacity
    - ☐ Change the function
- ☐ Replace the facility.

#### Is it feasible to repair the facility?

- ☐ No. *Please describe why it is not feasible to repair the facility (e.g., apparent based on visual observation that the incident completely destroyed the facility):*



- ☐ Replacement will trigger code or standard changes to pre-disaster design
- ☐ Applicant plans to relocate the facility
- ☐ Applicant is incorporating improvements not otherwise triggered by codes or standards.
  - ☐ Change materials
  - ☐ Change the size or capacity
  - ☐ Change the function

- ☐ Yes
- ☐ Abandon the facility
- ☐ Unsure

**Do any of the following apply to this work? Please select all that apply:**

- ☐ Construction feasibility issues
- ☐ There is a less costly way to restore the facility than repairing it to pre-disaster design and function
- ☐ Other unique construction circumstances: *Please describe:*

#### Scope of Work Development

**By default, FEMA or the Recipient develops the detailed scopes of work and cost estimates unless the Applicant elects to provide. If the Applicant provides the scope of work, FEMA or the Recipient will validate the scope of work and cost estimate. Does the Applicant wish to provide a detailed scope of work and cost estimate?**

- ☐ No. FEMA or the Recipient will develop the scope of work and estimate.
- ☐ Yes. **Please describe the scope of work to restore the facility or upload documentation with at least the same level of information:** . *Please upload any design drawings, sketches, technical surveys, or reports.*

#### Codes and Standards

**Did [will] the work to restore the facility require work triggered by a code, specification, or standard?**

- ☐ No
- ☐ Yes. *Please select all that apply.*
  - ☐ Consensus-based code, specification, or standard.

**Did [will] the Applicant build to the triggered code, specification, or standard?**

- ☐ No, the Applicant will apply a locally-adopted code that is equivalent or more stringent than the consensus-based code. *If selected, please upload documentation to justify this selection.*
- ☐ No, applying the consensus-based code, specification, or standard is technically infeasible and would create an extraordinary burden on the Applicant or would otherwise be inappropriate for the facility. *Please describe why incorporating consensus-based standard is infeasible:* . *Please upload written certification by a registered engineer, design professional, or other qualified individual that the project cannot be designed and constructed to include applicable consensus-based codes, specifications, and standards.*

☐ Yes.

- ☐ Americans with Disabilities Act (ADA) requirements.
- ☐ Other Federal requirement.



- ☐ The Applicant received a letter from the community floodplain administrator identifying the facility has been substantially damaged.
- ☐ State, local, Tribe, or Territory adopted codes, specifications, or standards. *Please describe and upload supporting documentation:*

#### Mitigation

##### How does the applicant plan to mitigate against future hazards in repairing this facility?

- ☐ Common mitigation measure (link to mitigation list addendum). *Please select all that apply.*
- ☐ Other mitigation measure. *Please describe the measure and how it protects the facility:*
- ☐ Not implementing Public Assistance hazard mitigation. *Please describe:*
- ☐ Unsure. *Does the Applicant want technical assistance from FEMA to determine options for incorporating resiliency into the restoration scope of work?*
- ☐ No
- ☐ Yes

By default, FEMA or the Recipient develops the detailed scopes of work and cost estimates unless the Applicant provides the information. If the Applicant provides the scope of work, FEMA or the Recipient will validate the scope of work and cost estimate. Does the Applicant wish to provide a detailed scope of work and cost estimate for hazard mitigation measures?

- ☐ No. FEMA or the Recipient will develop the scope of work and estimate.
- ☐ Yes. **Please describe the hazard mitigation scope of work or upload documentation:** *Please upload any design drawings, sketches, technical surveys, or reports.*

#### Replacement Project

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

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

#### Alternative Procedures – Use of excess funds

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

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

#### Alternate Project

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

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

#### Improved Project

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

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

#### Environmental and Historical Preservation Information

[Link to the Environmental and Historic Preservation Addendum for a list of applicable questions]

#### 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:** [system generated] *Please select all that apply:*

- ☐ Actual cost. *Please complete actual cost table below.*
- ☐ Estimate for future cost. *[required by licensed professional]*
- ☐ Estimated contracted cost: \$
- ☐ Estimated labor cost: \$
- ☐ Estimated equipment cost: \$
- ☐ Estimated materials cost: \$
- ☐ Estimated other costs: \$

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

- ☐ 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 upload denial correspondence. [required]*

**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 \$

#### Actual Cost Information

**Impact Line Item:** *Please select one. [system generated list of Impacts]*

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

- ☐ Contracted
- ☐ Labor
- ☐ Equipment
- ☐ Materials

<input type="checkbox"/> Additional infrastructure restoration costs				
<b>Contracted Costs</b>				
<p><b>Please complete the Contract Information form for all contracts that have an estimated value of more than \$1,000,000.</b></p> <p><b>Has the Applicant procured and selected a contractor?</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. <b>How did the Applicant ensure the contract costs were reasonable?</b> <i>Please upload a copy of the awarded contract, bid package, any change orders, and invoices.</i></p> <p> <input type="checkbox"/> Cost or price analysis  <input type="checkbox"/> Compared to historical costs for similar projects in the area  <input type="checkbox"/> Obtained multiple quotes  <input type="checkbox"/> Other. <i>Please describe:</i> </p>				
<b>Labor and Equipment</b>				
<b>Name of Individual</b> <input type="checkbox"/> Donated labor <input type="checkbox"/> Applicant employee <input type="checkbox"/> Mutual aid <input type="checkbox"/> Emergency Management Assistance Compact (EMAC). Please upload the following documents: • <i>EMAC Resource Support Agreement.</i> • <i>R-1 form</i> • <i>R-2 form</i> • <i>Signed Proof of Payment</i> <input type="checkbox"/> Other:	<b>Rate type [optional if only claiming equipment]</b> <input type="checkbox"/> Straight time \$ <input type="checkbox"/> Overtime \$ <input type="checkbox"/> Premium \$ <input type="checkbox"/> Hazard \$	<div style="border: 1px solid black; height: 100px; position: relative;"> <div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%);"> Date(s)  Hours </div> </div>	<b>Total hours:</b> [system calculated] Labor hours: [system calculated] Equipment hours: [system calculated]	<b>Total Cost</b> Labor cost \$ [system calculated] Equipment cost \$ [system calculated] Donated value \$ [system calculated]
<b>Equipment Description and source</b> <input type="checkbox"/> Applicant owned <input type="checkbox"/> Purchased <input type="checkbox"/> Rented <input type="checkbox"/> Donated	<b>Is the Applicant claiming mileage or hourly rate?</b> <input type="checkbox"/> Mileage <input type="checkbox"/> Equipment \$			
<p><b>How did the Applicant ensure the purchased equipment costs were reasonable?</b></p> <p> <input type="checkbox"/> Cost or price analysis  <input type="checkbox"/> Compared to historical costs for similar projects in the area  <input type="checkbox"/> Obtained multiple quotes  <input type="checkbox"/> Other. <i>Please describe:</i> </p>				
<b>Materials</b>				
<b>Material description</b>	<b>How was the material obtained?</b> <input type="checkbox"/> Donated <input type="checkbox"/> Purchased <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> Donated value \$ [system calculated] Total cost \$ [system calculated]
<p><b>How did the Applicant ensure the purchased material costs were reasonable?</b></p>				

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

#### Additional infrastructure restoration costs

Description	Vendor/Donor	Purchased/Donated Date	Used Date	Quantity Purchased/Donated	Fair Market Value	Total Cost
<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						[system calculated]

#### Public Assistance Hazard Mitigation Cost Information

Cost to restore the facility without mitigation or applicant-driven improvements: \$

Total hazard mitigation cost \$ *Please upload a cost estimate prepared by a licensed professional engineer or other estimating professional or FEMA will develop based on either the awarded contract or accepted bid; or use the Cost Estimating Format.*

Facility restoration costs eliminated by incorporating hazard mitigation \$

Net Hazard Mitigation cost \$

Net Hazard Mitigation Cost / Total Restoration Cost \$ x 100 = [ % which is ≤ 15% or % which is >15%] [ % which is ≤ 100% or % which is >100%]

Does the Applicant want the Recipient or FEMA to assist with the benefit cost analysis?

- ☐ No, the Applicant will submit the benefit cost analysis.  
☐ Yes

#### Expert Panel Review of Cost Estimate

Applicants complete this section if the total project cost, including mitigation is equal to or more than \$5,000,000 Federal share and work is not complete.

Does the Applicant want a third-party expert panel review of the estimate?

- ☐ No  
☐ Yes

#### Strategic Funds Management

Will all funds be needed within 180 days?

- ☐ No. *Please upload a plan for expending the funds, including projected dates for when and how much funding is needed.*  
☐ Yes

#### Section VI – FEMA's Fixed Cost Offer

PA Mitigation Estimate [system generated]	Project Restoration Estimate [system generated]	Fixed Cost Offer Amount [system generated]
Fixed Cost Offer Transmittal Date [system generated]		Fixed Cost Offer Deadline [system generated]
Does the Applicant accept this offer for a fixed cost estimate?		
<input type="checkbox"/> No <input type="checkbox"/> Yes		

<b>Applicant Authorized Representative</b> [system generated]	<b>Title</b> [system generated]	<b>Signature</b> [system generated]	<b>Date Submitted</b> [system automated]
<b>Section VII – Scope of Work and Cost Summary</b>			
<b>Work Summary</b>			
<b>Scope of Work:</b> [system generated]			
<b>Mitigation Scope of Work:</b> [system generated]		<b>Improved Project Scope of Work:</b> [system generated]	
<b>Replacement Project Scope of Work:</b> [system generated]		<b>Alternative Procedures Scope of Work:</b> [system generated]	
<b>Alternate Project Scope of Work:</b> [system generated]			
<b>Closeout Project Scope of Work:</b> [system generated]			
<b>Cost Breakdown</b>			
<b>Estimated Costs</b>		<b>Closeout Final Costs</b>	
[system calculated below]		[system calculated below]	
<b>Contract:</b>  <b>Labor:</b> <input type="checkbox"/> Applicant's own employees: <input type="checkbox"/> Mutual Aid:  <b>Equipment:</b> <input type="checkbox"/> Applicant's own equipment: <input type="checkbox"/> Purchased equipment: <input type="checkbox"/> Rented equipment:  <b>Materials:</b> <input type="checkbox"/> Stock materials: <input type="checkbox"/> Purchased materials:  <b>Additional infrastructure restoration costs</b> <input type="checkbox"/> Travel <input type="checkbox"/> Meals <input type="checkbox"/> Miscellaneous  <b>Deductions:</b> <input type="checkbox"/> Insurance: <input type="checkbox"/> Other sources:		<b>Contract:</b>  <b>Labor:</b> <input type="checkbox"/> Applicant's own employees: <input type="checkbox"/> Mutual Aid:  <b>Equipment:</b> <input type="checkbox"/> Applicant's own equipment: <input type="checkbox"/> Purchased equipment: <input type="checkbox"/> Rented equipment:  <b>Materials:</b> <input type="checkbox"/> Stock materials: <input type="checkbox"/> Purchased materials:  <b>Additional infrastructure restoration costs</b> <input type="checkbox"/> Travel <input type="checkbox"/> Meals <input type="checkbox"/> Miscellaneous  <b>Deductions:</b> <input type="checkbox"/> Insurance: <input type="checkbox"/> Other sources:	

<b>Donated Resources:</b> <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:	<b>Donated Resources:</b> <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:
<b>Hazard Mitigation Cost:</b>	<b>Hazard Mitigation Cost:</b>
<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; Federal procurement and contracting laws in accordance with 2 C.F.R. §§ 200, compliance with the Environmental Protection Agency guidelines for procurement of recovered materials; environmental and historic preservation laws; and inclusion of required provisions as applicable.

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

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

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

As required by the Stafford Act § 311, 42 U.S.C. §5154, 44 C.F.R § 206.251-253, and in accordance with FEMA Policy 206-086-1 Public Assistance Policy on Insurance, I acknowledge I must obtain and maintain insurance coverage for all buildings, contents, equipment, and vehicles in an amount equal to or greater than the total cost, prior to any reductions.

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.

Compliance with all codes and standard requirements and all State, local, Tribe, or Territory codes or standards as required by the Stafford Act § 406(e), 42 U.S.C. § 5172(e); 44 C.F.R. § 206.226(d).

That I have a routine maintenance program for facilities and have a written maintenance plan and/or activity logs documenting regular intervals of activity.

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.

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 acknowledgements for alternative procedure project**

**I acknowledge that I have reviewed and understand the following information regarding Alternative Procedure Permanent Work Projects. Please initial next to each statement.**

FEMA does not incorporate funds from temporary relocation projects or any other emergency protective measures into fixed cost projects.

The Applicant may not revert to a project funded based on actual costs.



If Public Assistance Hazard Mitigation funding is added to the project, and the Applicant does not complete the approved mitigation, FEMA deobligates the portion of the fixed cost amount related to hazard mitigation.

Once the fixed cost amount is obligated, FEMA considers it reasonable and eligible, as long as there is no evidence of fraud, and the Applicant complies with Federal award conditions.

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

The Applicant waives its appeal rights unless it is related to a cost adjustment made by FEMA after the Fixed Cost Offer is accepted.

FEMA will adjust the fixed estimate to account for actual insurance proceeds as described in the Insurance Proceeds sections of the [Public Assistance Program and Policy Guide](#).

**Applicant signature**

**Applicant Authorized Representative**  
[system generated]

**Title** [system generated]

**Signature** [system generated]

**Date Submitted** [system generated]

**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

**Recipient Authorized Representative**  
[system generated]

**Title**  
[system generated]

**Signature**  
[system generated]

**Date submitted** [system automated]

**Section XI - Large Project Closeout Applicant 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.*

**Section XII - Alternative Procedures Closeout Request**

**What resources did the Applicant use to complete the work? Please select all that apply and provide a summary of total costs.**

- ☐ Applicants own labor, equipment, material: \$  
☐ Contracted: \$  
☐ Purchased or Rented: \$  
☐ Donated labor, equipment, material, buildings, or lands: \$

Has the Applicant received funding from another source for this work?

- ☐ No  
☐ Yes  
☐ Insurance \$  
☐ Other \$

**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]	<b>Capped Project</b> [system generated]
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### Section XIII – Applicant Closeout Acknowledgments 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> [system generated]	<b>Signature</b> [system generated]	<b>Date submitted</b> [system automated]
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### Section XIV – Recipient Closeout Acknowledgements and Certification

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