

DONATED LABOR SIGN-IN SHEET

Paperwork Burden Disclosure Notice

Public reporting burden for this data collection is estimated to average 4 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. This collection of information is required to obtain or retain benefits. You are not required to respond to this collection of information unless a valid OMB control number is displayed in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW., Washington, DC 20472, Paperwork Reduction Project (1660-0017) NOTE: Do not send your completed form to this address.

Privacy Act Statement

The collection of this information is authorized by the Robert T. Stafford Disaster Relief and Emergency Assistance Act, §§ 402-403, 406-407, 417, 423, 427, 428, 502, and 705; 42 U.S.C. 5170a-b, 5172-73, 5184, 5189a, 5189e, 5189f, 5192, 5205; Title 44 Code of Federal Regulations (C.F.R.) § 206 Subpart G; and 2 C.F.R. § 200. This information is being collected to provide assistance to eligible jurisdictions and organizations to facilitate the response to and recovery from a Presidentially-declared disaster or emergency, or to provide assistance for hazard mitigation measures during the recovery process. The disclosure of information on this form is voluntary; however, failure to provide the requested information may delay or prevent the agency from receiving funds from FEMA's Public Assistance program.

Purpose and Applicability

Applicants may use this form as a volunteer sign-in sheet for donated labor. For more information, please see the *Donated Resources* section in the [Public Assistance Program and Policy Guide](#) or contact the State, local, Tribal, or Territorial emergency management office for additional information.

Name (First & Last)	Title & Function <i>(for professional services)</i>	Work Location	Description of Activity or Work Performed	Date (MM/DD/YY YY)	Time In/Out	Hours	Signature

DEPARTMENT OF HOMELAND SECURITY
FF-104-FY-22-237
Federal Emergency Management Agency
Day, Year

OMB Control Number

Expires Month

DRAFT