

PROJECT APPLICATION FOR MANAGEMENT COSTS

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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; and 2 C.F.R. § 200. This information is collected to provide assistance to eligible jurisdictions and organizations to facilitate the response to and recovery from a Presidentially-declared disaster or emergency, or to provide assistance for hazard mitigation measures during the recovery process. The disclosure of information on this form is voluntary; however, failure to provide the requested information may delay or prevent the agency from receiving funds from FEMA's Public Assistance program.

Purpose and Applicability

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

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

The following information is needed to complete this form:

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

Section I - Declaration & Applicant Information¹

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

Project #² [system generated]	Applicant-Assigned Project #³ (Optional)	Project Title
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¹ *Functionality: Generate Declaration #, Legal Name of Applicant, and PAID from the RPA.*

² *Functionality: Assign a Project number.*

³ *(Help text) The Applicant may assign a unique number to each Project Application for internal*

Project Amendment #⁴ [system generated]	Period of Performance deadline:⁵ [system generated]	Work Type: Grant Management Administrative Costs
<p>Which of the following funding options is the Recipient requesting?⁶</p> <p><input type="checkbox"/> Estimated 7 percent of the minimum statewide per capita indicator \$ ⁷</p> <p><input type="checkbox"/> Anticipated expenditures for the first 180 days of the declaration: \$. Please provide the estimated total award amount for the incident \$ and upload a summary of expenditures.⁸</p> <p><input type="checkbox"/> Estimated 7 percent of the total award: \$ ⁹</p> <p><input type="checkbox"/> Estimated amount less than 7 percent of the total award: \$</p> <p><input type="checkbox"/> Actual costs \$ ¹⁰</p> <p>Which of the following funding options is the Applicant requesting?¹¹</p> <p><input type="checkbox"/> Estimated 5 percent of the total award amount: \$ ¹²</p> <p><input type="checkbox"/> Estimated Less than 5 percent of the total award: \$</p> <p><input type="checkbox"/> Actual costs \$ ¹³</p>		
Description of Activities		
<p>What Public Assistance related activities were conducted?¹⁴ Please select all that apply:</p> <p><input type="checkbox"/> Meetings</p>		

tracking purposes. Functionality: Optional, not required.

⁴ Functionality: Assign a Project Amendment number.

⁵ Functionality: Automate based on standard period of performance deadlines by category and any approved time extensions.

⁶ (Help text) Funding options for Recipients include the following: minimum statewide per capita indicator, Anticipated expenditures for the first 180 days of the declaration, 7 percent of the total award, less than 7 percent of the total award, or actual costs. Functionality: Only ask for Recipients.

⁷ Functionality: Do not include this option for Tribal Recipients. Auto-calculate based on 7 percent of the Recipient's statewide per capita indicator. Cap at 7 percent of the total award amount.

⁸ Functionality: Cap at 7 percent of the estimated total award amount for the incident. Expenditure summary required prior to submitting this application. See the [Public Assistance Management Costs Standard Operating Procedures](#).

⁹ Functionality: Calculate based on all awarded projects, excluding management costs and donated resources (total award amount).

¹⁰ Functionality: Cap at 7 percent of the total award amount.

¹¹ (Help text) Funding options for Applicants include the following: 5 percent of the total award for non-management cost activities, less than 5 percent of the total award, or actual costs that do not exceed 5 percent of the total award for non-management cost activities. Functionality: Only ask for Subrecipients.

¹² Functionality: Auto-calculate.

¹³ Functionality: Cap at 5 percent of the total award amount.

¹⁴ (Help text) Activities may include those related to administration and management of Public Assistance awards. Activities related to ineligible projects are not eligible. See FEMA's Public Assistance Management Costs (Interim) Recovery Policy.

- Applicant Briefing(s)
- Preliminary Damage Assessments. Approximate # of sites:
- Exploratory Calls, Recovery Scoping Meetings, Recovery Transition Meetings. Approximate #: ¹⁵
- Other. *Please describe type and #:* ¹⁶
- Activities related to preparing, reviewing, or submitting:
 - Administrative plan¹⁷
 - Request for Public Assistance or Applicant Impact Survey. Approximate #: ¹⁸
 - Impact Information. Approximate # of impacts:
 - Damage or maintenance information. Approximate # of facilities or sites:
 - Cost information
 - Project applications. Approximate #:
 - Draw down requests. Approximate #:
 - Project amendments. Approximate #:
 - Time extensions or other requests for approval. Approximate #:
 - Quarterly reports
 - Other. *Please describe:*
- Evaluating Public Assistance hazard mitigation measures
- Travel. *Please describe the purpose:*
- Training.¹⁹ *Please upload documentation or provide information below:*
 - Course title:
 - Dates:
 - Location:
- Purchasing or renting equipment, software, or supplies.²⁰ *Please upload documentation or provide information below:*
 - Item:
 - # of items:
 - Necessity:
- Adding, expanding, or modifying a facility.²¹ *Please describe need: Please provide the address or GPS coordinates for the facility.²² Please upload a cost analysis demonstrating the selection of the least-costly practical option.²³*

¹⁵ *Functionality: Only ask Recipients for Approximate #.*

¹⁶ *Functionality: Only ask Recipients for Approximate #.*

¹⁷ *Functionality: Only provide this option for Recipients.*

¹⁸ *Functionality: Only ask Recipients for Approximate #.*

¹⁹ *Functionality: Required prior to submitting this application.*

²⁰ *Functionality: Required prior to submitting this application.*

²¹ *(Help text) This is not related to damaged facilities. It only applies if the Recipient is requesting to use administrative cost funding for adding, expanding, or modifying a facility for the purpose of its Public Assistance operations. Functionality: Only provide this option for Recipients.*

²² *(Help text) For addresses, please use the format: [street address, city, state, ZIP code]. For GPS coordinates, enter latitude and longitude values in decimal degrees formatted to the sixth decimal place (e.g., 38.885431, -77.018781).*

- Purchasing or renting a facility or space
- Placing a prefabricated facility on a site²⁴
*Please describe any ground disturbing activities:*²⁵
Please provide ground disturbance dimensions: Length Width Depth

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

- No
- Yes. *Please provide dimensions: Length Width Depth*
Did [will] the Applicant subsequently remove the pad?
 - No
 - Yes. *Please describe demolition activities:*
- Modifying the interior of a facility. *Please describe the modifications in detail:*²⁶

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

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

- No
- Yes²⁷
- Constructing or expanding a facility. *Please describe the work in detail including any ground disturbing activities*
Please provide the ground disturbance dimensions: Length Width Depth

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

Does the work involve construction or expansion of parking facilities?

- No
- Yes. *Please describe:*

Does the work involve temporary staging of equipment or materials?

- No
- Yes. *Please provide the GPS coordinates and type of surface of the staging area*
- Other. *Please describe:*

Actual Cost Information

²³ (Help text) See the Lease, Purchase, or Construct section in the [Public Assistance Program and Policy Guide](#) (PAPPG) for more information. *Functionality: Required prior to submitting this application.*

²⁴ *Functionality: Route application through FEMA EHP review.*

²⁵ (Help text) *Ground disturbing activities may include site clearing and preparation, laying utilities, or expanding of existing utilities.*

²⁶ (Help text) *Please include quantities, dimensions, material types, and utility upgrade descriptions.*

²⁷ *Functionality: Route application through FEMA EHP review.*

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

- Contracted
- Labor
- Equipment
- Materials
- Additional management costs

Will all funds be needed within one year?

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

Yes

Contracted Costs

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

Has the Applicant procured and selected a contractor? ²⁸

No

Yes.²⁹ **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.³⁰ *Please describe:*

Labor and Equipment

Name of Individual ³¹	Rate type ³⁴ [Optional if only claiming Equipment]	Date(s)	Total hours:	Total Cost ³⁷
<input type="checkbox"/> Donated labor ³²				

²⁸ *Functionality: Only ask if FEMA is preparing the estimate.*

²⁹ *Functionality: Applicant's cost estimate should be derived based on the bid or contract amount. Requested, not required.*

³⁰ *Functionality: Flag for Recipient and FEMA review of method used to determine costs to be reasonable.*

³¹ *Functionality: Show Employee List from previously provided employee information on other project applications and allow Applicants to select an employee or add employees to the list. Optional field if only claiming equipment cost.*

³² *Functionality: Donated labor sign in sheet required if donated was listed as a resource type.*

³⁴ *(Help Text) Select appropriate rate type. If multiple rates are paid to this employee on this project, populate hours separately by rate type. For Permanent Work and Debris Removal, both straight-time and overtime labor costs are eligible for both budgeted and unbudgeted employee hours. For Emergency Protective Measures, only overtime labor is eligible for budgeted employee hours. For unbudgeted employees both straight-time and overtime labor are eligible. See the Labor section of the PAPPG. Functionality: For Applicant Employees, auto-calculate based on employee's rate plus fringe benefit from Grants Portal Registration. Optional field if only claiming equipment cost.*

<input type="checkbox"/> Applicant employee <input type="checkbox"/> Mutual aid ³³ <input type="checkbox"/> Emergency Management Assistance Compact (EMAC). Please upload the following documents: <ul style="list-style-type: none"> • EMAC Resource Support Agreement. • R-1 form • R-2 form • Signed Proof of Payment <input type="checkbox"/> Other:	<input type="checkbox"/> Straight time \$ <input type="checkbox"/> Overtime \$ <input type="checkbox"/> Premium \$ <input type="checkbox"/> Hazard \$	35 Hours	³⁶ [system calculated] Labor cost \$ Labor hours: [system calculated] Equipment hours: [system calculated]	[system calculated] Labor cost \$ [system calculated] Equipment cost \$ [system calculated] Donated value \$ [system calculated]
Equipment Description and source³⁸ <input type="checkbox"/> Applicant owned <input type="checkbox"/> Purchased ³⁹ <input type="checkbox"/> Rented ⁴⁰ <input type="checkbox"/> Donated	Is the Applicant claiming mileage or hourly rate?⁴¹ <input type="checkbox"/> Mileage <input type="checkbox"/> Equipment \$			
How did the Applicant ensure the costs were reasonable?⁴² <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. ⁴³ Please describe:				
Materials⁴⁴				
Material description	How was the material obtained?⁴⁵	Purchased Date (MM/DD/YYYY)	Used Date (MM/DD/YYYY)	

³³ *Functionality: Mutual aid agreement required if mutual aid was listed as a resource type.*

³⁷ *Functionality: Calculate based on rates and hours.*

³⁶ *Functionality: Only show if Applicant selected "Equipment Rate".*

³⁵ *Functionality: Allow the applicant to provide all dates and hours related to this project.*

³⁸ *(Help text) Include year, make model, size, and capacity. For more information, please see the Applicant-Owned and Purchased Equipment section of the PAPPG. Functionality: Generate from Equipment Information in the Organization Profile. If applicant entered, populate information in the Equipment Information list.*

³⁹ *(Help text) Please upload invoice. Functionality: If "Purchased" is selected, do no request hourly rate and the number of hours. Documentation required prior to reconciliation.*

⁴⁰ *(Help text) Please upload rental agreement. Include the cost for fuel if applicable and upload fuel receipt. Functionality: If "Rented" is selected, do no request hourly rate and the number of hours. Documentation required prior to reconciliation.*

⁴¹ *(Help text) Please provide the total number of miles claimed. Functionality: If mileage is selected, use GSA rate. If Equipment Rate is selected, generate based on either FEMA or SLTT rate. If the rate is local or FEMA, use the lower of the two. If the rate is a state, territorial, or tribal rate, use the rate provided it does not exceed \$75. If there is no rate for the equipment listed, notify the PAGS.*

⁴² *Functionality: Populate question only if Applicants selects Purchased Equipment.*

⁴³ *Functionality: Flag for Recipient and FEMA review of method used to determine costs to be reasonable.*

⁴⁴ *Functionality: Request invoices/receipts, except for donated selection.*

⁴⁵ *(Help text) Applicants select least cost alternative when the claimed cost is less than the cost to repair the facility to pre-disaster design and function. The cost of materials and supplies is eligible if (1) the materials or supplies were purchased and justifiably needed to effectively address the*

		<input type="checkbox"/> Donated ⁴⁶ <input type="checkbox"/> Purchased <input type="checkbox"/> From Stock			
Quantity Purchased	Unit Price	Quantity Used	Fair Market Value⁴⁷	Total Cost⁴⁸ Donated value \$ ⁴⁹ [system calculated] Total cost \$ [system calculated]	

How did the Applicant ensure the costs were reasonable? ⁵⁰

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

Additional management costs⁵¹

Description	Vendor/ Donor ⁵³	Purchased/ Donated Date	Used Date	Quantity Purchased/ Donated	Fair Market Value	Total Cost ⁵⁴
<input type="checkbox"/> Travel <input type="checkbox"/> Meals ⁵² <input type="checkbox"/> Miscellaneous. <i>Please describe:</i> <input type="checkbox"/> Donated <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary						[system calculated]

described threats or (2) the materials or supplies were taken from an Applicant's stock and used to address threats caused by the specified hazard or threat. The Applicant needs to track items taken from stock with inventory withdrawal and usage records. FEMA will also consider escalation of costs (such as due to shortages) or exigent circumstances in evaluating cost reasonableness.

⁴⁶ (Help text) Please provide donor name. *Functionality:* Applicants submitting donated resources must provide donor name.

⁴⁷ (Help text) When equipment or supplies (including materials) purchased with PA funding are no longer needed for response to or recovery from the incident, the Applicant may use the items for other federally funded programs or projects, provided the Applicant informs FEMA. Tribal and local governments and PNPs must calculate the current fair market value of each individual item of equipment. Fair market value is either the selling price or the advertised price for a similar item in a competitive market. The Applicant must provide the current fair market for any items that have a current fair market value of \$5,000 or more. FEMA reduces eligible funding by this amount.

⁴⁹ *Functionality:* Only ask if donated was selected.

⁴⁸ *Functionality:* Calculate based on quantity x unit price.

⁵⁰ *Functionality:* Populate question only if Applicants selects Purchased.

⁵¹ (Help text) Other costs may include travel costs (including meals and incidentals), utilities and other expenses directly tied to the performance of eligible work. Not all costs incurred as a result of the incident are eligible. See the Public Assistance Program and Policy Guide for detailed requirements on Ineligible Costs.

⁵² (Help text) Please provide a meal/per diem policy. If no policy is available, explain why meals were provided.

⁵³ (Help text) Please provide vendor or donor name.

⁵⁴ *Functionality:* Calculate total cost.

Section III - Scope of Work and Cost Summary

Work Summary

Scope of Work: [system generated]

Closeout Project Scope Work: [system generated]

Cost breakdown⁵⁵

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

Section IV - Additional Information and Comments [Optional]

*If you have any additional information and supporting documentation not previously provided, use this section to help support your claim. Please ensure personally identifiable information is redacted on any documentation submitted.*⁵⁶

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

Section V - Project Acknowledgements and Certifications

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

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

⁵⁵ *Functionality: Generate costs from the General Cost and Work Status Information section.*

⁵⁶ *Functionality: Optional not required.*

FF-104-FY-22-244

Federal Emergency Management Agency

Expires Month Date Year

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

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

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

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

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

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

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

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

to obtain Public Assistance, it is a violation of Federal laws, which carry severe criminal and civil penalties including a fine of up to \$250,000, imprisonment, or both. (18 U.S.C. §§ 287, 1001, 1040, and 3571).

APPLICANT SIGNATURE

Applicant Authorized Representative [system generated]	Title [system generated]	Signature [system generated]	Date submitted ⁵⁷ [system automated]
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Section VI - Recipient Recommendation⁵⁸

Do all activities 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 ⁵⁹ [system automated]
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Section - VII -Project Closeout Request

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

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

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

⁵⁷ *Functionality: Automate based on date submitted.*

⁵⁸ *Functionality: The Recipient completes this section prior to submission to FEMA. Do not include this section on Recipient project applications*

⁵⁹ *Functionality: Automate based on date submitted.*

I acknowledge and certify that I have reviewed and understand the following information regarding overarching requirements to receive Public Assistance.

Please initial next to each statement.

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

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

Applicant Authorized Representative [system generated]	Title [system generated]	Signature [system generated]	Date submitted⁶⁰ [system automated]
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Section IX - Recipient Closeout Acknowledgements and Certifications

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

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

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

Recipient Authorized Representative [system generated]	Title [system generated]	Signature [system generated]	Date submitted⁶¹ [system automated]
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⁶⁰ *Functionality: Automated based on date submitted.*

⁶¹ *Functionality: Automated based on date submitted.*