

**PROJECT APPLICATION FOR EMERGENCY PROTECTIVE MEASURES**

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

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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. To see all information and documentation that may be requested to substantiate work or costs or for more information, please see *Chapter 7 Emergency Work Eligibility* in the [Public Assistance Program and Policy Guide](#) and the [Public Assistance Resource Library](#). Please 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 - Impact Groups and Project Information**

**Impact Groups**

**Based on previously provided information, the identified impact(s) have been grouped into a project.<sup>1</sup>**

[System generated]

**Do the grouped impact(s) need to be modified?<sup>2</sup>**

<sup>1</sup> Functionality: Generate default groupings based on line items selected on the Impact List Addendum. Display all impacts within each group.

<input type="checkbox"/> No <input type="checkbox"/> Yes. <i>Please provide reason for modifying grouped impacts:</i>		
<b>What is the total amount associated with the newly grouped impact(s)?<sup>3</sup></b> <i>Applicant will be prompted to complete Small Project Information or Large Project Information based upon answers provided.</i>		
Declaration & Applicant Information <sup>4</sup>		
<b>Declaration #</b> [system generated]	<b>Legal Name of Applicant:</b> [system generated]	<b>FEMA PA ID:</b> [system generated]
Project Information <sup>5</sup>		
<b>Project #<sup>6</sup></b> [system generated]	<b>Applicant-Assigned Project #<sup>7</sup></b> (optional)	<b>Project Title</b>
<b>Project Amendment #<sup>8</sup></b> [system generated]	<b>Period of Performance deadline:<sup>9</sup></b> [system generated]	<b>Work Type: Emergency Protective Measures</b>
<b>Impact line item(s) final grouping</b> [system generated]		
<b>Is the Applicant requesting expedited funding?<sup>10</sup></b> [system generated] <i>Please update if changed.</i> <input type="checkbox"/> No <input type="checkbox"/> Yes. <sup>11</sup> <i>Please describe immediate need for funding:</i>		
<b>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.<sup>12</sup></b> [system generated] <i>Please update if changed.</i>		

<sup>2</sup> *Functionality: Allow Applicant and/or PDTFL to modify groupings.*

<sup>3</sup> *Functionality: Calculate amount based on new impacts groups and populate correct option below.*

<sup>4</sup> *Functionality: Generate Declaration #, Legal Name of Applicant, and FEMA PA ID from the Request for Public Assistance. Generate Legal Name of Applicant and FEMA PA ID from the Organization Profile.*

<sup>5</sup> *Functionality: Generate Declaration # from the Incident Information. Generate Legal Name of Applicant and FEMA PA ID from the Organization Profile.*

<sup>6</sup> *Functionality: Assign a Project number.*

<sup>7</sup> *(Help text) Applicant may assign a unique number to each Project Application for internal tracking purposes. Functionality: Optional, not required.*

<sup>8</sup> *Functionality: Assign a Project Amendment number.*

<sup>9</sup> *Functionality: Automate based on standard period of performance deadlines by category and any approved time extensions.*

<sup>10</sup> *(Help text) Requests for Expedited Projects must be submitted to FEMA within 60 days of the Applicant's Recovery Scoping Meeting or Recovery Scoping Video. Functionality: Only ask if the total estimated cost for the activities is equal to or more than the large project threshold. Do not ask after 60 days from the Applicant's Recovery Scoping Meeting or Recovery Scoping Video.*

<sup>11</sup> *(Help text) If approved, the Applicant will only receive 50% of the FEMA-confirmed project cost. The Applicant must provide all information to support the initial 50%, including documentation to support actual costs, before receiving additional funds.*

- No
- Yes

(Optional) **Please select the time-period for the activities being claimed on this project application:** <sup>13</sup>

Start Date: (MM/DD/YYYY) Designated Time-Period:

- 30 days
- 60 days
- 90 days
- Another time-period:

**Section II -Expedited Project**

**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>
\$	+ \$	= \$

<sup>12</sup> *Functionality: Generate from "Do you want to make this impact a high priority?" in the Impact List. Show the highest priority level of all selected impacts (i.e., if some are "high" and some are "standard", overall project says "high").*

<sup>13</sup> *(Help text) Because expedited funding is awarded based on reduced documentation requirements, FEMA funds these projects for specific time periods. Functionality: Required for Expedited Funding projects. Otherwise, the response is optional.*

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?**

	<b>Completed Cost</b>	<b>Future Cost</b>	<b>Total Cost</b>
<b>Mutual Aid</b>	\$	\$	\$
<b>Prison Labor</b>	\$	\$	\$
<b>National Guard</b>	\$	\$	\$

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?**

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

Materials:

Federal Emergency Management Agency  
 Day, Year

Expires Month

- 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?**

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

- Donated Resources
  - Labor
  - Equipment
  - Materials
  - Buildings or Land
    - Permanent<sup>14</sup>
    - Temporary<sup>15</sup>
  - Space
  - Logistical Support

**What is the total value?**

<b>Completed Value</b>	<b>Future Value</b>	<b>Total Value</b>
\$	\$	\$

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

**What is the total additional cost?**

<b>Completed Costs</b>	+	<b>Future Costs</b>	=	<b>Total Costs</b>
\$		\$		\$

<sup>14</sup> (Help text) For buildings or land donated permanently (i.e., with a transfer of ownership), offset is based on the fair market value at the time of donation as established by an independent appraisal and certified by the Applicant.

<sup>15</sup> (Help text) For building or land space donated for temporary use, the offset is based on the fair rental value of comparable privately-owned space in the same locality as established by an independent appraisal.

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### Section III- Small Project<sup>16</sup>

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<sup>17</sup>
- Debris clearance for emergency access.<sup>18</sup> *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<sup>19</sup>
- Residential structures<sup>20</sup>
- Dissemination of information<sup>21</sup>

<sup>16</sup> *Functionality: Trigger Small Project Information section if the total amount indicated in "Total anticipated amount" in the Impact List is below Small Project Maximum threshold. Functionality: Generate Environmental and Historical Preservation (EHP) Addendum if any EHP triggers were identified in the Impact List.*

<sup>18</sup> *(Help text) Eligible work is limited to that necessary for access to the area. See the Emergency Access section of the PAPPG for more information. Any debris removal or additional debris clearance is Category A and funded based on the eligibility criteria in the Debris Removal section in the PAPPG.*

<sup>17</sup> *(Help text) FEMA may provide PA funding for the cost of childcare services that the eligible Applicant provides to other survivors, and beyond the period of emergency sheltering, with certification that temporary childcare is necessary to meet immediate threats to life, public health and safety, or property. See the Saving Lives and Protecting Public Health and Safety section in the PAPPG.*

<sup>19</sup> *(Help text) Demolition on commercial property is generally ineligible. In very limited, extraordinary circumstances, FEMA may provide an exception. To receive Public Assistance funding, the Applicant must obtain FEMA approval prior to conducting the demolition. Please ensure the Request for Approval Form - Demolition of Commercial Property has been submitted. See the Commercially Owned Structures section in the PAPPG for more information.*

<sup>20</sup> *(Help text) Emergency demolition of structures located on private property may be eligible when partial or complete collapse is imminent, and that collapse poses an immediate threat to the general public. To receive Public Assistance funding, FEMA must approve residential demolition. Please ensure the Request for Approval Form - Demolition of Residential Property has been submitted. See the Demolition of Private Structures section in the PAPPG for more 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<sup>22</sup>
  - Non-congregate sheltering<sup>23</sup>
  - Host-State, Tribe, or Territory sheltering
    - Congregate
    - Non-Congregate<sup>24</sup>
  - 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<sup>25</sup>
  - Fuel
  - Generators (fixed or temporary)

<sup>21</sup> (Help text) Dissemination of information to the public to provide warnings and guidance about health and safety hazards using various strategies, such as flyers, public service announcements, or newspaper campaigns.

<sup>22</sup> (Help text) Congregate sheltering is that which occurs in facilities with large open spaces, such as schools, churches, community centers, armories, or other similar facilities. See the Sheltering section in the PAPPG for more information.

<sup>23</sup> (Help text) To receive Public Assistance funding, FEMA must approve Non-Congregate Sheltering prior to the activity occurring. Please ensure the Request for Approval Form – Non-congregate Sheltering has been submitted. See the Non-congregate Sheltering section in the PAPPG for more information. Functionality: NCS activities require the Applicant to also complete the NCS specific questions in the large project section of the application.

<sup>24</sup> (Help text) To receive Public Assistance funding, FEMA must approve Non-Congregate Sheltering prior to the activity occurring. Please ensure the Request for Approval Form – Non-congregate Sheltering has been submitted. See the Non-congregate Sheltering section in the PAPPG for more information. Functionality: NCS activities require the Applicant to also complete the NCS specific questions in the large project section of the application.

<sup>25</sup> (Help text) The Applicant may incur increased costs related to operating a facility or providing a service due to the incident. Please see the Emergency Work Eligibility section in the PAPPG for potential increased operating costs that may be eligible for a limited time.

Water testing or treatment  
 Other increased cost. *Please describe:*

Medical care associated with a destroyed, severely compromised, or overwhelmed emergency medical delivery system<sup>26</sup>

**Are any of the activities underwritten by private insurance, Medicare, Medicaid, or a pre-existing private payment agreement?<sup>27</sup>**

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<sup>28</sup>  
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<sup>29</sup>

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

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

Temporary relocation of essential services<sup>30</sup>

<sup>26</sup> (Help text) To receive Public Assistance funding beyond 30 days from the declaration date for these activities FEMA must approve a time extension. Please ensure the Time Extension Form has been submitted. See the Medical Care section in the PAPPG for more information.

<sup>27</sup> (Help Text) See the Medical Care section of the [PAPPG](#) for more information.

<sup>28</sup> (Help text) To receive Public Assistance funding, FEMA must approve the mosquito abatement prior to the Applicant conducting the work. Please ensure the Request for Approval Form – Mosquito Abatement has been submitted. See Appendix G: Mosquito Abatement section in the PAPPG for more information.

<sup>29</sup> (Help text) For Severe Winter Storm declarations that do not specifically authorize snow assistance, FEMA only provides PA funding for limited snow-related activities that are necessary to perform otherwise eligible work. See Appendix H: Snow Assistance section in the PAPPG for more information.



**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<sup>31</sup>
- Buttressing, 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:** <sup>32</sup>

**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*

<sup>30</sup> (Help text) See the Temporary Relocation of Essential Services section in the PAPPG for more information. Funding for accessible safe rooms as part of a temporary school facility may be eligible if the damaged school contained a safe room or other space that served as a storm shelter and there are no other cost-effective, reasonable alternatives available to address the safety needs of the students and faculty. If the Applicant wishes to seek funding for a safe room as part of a temporary school facility, it must obtain prior approval from FEMA. Please ensure the Request for Approval Form – Replacement Project has been submitted.

<sup>31</sup> (Help text) Emergency repair or stabilization of a facility is only Emergency Work if it eliminates or lessens an immediate threat. Work performed under an exigent circumstance that restores the pre-disaster design and function of the facility in accordance with codes and standards is Permanent Work and must be claimed as an impact under the Damaged Infrastructure section of Impact List. See the Emergency Protective Measures section of the PAPPG for more information.

<sup>32</sup> Functionality: Trigger if previous activity selection indicates work on private property.

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 \$ [REDACTED].

Yes, the Applicant received \$ [REDACTED].

Yes, but the Applicant is uncertain of the amount it will receive.<sup>33</sup>

Yes, but the insurance company denied the claim. Please provide an explanation of denied claim or upload denial correspondence.<sup>34</sup>

**Has [Does] the Applicant received [anticipate receiving] funding from another source for this work?**<sup>35</sup> [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.<sup>36</sup> Please describe: [REDACTED] Amount \$ [REDACTED]

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.<sup>37</sup> Please describe:

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

<sup>33</sup> (Help text) FEMA may reduce the total estimated project cost by an estimated amount of insurance proceeds based on a review of the Applicant's insurance policy.

<sup>34</sup> Functionality: Documentation required prior to submission of the Project Application.

<sup>35</sup> (Help text) FEMA is legally prohibited from duplicating benefits from other sources. If the Applicant receives funding from another source for the same work that FEMA funded, FEMA reduces the eligible cost or de-obligates funding to prevent a duplication of benefits. See Section 312 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act for more information.

<sup>36</sup> (Help text) See the Third-Party Liability section in the [PAPPG](#) for more information.

<sup>37</sup> Functionality: Flag for Recipient and FEMA review of the estimating methodology.

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<sup>38</sup>
    - Straight Time<sup>39</sup>
    - 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?**

<sup>38</sup> (Help text) Budgeted employees are permanent or part-time seasonal employees working during the normal season of employment.

<sup>39</sup> (Help text) Straight time is not eligible for budgeted employees for emergency protective measures.

<b>Mutual Aid</b>	<b>Completed Cost</b>	<b>Future Cost</b>	<b>Total Cost</b>
<b>Prison Labor</b>	\$	\$	\$
<b>National Guard</b>	\$	\$	\$

- 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?**

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

- 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?**

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

- Donated Resources
  - Labor
  - Equipment
  - Materials
  - Buildings or Land

- Permanent<sup>40</sup>
- Temporary<sup>41</sup>
- Space
- Logistical Support

**What is the total value?**

<b>Completed Value</b>	<b>Future Value</b>	<b>Total Value</b>
\$	\$	\$

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

**What is the total additional cost?**

<b>Completed Costs</b>	+	<b>Future Costs</b>	=	<b>Total Costs</b>
\$		\$		\$

\$(system generated)

**Section IV- Small Project Closeout Request<sup>43</sup>**

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

- No
- Yes. Work Completed date: (MM/DD/YYYY) <sup>44</sup>

**Does the Applicant want to close this project or other small projects as well? <sup>45</sup>**

<sup>40</sup> (Help text) For buildings or land donated permanently (i.e., with a transfer of ownership), offset is based on the fair market value at the time of donation as established by an independent appraisal and certified by the Applicant.

<sup>41</sup> (Help text) For building or land space donated for temporary use, the offset is based on the fair rental value of comparable privately-owned space in the same locality as established by an independent appraisal.

<sup>42</sup> Functionality: Calculate based on the sum of the Total Costs minus the Total Funds.

<sup>43</sup> Functionality: Only show this section if the work is 100% complete.

<sup>44</sup> (Help text) 2 CFR § 200.344(a). The recipient must submit, no later than 120 calendar days after the end date of the period of performance, all financial, performance, and other reports as required by the terms and conditions of the Federal award. An Applicant must submit to the pass-through entity, no later than 90 calendar days (or an earlier date as agreed upon by the Recipient (pass-through entity) and Applicant) after the end date of the period of performance, all financial, performance, and other reports as required by the terms and conditions of the Federal award. The Federal awarding agency or pass-through entity may approve extensions when requested and justified by the Recipient (non-Federal entity), as applicable. Functionality: Generate date from General Cost and Work Status Information section if work is shown as complete..

<sup>45</sup> Functionality: Generate Applicant and Recipient Closeout Acknowledgements and Certifications Sections.

- Applicant wants to closeout this project only.
- Applicant wants to closeout multiple small projects.<sup>46</sup>
- Applicant wants to closeout all small projects.<sup>47</sup>

**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?**<sup>48</sup> [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.*

<b>Total approved amount</b> [system generated]	<b>Federal share obligated</b> [system generated]	<b>Date obligated</b> [system generated]
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**Section V - Large Project<sup>49</sup>**

**Description of Activities**

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

**Animal carcass removal<sup>50</sup>**

**Was the work conducted in response to a certified threat to public health and safety?**<sup>51</sup>

- No
- Yes. *Please upload the certification.*<sup>52</sup>

**Animal type:**                      **Quantity:**                      <sup>53</sup>

**What process(es) did the Applicant conduct to remove and dispose of animal**

<sup>46</sup> *Functionality: Generate list of available small projects and allow the Applicant to select multiple small projects.*

<sup>47</sup> *Functionality: Auto-select all small projects.*

<sup>48</sup> *Functionality: Generate this question if Applicant wants to close all small projects was selected. (More Info) Applicants may request additional funding within 60 days of the work completion on its last small project.*

<sup>49</sup> *Functionality: Generate EHP Addendum if any EHP triggers were identified in the Impact List.*

<sup>50</sup> *Functionality: Trigger if selected on the Impact List.*

<sup>51</sup> *(Help text) FEMA may require certification from the State, local, Tribal or Territorial government health department, U.S. Department of Health and Human Services (HHS), or the U.S. Department of Agriculture (USDA) that a threat to public health and safety exists. See the Animal Carcasses section in the [PAPPG](#).*

<sup>52</sup> *(Help text) Functionality: Requested, not required.*

<sup>53</sup> *(Help text) When few in number, smaller animal carcasses (e.g., rodents, skunks, or possums) do not usually pose an immediate threat to public health or safety and are therefore not eligible.*

**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:** <sup>54</sup> **and the disposal site:**

**Animal control services<sup>55</sup>**

**Please describe the health and safety threat that the animals created:** [REDACTED]

**Animal Type:** [REDACTED] **Quantity:** [REDACTED]

**Animal replacement<sup>56</sup>**

**Please describe the animal-saving activities:**

**What animals did [will] the Applicant replace?** <sup>57</sup> *Please select all that apply.*

- Animals in museums, zoos, or publicly owned nature centers. Quantity:
- Fish in fish hatcheries. Quantity:

<sup>54</sup> *Functionality: Every time GPS coordinates are requested: (More Info) GPS coordinates should be latitude and longitude values in decimal degrees formatted to the sixth decimal place (e.g. 38.885431, -77.018781). For facilities more than 200 feet in length, please provide start and stop coordinates.*

<sup>55</sup> *Functionality: Trigger if selected on the Impact List addendum.*

<sup>56</sup> *(Help text) Animals housed or exhibited in an eligible facility are eligible for replacement with the same number of comparable animals. See the Animals section in the PAPPG for more information. Functionality: Trigger if Animal replacement is selected on the Impact List Addendum.*

<sup>57</sup> *(Help text) Animals housed or exhibited in an eligible facility are eligible for replacement with the same number of comparable animals if they are: Injured to the extent they are no longer able to function for the intended purpose; killed; a destroyed specimen; or a damaged specimen that is not recoverable. See the Animals section in the PAPPG for more information. Functionality: Include this question on both small and large projects.*

<input type="checkbox"/> Laboratory animals used in an active research program. Quantity:
<input type="checkbox"/> Police animals. Quantity:
<input type="checkbox"/> Taxidermy specimens. Quantity:
<input type="checkbox"/> Trained and certified rescue dogs. Quantity:
<input type="checkbox"/> Other. <i>Please describe:</i>

**Childcare Services<sup>58</sup>**

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

**Please provide the names of the provider(s):** [REDACTED] *Please upload the license for each provider.* <sup>59</sup>

**Dissemination of information: <sup>60</sup>**

**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<sup>61</sup>**

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

- Blankets. Quantity/Unit of Measure: [REDACTED] <sup>62</sup>
- Cots. Quantity/Unit of Measure: [REDACTED]
- Food, water, or ice. Quantity/Unit of Measure: [REDACTED]
- Portable generators. Quantity/Unit of Measure: [REDACTED]

<sup>58</sup> *Functionality: Trigger if selected on the Impact List.*

<sup>59</sup> *(Help text) FEMA reimburses SLTT governments for the cost of providing licensed childcare services to support sheltered populations. See the Evacuation and Sheltering section in the PAPPG. Functionality: Required prior to submitting the Project Application.*

<sup>60</sup> *Functionality: Trigger if "Dissemination of information" was selected on the Impact List.*

<sup>61</sup> *Functionality: Trigger if "Distribution of commodities for the general public" was selected on the Impact List.*

<sup>62</sup> *Functionality: Trigger Quantity prompt if any of the items are selected.*



- Personal hygiene items. Quantity/Unit of Measure: [REDACTED]
- Personal protective equipment. Quantity/Unit of Measure: [REDACTED]
- Plastic sheeting or tarps. Quantity/Unit of Measure: [REDACTED]
- Power tools. Quantity/Unit of Measure: [REDACTED]
- Radios. Quantity: /Unit of Measure [REDACTED]
- Safety equipment. Quantity/Unit of Measure: [REDACTED]
- Sand. Quantity/Unit of Measure: [REDACTED]
- Other. *Please describe item(s) and quantity/unit of measure 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]<sup>63</sup>
- Other. *Please describe:* [REDACTED]

**Emergency Operations Center activities<sup>64</sup>**

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

**Evacuation<sup>65</sup>**

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

**Sheltering: Congregate<sup>66</sup>**

Facility Name [system generated]	Site/Campus Name [system generated]	Location [system generated]
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<sup>63</sup> (Help text) Please reference the Supplies and Commodities section in the [PAPPG](#) for more information.

<sup>64</sup> (Help text) Response activities conducted at EOCs are eligible provided they are associated with eligible work.  
 Functionality: Trigger if selected on the Impact List.

<sup>65</sup> Functionality: Trigger if "Evacuation" was selected on the Impact List.

<sup>66</sup> (Help text) Functionality: Trigger if "Congregate sheltering" was selected on the Impact List Addendum. Generate Location from the Impact List. Generate Facility Name and Site/Campus Name if entered on the Impact List.

<p><b>Please describe the type of facility being used for sheltering:</b> [REDACTED]<sup>67</sup></p> <p><b>Will any additional shelter locations be claimed on this application?</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Quantity: [REDACTED]<sup>68</sup></p>		
<b>Facility Name</b> <sup>69</sup>	<b>Site/Campus Name</b> <sup>70</sup>	<b>Location</b> <sup>71</sup>
<p><b>Please describe the type of facility being used for sheltering:</b> [REDACTED]<sup>72</sup></p> <p><b>What appliances were provided at the shelter?</b><sup>73</sup> <i>Please select all that apply.</i></p> <p><input type="checkbox"/> Computers. <i>Quantity:</i> [REDACTED]<sup>74</sup></p> <p><input type="checkbox"/> Dryers. <i>Quantity:</i> [REDACTED]</p> <p><input type="checkbox"/> Televisions or radios. <i>Quantity:</i> [REDACTED]</p> <p><input type="checkbox"/> Washing Machines. <i>Quantity:</i> [REDACTED]</p> <p><input type="checkbox"/> Other. <i>Please describe:</i> [REDACTED]</p> <p><b>What shelter services were provided?</b><sup>75</sup> <i>Please select all that apply:</i></p>		

<sup>67</sup> (Help text) See the Evacuation and Sheltering section in the [PAPPG](#) for more information.

<sup>68</sup> Functionality: Trigger fields for Facility Name, Site/Campus Name, and Location once for each quantity entered if “Yes” was selected to “Will any additional shelter locations be claimed on this application?”

<sup>69</sup> (Help text) Applicants should use titles that can be used in future incidents for the same facility. Functionality: Allow applicants to select facility names previously entered for this incident or previous incidents. Auto-select all impacts at the same facility on the same Project Application.

<sup>70</sup> (Help text) Applicants should use titles that can be used in future incidents for the same site. For items listed based on geographic district or area, please include the district or area. Functionality: Allow applicants to select names previously entered for this incident or previous incidents. Auto-select all impacts at the same site or campus on the same Project Application.

<sup>71</sup> Functionality: 1) Require specific address or GPS location for temporary relocation of services. Pre-populate information from previous incidents for the Applicant to re-select for this incident.

<sup>72</sup> Functionality: Trigger once for each quantity entered if “Yes” was selected to “Will any additional shelter locations be claimed on this application?”

<sup>73</sup> Functionality: Ask all of the remaining questions in this section for the Impact Line Item and any additional shelter locations entered.

<sup>74</sup> Functionality: Trigger Quantity prompt if any of the items are selected.

<sup>75</sup> (Help text) See the Shelter Services section in the [PAPPG](#) for more information.

- 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:* ██████████

**Was this shelter operated by any Non-governmental Organizations (NGO) under a written agreement.** <sup>76</sup>

- No
- Yes. *Please upload the written agreements.* <sup>77</sup>

**Sheltering: Non-congregate** <sup>78</sup>

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

<sup>76</sup> (Help text) Services and costs that American Red Cross or other NGOs incur under their own organizational mission i.e., independent of any Federal or SLTT request – are ineligible for reimbursement.

<sup>77</sup> (Help text) Written agreements or documentation must be provided to validate costs and services weren't incurred under an NGO's own organizational mission.

<sup>78</sup> (Help Text) If FEMA approves the non-congregate sheltering request, the Recipient must provide sufficient data and documentation to establish eligibility (including the need for non-congregate sheltering resulting from the disaster, reasonableness, and costs). Please ensure the Request for Approval Form – Non-congregate sheltering has been submitted. See the Non-congregate Sheltering section in the [PAPPG](#) for more information. Functionality: Trigger if selected on the Impact List.

**Date FEMA approved request:** [system generated]<sup>79</sup>

**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	█	█	█	█
3-6	█	█	█	█
7-12	█	█	█	█
13-17	█	█	█	█
18-21	█	█	█	█
22-65	█	█	█	█
66+	█	█	█	█
Animals	█			

**Please provide the length of stay per household:** █

**Please provide the number of meals provided:** █

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

- Stand alone
- Co-located
- Co-habitational
- Other. *Please describe:* █

**Sheltering: Host-State, Tribe, or Territory<sup>80</sup>**

<sup>79</sup> *Functionality: Generate from Request for Approval of Non-Congregate Sheltering.*

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

**Date FEMA approved request:** [system generated]<sup>81</sup>

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

**Please describe the sheltering activities:** [REDACTED]

**Firefighting<sup>82</sup>**

**Please describe the firefighting activities conducted:**

**Flood fighting<sup>83</sup>**

**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:*<sup>84</sup>

- De-watering behind a levee<sup>85</sup>
- 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):*<sup>86</sup>

**What method of disposal did or will the Applicant use?**

- Gravel pit

<sup>80</sup> (Help text) Please ensure the Request for Approval Form – Host-State/Tribe Sheltering and Evacuation has been submitted. *Functionality:* Trigger if selected on the Impact List.

<sup>81</sup> *Functionality:* Generate from Request for Approval of Non-Congregate Sheltering.

<sup>82</sup> *Functionality:* Trigger if selected on the Impact List.

<sup>83</sup> *Functionality:* Trigger if selected on the Impact List.

<sup>84</sup> (Help Text) See the Flood Fighting section in the [PAPPG](#) for more information.

<sup>85</sup> (Help text) Dewatering agricultural and natural areas behind levees and other water control structures is not eligible.

<sup>86</sup> *Functionality:* Generate final disposal location GPS coordinates from Impact List.

<input type="checkbox"/> Landfill <input type="checkbox"/> Spreading <input type="checkbox"/> Other. <i>Please describe:</i> <input type="checkbox"/> Other. <i>Please describe other flood fighting activities:</i> [REDACTED]
<b>Human Remains: Search and recovery<sup>87</sup></b>
<b>Please describe search and recovery operations conducted:</b> [REDACTED]
<b>Human Remains: Storage and interment of unidentified human remains or mass mortuary services<sup>88</sup></b>
<b>Please identify the activities performed.</b> <i>Please select all that apply:</i> <input type="checkbox"/> Storage. <i>Please describe:</i> <input type="checkbox"/> Interment of unidentified human remains. <i>Please describe:</i> <input type="checkbox"/> Mass mortuary services. <i>Please describe:</i> <input type="checkbox"/> Other. <i>Please describe:</i>
<b>Increased cost of operating a facility or providing a service<sup>89</sup></b>
<b>What type of service is being provided?<sup>90</sup></b> <i>Please select all that apply:</i> <input type="checkbox"/> Generators. <i>Please describe:</i> <input type="checkbox"/> Water testing and/or treatment. <i>Please describe:</i> <input type="checkbox"/> Fuel. <i>Please describe:</i> <input type="checkbox"/> EOC facility costs. <i>Please describe:</i> <input type="checkbox"/> Other. <i>Please describe:</i>

<sup>87</sup> *Functionality: Trigger if “Search and recovery of human remains” was selected on the Impact List.*

<sup>88</sup> *Functionality: Trigger if “Storage and interment of unidentified human remains or mass mortuary services” was selected on the Impact List.*

<sup>89</sup> *(Help text) See the Expenses Related to Operating a Facility or Providing a Service section in the [PAPPG](#) for more information. Functionality: Trigger if selected on the Impact List.*

<sup>90</sup> *(Help text) Please explain how the service relates to eligible emergency protective measures.*

**Medical care associated with a destroyed, severely compromised or overwhelmed emergency medical delivery system<sup>91</sup>**

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

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

**Please select the medical care activities conducted:** <sup>92</sup>

- 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?** <sup>93</sup>

- 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<sup>94</sup>**

**Date FEMA approved request.** [system generated]<sup>95</sup>

<sup>91</sup> (Help text) To receive Public Assistance funding beyond 30 days from the declaration date FEMA must approve a time extension. Please submit the Request for Time Extension for Medical Care Form. See the Emergency Work Eligibility section in the [PAPPG](#) for more information. Functionality: Trigger if selected on the Impact List.

<sup>92</sup> (Help text) Long-term medical treatment is ineligible. See the Medical Care section of the [PAPPG](#) for more information.

<sup>93</sup> (Help text) See the Medical Care section of the [PAPPG](#) for more information.

<sup>94</sup> (Help text) Mosquito abatement measures may be eligible when a government public health official validates in writing that a mosquito population poses a specific health threat. FEMA consults with the Centers for Disease Control (CDC) to determine the eligibility of mosquito abatement activities. FEMA only provides Public Assistance funding for the increased cost of mosquito abatement. This is the amount that exceeds the average amount based on the last three years of expenses for the same period. Please ensure the Request for Approval Form has been submitted. See the Mosquito Abatement section in the [PAPPG](#) for more information. Functionality: Trigger if selected on the Impact List and trigger the Request for Approval of Mosquito Abatement form.

<sup>95</sup> Functionality: Generate from Request for Approval of Mosquito Abatement Activities.

**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.*<sup>96</sup>

**What chemicals did [will] the Applicant use?**<sup>97</sup>

- Adulticide
- Larvicide
- Other. *Please describe:*

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

- Aerial

<sup>96</sup> *Functionality: Documentation required prior to submitting the Project Application.*

<sup>97</sup> *(Help text) See the Appendix G: Mosquito Abatement section in the [PAPPG](#) for more information.*



<input type="checkbox"/> Ground
<input type="checkbox"/> Other. <i>Please describe:</i>
<b>Please provide the dates and times of application?</b> (MM/DD/YYYY hh:mm) or <input type="checkbox"/> Unknown. <i>Please explain why (e.g., Applicant has not conducted the work yet):</i>
<b>Please supply the average cost of mosquito abatement for the last 3 years of expenses for the same time period:\$</b>
<b>Power Restoration</b>
<b>Please describe the work performed to restore power:</b> [REDACTED]
<b>Pre-positioning or movement of supplies, equipment, or other resources<sup>98</sup></b>
<b>Please describe the resources the Applicant pre-positioned:</b> [REDACTED]
<b>Were any of the resources pre-positioned outside the declared area?</b>
<input type="checkbox"/> No
<input type="checkbox"/> Yes. <b>Please describe how the resources were or will be used within the declared area:</b> <sup>99</sup>
<b>Safety inspections<sup>100</sup></b>
<b>Please describe the purpose of the safety inspections:</b> [REDACTED]
<b>Search and rescue to locate survivors, household pets, and service animals requiring assistance<sup>101</sup></b>

<sup>98</sup> (Help text) See the Pre-positioning Resources section in the [PAPPG](#) for more information. Functionality: Trigger if selected on the Impact List.

<sup>99</sup> (Help text) Costs related to pre-positioning resources outside of the declared area are eligible when related to conducting search and rescue, evacuation, sheltering, or providing emergency medical care during the evacuation period (such as ambulances, buses, and staff) in the declared area.

<sup>100</sup> (Help text) The specific purpose of the inspection must be to determine whether the facility is safe for entry, occupancy, and lawful use. The Applicant must clearly substantiate that the purpose of the inspection was for safety and not to assess damage. See the Safety Inspections section in the [PAPPG](#) for more information.

**Please describe the search and rescue activities:** [REDACTED]

**Security, law enforcement, barricading, and patrolling<sup>102</sup>**

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

**Snow-related Activities<sup>103</sup>**

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

<sup>104</sup>

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:

<sup>101</sup> *Functionality: Trigger if selected on the Impact List.*

<sup>102</sup> *Functionality: Trigger if selected on the Impact List.*

<sup>103</sup> *(Help text) See the Snow-Related Activities section in the [PAPPG](#) for more information. Functionality: Trigger if selected on the Impact List.*

<sup>104</sup> *(Help text) The FEMA Assistant Administrator of the Recovery Directorate may extend the eligible period by 24 hours in counties, parishes, or Tribal government areas where the snowfall exceeds the historical record snowfall by at least 50 percent.*

**Temporary relocation of essential services<sup>105</sup>**

**Name and location of the damaged facility.** <sup>106</sup> [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?** <sup>107</sup> Please select the services provided at the facility from the list below:

- Education
  - Safe rooms for temporary school<sup>108</sup>
- 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<sup>109</sup>

<sup>105</sup> (Help text) For Temporary Facilities, only FEMA has the authority to approve any time extensions to the project deadline. See the Temporary Relocation of Essential Services section in the [PAPPG](#) for more information. Functionality: Trigger if selected on the Impact List.

<sup>106</sup> Functionality: Generate from the Impact List.

<sup>107</sup> (Help text) Facilities that do not provide essential community services are ineligible for temporary relocation. See the Temporary Relocation of Essential Services section in the [PAPPG](#) for more information.

<sup>108</sup> (Help text) This requires prior approval from FEMA. See the Temporary Relocation of Essential Services section in the [PAPPG](#) for more information. For additional guidance, the Applicant may also refer to [FEMA P-361 Safe Rooms for Tornadoes and Hurricanes](#). Functionality: Generate from Request for Safe Rooms for Temporary School.

<sup>109</sup> (Help text) These include administration buildings, student housing, hospital and prison laundry and cooking facilities, parking, and storage if items are needed on-site. See the Temporary Relocation of Essential Services section in the [PAPPG](#) for more information.

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]

<p><b>(Optional) Please provide the temporary facility name, if applicable</b> <sup>110</sup></p>	<p><b>(Optional) Please provide the temporary site or campus name</b><sup>111</sup></p>	<p><b>Location</b><sup>112</sup></p>
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**How was the temporary facility acquired?** *Please upload a cost analysis demonstrating the selection of the least-costly practical option.* <sup>113</sup>

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

**What year was the facility constructed?** <sup>114</sup> (YYYY)  Approximate  Exact

**Is the temporary facility located in a floodplain?** <sup>115</sup>

No

<sup>110</sup> (Help text) Applicants should use titles that can be used in future incidents for the same facility. *Functionality: Allow applicants to select facility names previously entered for this incident or previous incidents. Auto-select all impacts at the same facility on the same Project Application.*

<sup>111</sup> (Help text) Applicants should use titles that can be used in future incidents for the same site. *For items listed based on geographic district or area, please include the district or area. Functionality: Allow applicants to select names previously entered for this incident or previous incidents. Auto-select all impacts at the same site or campus on the same Project Application.*

<sup>112</sup> *Functionality: 1) Require specific address or GPS location for temporary relocation of services. Pre-populate information from previous incidents for the Applicant to re-select for this incident.*

<sup>113</sup> (Help text) See the Lease, Purchase, or Construct section in the [PAPPG](#) for more information. *Functionality: Documentation required prior to submitting the Project Application.*

<sup>114</sup> *Functionality: Do not ask this question if “constructed” is selected for the question: “How was the temporary facility acquired?”.*

<sup>115</sup> (Help text) FEMA identifies floodplains on Flood Insurance Rate Maps as Special Flood Hazard Areas. A Special Flood Hazard Area is an area that is subject to inundation during a 100-year flood which means that there is a one percent chance of occurrence in a given year. Visit the [FEMA website](#) to determine whether your facility is in a Special Flood Hazard Area. If unsure, please contact the State, local, Tribal, or Territorial emergency management office to determine prior to submitting the Project Application.

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.*<sup>116</sup>

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:*<sup>117</sup>

Construction of a concrete or asphalt pad.

Please provide the GPS coordinates:<sup>118</sup> 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?**<sup>119</sup>

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

<sup>116</sup> (Help text) The description should include quantities, dimensions, material types, utility upgrade descriptions, and site work. Functionality: Upload of design drawings is optional.

<sup>117</sup> (Help text) The description should include quantities, dimensions, material types, utility upgrade descriptions, and site work. Functionality: Upload of design drawings is optional.

<sup>118</sup> Functionality: Generate GPS coordinates from Impact List.

<sup>119</sup> (Help text) See the Accessibility for Individuals with Disabilities section in the [PAPPG](#) for more information.

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<sup>120</sup>**

**Please describe the activities conducted:**

**Buttressing, shoring, or bracing facilities to stabilize them or prevent collapse<sup>121</sup>**

**Please describe the work in detail, including dimensions, materials used, and quantities:** . Please upload sketches, design plans, and photos. <sup>122</sup>

**Constructing emergency berms or temporary levees to provide protection from floodwaters or landslides<sup>123</sup>**

**Please describe the work in detail, including dimensions, materials used, and quantities:** . Please upload sketches, design plans, and photos. <sup>124</sup>

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

No

Yes<sup>125</sup>

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

No<sup>126</sup>

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

<sup>120</sup> Functionality: Trigger if selected on the Impact List.

<sup>121</sup> Functionality: Trigger if selected on the Impact List.

<sup>122</sup> Functionality: If work is complete this documentation is required otherwise the documentation is requested.

<sup>123</sup> Functionality: Trigger if selected on the Impact List.

<sup>124</sup> Functionality: If work is complete this documentation is required otherwise the documentation is requested.

<sup>125</sup> (Help text) Coordination with a Federal agency may be required.

<sup>126</sup> (Help text) See the Emergency Berms on Beaches section in the [PAPPG](#) for more information. Functionality: Activity is not eligible.

*primary dune.*<sup>127</sup>

**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**<sup>128</sup>

**Please describe the work in detail, including dimensions, materials used, and quantities:** . *Please upload sketches, design plans, and photos.*<sup>129</sup>

**Emergency repairs necessary to prevent further damage to infrastructure**<sup>130</sup>

**Please describe the work in detail, including dimensions, materials used, and quantities:** . *Please upload sketches, design plans, and photos.*<sup>131</sup>

**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.*<sup>132</sup>

**Is the stabilization the least costly feasible option to alleviate the threat?**<sup>133</sup>

No.

<sup>127</sup> (Help text) See the Emergency Berms on Beaches section in the [PAPPG](#) for more information. Functionality: Documentation required prior to submitting the Project Application.

<sup>128</sup> Functionality: Trigger if selected on the Impact List.

<sup>129</sup> Functionality: If work is complete this documentation is required otherwise the documentation is requested.

<sup>130</sup> Functionality: Trigger if selected on the Impact List.

<sup>131</sup> Functionality: If work is complete this documentation is required otherwise the documentation is requested.

<sup>132</sup> Functionality: If work is complete this documentation is required otherwise the documentation is requested.

<sup>133</sup> (Help text) FEMA only provides Public Assistance funding for the least costly option necessary to alleviate the threat. FEMA limits eligible stabilization measures to the area of the immediate threat, not the entire slope. Work must be reasonable relative to the size and scope of the area of instability. See the Slope Stabilization section in the [PAPPG](#) for more information.

Yes. Please upload supporting documentation to demonstrate cost effectiveness of slope stabilization.<sup>134</sup>

**Did [will] any activities result in permanent alterations (e.g., rip rap or retaining walls)?<sup>135</sup>**

No

Yes. Please describe the activities and permanent alterations:

**Extracting water and clearing mud, silt, or other accumulated debris from eligible facilities<sup>136</sup>**

**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:**

<sup>137</sup>

**Did [will] the Applicant use:<sup>138</sup>**

Chemical cleansers

No

<sup>134</sup> Functionality: Documentation for Slope Stabilization Cost-Effectiveness required prior to submitting a Project Application.

<sup>135</sup> (Help Text) Permanent alterations require a more in-depth EHP review.

<sup>136</sup> Functionality: Trigger if selected on the Impact List.

<sup>137</sup> Functionality: Only ask if "Occurs on or adjacent to a facility constructed 45 or more years ago; a facility listed on a local, state, or national register; or a facility that is a locally registered landmark." was selected on the Impact List Addendum.

<sup>138</sup> Functionality: Only ask if "Occurs on or adjacent to a facility constructed 45 or more years ago; a facility listed on a local, state, or national register; or a facility that is a locally registered landmark." was selected on the Impact List Addendum.



<p><input type="checkbox"/> Yes. <b>What chemicals did the Applicant use?</b></p> <p><input type="checkbox"/> Power washing</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Please list the pounds per square inch (PSI) used: <input type="text"/></p>
<b>Mold remediation<sup>139</sup></b>
<p><b>Did the Applicant take steps to prevent the spread of mold in a reasonable time after the incident?</b></p> <p><input type="checkbox"/> No. <i>Please describe any extenuating circumstances that prevented the Applicant from addressing the spread of mold:</i> <input type="text"/></p> <p><input type="checkbox"/> Yes</p> <p><b>Did the facility have pre-existing water infiltration?</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. <i>Please describe:</i> <input type="text"/></p> <p><b>Did the Applicant conduct pre-remediation mold sampling?</b></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. <b>Was the presence of mold found during pre-remediation sampling?</b></p> <p><input type="checkbox"/> No<sup>140</sup></p> <p><input type="checkbox"/> Yes. <i>Please upload the mold sampling results.</i><sup>141</sup></p> <p><b>Was the sampling conducted by an indoor environmental professional not employed by the remediation company?</b></p> <p><input type="checkbox"/> No<sup>142</sup></p> <p><input type="checkbox"/> Yes</p> <p><b>What surfaces did the Applicant treat?</b></p>

<sup>139</sup> *Functionality: Trigger if selected on the Impact List.*

<sup>140</sup> *(Help text) Pre-remediation mold sampling is only eligible when the sampling reveals the presence of mold. See the Mold Remediation section in the [PAPPG](#) for more information.*

<sup>141</sup> *Functionality: Mold Sampling results required prior to submitting the Project Application.*

<sup>142</sup> *(Help text) FEMA only provides Public Assistance funding for mold sampling performed by an indoor environmental professional. See the Mold Remediation section in the [PAPPG](#) for more information.*

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

**Did [will] the Applicant use:** <sup>143</sup>

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:** <sup>144</sup>

**Did the Applicant remove sheetrock, ceiling tiles, or plaster?** <sup>145</sup>

No

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

**Did the Applicant conduct post-remediation mold sampling?**<sup>146</sup>

No

Yes

**Removal or storage of contents from eligible facilities**<sup>147</sup>

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

<sup>143</sup> *Functionality: Only ask if "On or adjacent to a facility constructed 45 or more years ago; a facility listed on a local, state, or national register; or a facility that is a locally registered landmark." was selected on the Impact List Addendum.*

<sup>144</sup> *Functionality: Only ask if "On or adjacent to a facility constructed 45 or more years ago; a facility listed on a local, state, or national register; or a facility that is a locally registered landmark." selected on the Impact List Addendum.*

<sup>145</sup> *Functionality: Only ask if "On or adjacent to a facility constructed 45 or more years ago; a facility listed on a local, state, or national register; or a facility that is a locally registered landmark." selected on the Impact List Addendum.*

<sup>146</sup> *(Help text) Post-remediation sampling is eligible to confirm that remediation is complete.*

<sup>147</sup> *Functionality: Trigger if selected on the Impact List.*

- Removal. *Please describe:*
- Storage. *Please describe:*
- Other. *Please describe:*

**Other protective measures that involve facility construction or repair<sup>148</sup>**

**Please describe the activities conducted:**

**Private Roads: Debris clearance for emergency access<sup>149</sup>**

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

- No<sup>150</sup>
- 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.<sup>151</sup>*

**Private Property: Demolition<sup>152</sup>**

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

**Date FEMA approved request.<sup>153</sup> [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*

<sup>148</sup> *Functionality: Trigger if selected on the Impact List.*

<sup>149</sup> *Functionality: Trigger if "Activities conducted under private property: Debris clearance for emergency access" was selected on the Impact List.*

<sup>150</sup> *(Help text) If the debris is not impairing emergency access of local emergency responders, ambulances, fire, and police, clearance is not eligible. See the Emergency Access section in the [PAPPG](#) for more information.*

<sup>151</sup> *Functionality: Documentation is required prior to submitting the Project Application.*

<sup>152</sup> *(Help text) Emergency demolition of structures located on private property may be eligible when partial or complete collapse is imminent, and that collapse poses an immediate threat to the general public. See the Demolition of Private Structures section in the [PAPPG](#) for more information. Please ensure the Request for Approval Form – Demolition of Residential Property has been submitted. Functionality: Trigger if selected on the Impact List.*

<sup>153</sup> *Functionality: Generate from Request for Approval Form – Demolition of Residential Property*

*the fees are above and beyond normal administrative costs.*<sup>154</sup>

- 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:*<sup>155</sup>

**Private Property: Pumping of basements**<sup>156</sup>

**Number of homes:**

**Private Property: Pumping of septic tanks or decontamination of wells**<sup>157</sup>

**Number of septic tanks or wells:**

**Private Property: Residential Electric Meter Repair**<sup>158</sup>

<sup>154</sup> (Help text) Fees for permits, licenses, and titles issued directly by the Applicant are ineligible unless the Applicant demonstrates that the fees are above and beyond its normal administrative costs. *Functionality: Documentation required prior to submitting the Project Application.*

<sup>155</sup> (Help text) Removal of slabs or foundations that do not present a health or safety hazard are typically ineligible. See the Demolition of Private Structures section in the [PAPPG](#) for more information.

<sup>156</sup> *Functionality: Trigger if selected on the Impact List.*

<sup>157</sup> *Functionality: Trigger if selected on the Impact List.*

<sup>158</sup> (Help text) Please ensure the Request for Approval Form – Residential Electrical Meter Repair has been submitted. *Functionality: Trigger if selected under Private Property on the Impact List.*

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] <sup>159</sup>

**General Cost and Work Status Information**<sup>160</sup>

**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?**<sup>161</sup> [system generated] *Please update if changed.*

- No, the facilities and work were not insured.<sup>162</sup>
- Yes, the Applicant anticipates receiving \$ [REDACTED].
- Yes, the Applicant received \$ [REDACTED].
- Yes, but the Applicant is uncertain of the amount it will receive.<sup>163</sup>
- Yes, but the insurance company denied the claim. *Please upload denial correspondence.* <sup>164</sup>

<sup>159</sup> *Functionality: Generate from Request for Approval Form- Residential Electrical Meter Repair.*

<sup>160</sup> *Functionality: Functionality: Generate the information in this section from the Impact List.*

<sup>161</sup> *Functionality: If "Yes" is selected for any of the options and insurance policy has not already been provided, insurance policy is required prior to submitting the Project Application.*

<sup>162</sup> *(Help text) If an applicant received Public Assistance funding on a previous event and was required to obtain and maintain insurance for a specific amount, failure to do so could jeopardize funding for the current event. Functionality: If "No, the facilities and work were not insured" is selected, notify PDMG and Insurance Specialist for review.*

<sup>163</sup> *(Text Help) FEMA may reduce the total estimated project cost by an estimated amount of insurance proceeds based on a review of the Applicant's insurance policy.*

<sup>164</sup> *Functionality: Documentation required prior to submission of the Project Application.*

**Has [Does] the Applicant received [anticipate receiving] funding from another source for this work?** <sup>165</sup> [system generated] *Please update if changed.*

- No
- Yes. *Please check all that apply:*
  - Cash Donations. *Please describe:* [redacted] Amount \$ [redacted]
  - Federal Grants.<sup>166</sup> *Please describe:* [redacted] Amount \$ [redacted]
  - Non-Federal Grants. *Please describe:* [redacted] Amount \$ [redacted]
  - Revenue. *Please describe:* [redacted] Amount \$ [redacted]
  - Third-Party Liability.<sup>167</sup> *Please describe:* [redacted] Amount \$ [redacted]

**Actual Cost Information**

**Impact Line Item:** <sup>168</sup> *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.** <sup>169</sup>

**Has the Applicant procured and selected a contractor?** <sup>170</sup>

- No
- Yes. <sup>171</sup> **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

<sup>165</sup> (Help text) FEMA is legally prohibited from duplicating benefits from other sources. If the Applicant receives funding from another source for the same work that FEMA funded, FEMA reduces the eligible cost or de-obligates funding to prevent a duplication of benefits. See Section 312 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act for more information.

<sup>166</sup> (Help text) See the Non-Federal Grants and Cash Donations section in the [PAPPG](#) for more information.

<sup>167</sup> (Help text) See the Third-Party Liability section in the [PAPPG](#) for more information.

<sup>168</sup> Functionality: Show the Impact List and allow the Applicant to select any item related to this project. For Management Costs allow Applicant to select from the list of activities previously indicated in Section III of the Project Application.

<sup>169</sup> (Help text) Section 1224(e) of the Disaster Recovery Reform Act requires FEMA to collect and store information, prior to the project closeout phase on any contract entered into by a Public Assistance Recipient or Applicant that throughout the base award, available options, or any subsequent modification has an estimated value of more than \$1,000,000.

<sup>170</sup> Functionality: Only ask if FEMA is preparing the estimate.

<sup>171</sup> Functionality: Applicant's cost estimate should be derived based on the bid or contract amount. Requested, not required.

<input type="checkbox"/> Other. <sup>172</sup> Please describe:				
Labor and Equipment				
<b>Name of Individual</b> <sup>173</sup> <input type="checkbox"/> Donated labor <sup>174</sup> <input type="checkbox"/> Applicant employee <input type="checkbox"/> Mutual aid <sup>175</sup> <input type="checkbox"/> Emergency Management Assistance Compact (EMAC). Please upload the following documents: • EMAC Resource Support Agreement. • R-1 form • R-2 form • Signed Proof of Payment <input type="checkbox"/> Other:	<b>Rate type</b> <sup>176</sup> <input type="checkbox"/> Straight time \$ <input type="checkbox"/> Overtime \$ <input type="checkbox"/> Premium \$ <input type="checkbox"/> Hazard \$	Date(s) <sup>177</sup>  Hours	<b>Total hours:</b> <sup>178</sup> [system calculated] ] Labor hours: [system calculated] ] Equipment hours:	<b>Total Cost</b> <sup>179</sup> Labor cost \$ [system calculated] Equipment cost \$ [system calculated] Donated value \$ [system calculated] Total cost \$ [system calculated]
<b>How did the Applicant ensure the costs were reasonable?</b> <sup>180</sup> <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. <sup>181</sup> Please describe:	<b>Is the Applicant claiming mileage or hourly rate?</b> <sup>182</sup> <input type="checkbox"/> Mileage <input type="checkbox"/> Equipment \$			
<b>How did the Applicant ensure the costs were reasonable?</b> <input type="checkbox"/> Cost or price analysis				

<sup>172</sup> Functionality: Flag for Recipient and FEMA review of method used to determine costs to be reasonable.  
<sup>173</sup> Functionality: Allow Applicants to select an employee previously provided on the Staff, Equipment, and Facility Inventory form or allow the Applicant to update the form. Optional field if only claiming equipment cost.  
<sup>174</sup> Functionality: Donated labor sign in sheet required if donated was listed as a resource type.  
<sup>175</sup> Functionality: Mutual aid agreement required if mutual aid was listed as a resource type.  
<sup>176</sup> (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.  
<sup>177</sup> Functionality: Allow the applicant to provide all dates and hours related to this project.  
<sup>178</sup> Functionality: Only show if Applicant selected "Equipment Rate".  
<sup>179</sup> Functionality: Calculate based on rates and hours.  
<sup>180</sup> Functionality: Populate question only if Applicants selects Purchased Equipment.  
<sup>181</sup> Functionality: Flag for Recipient and FEMA review of method used to determine costs to be reasonable.

Compared to historical costs for similar projects in the area  
 Obtained multiple quotes  
 Other. *Please describe:*

**Materials<sup>183</sup>**

Material description	How was the material obtained? <sup>184</sup>		Purchased Date (MM/DD/YYYY)	Used Date (MM/DD/YYYY)
	<input type="checkbox"/> Donated <sup>185</sup>  <input type="checkbox"/> Purchased <input type="checkbox"/> From Stock <sup>186</sup>			
Quantity Purchased	Unit Price	Quantity Used	Fair Market Value <sup>187</sup>	Total Cost <sup>188</sup>
				Donated value \$ [system calculated] Total cost \$ [system calculated]

**How did the Applicant ensure the costs were reasonable?<sup>189</sup>**  
 Cost or price analysis  
 Compared to historical costs for similar projects in the area  
 Obtained multiple quotes  
 Other. *Please describe:*

**Additional infrastructure restoration costs<sup>190</sup>**

Description	Vendor/	Purchased /Donated	Used	Quantity	Fair	Total
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<sup>182</sup> (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.

<sup>183</sup> *Functionality:* Populate question only if Applicants selects Purchased Equipment.

<sup>184</sup> (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 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.

<sup>185</sup> (Help text) Please provide donor name. *Functionality:* Applicants submitting donated resources must provide donor name.

<sup>186</sup> (Help text) Applicants using materials from their stock do not need to provide Vendor Name.

<sup>187</sup> (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.

<sup>188</sup> *Functionality:* Calculate based on quantity x unit price.

<sup>189</sup> *Functionality:* Populate question only if Applicants selects Purchased.

<sup>190</sup> (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.



<input type="checkbox"/> Travel <input type="checkbox"/> Meals <sup>191</sup> <input type="checkbox"/> Miscellaneous. <i>Please describe:</i>  <input type="checkbox"/> Donated <sup>192</sup> <input type="checkbox"/> Permanent <sup>193</sup> <input type="checkbox"/> Temporary <sup>194</sup>	<b>Donor</b> <sup>195</sup>	<b>Date</b>	<b>Date</b>	<b>ty Purchased/Donated</b>	<b>Market Value</b>	<b>Cost</b> <sup>196</sup>
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**Section VI - Scope of Work and Cost Summary**

**Work Summary**

**Scope of Work:** [system generated]

**Closeout Project Scope Work:** [system generated]

**Cost breakdown**<sup>197</sup>

<b>Estimated Costs</b> [system calculated below]	<b>Closeout Final Costs</b> [system calculated below]
<p><b>Contract:</b></p> <p><b>Labor</b>  <input type="checkbox"/> Applicant's own employees:  <input type="checkbox"/> Mutual Aid:</p> <p><b>Equipment:</b>  <input type="checkbox"/> Applicant's own equipment:  <input type="checkbox"/> Purchased equipment:  <input type="checkbox"/> Rented equipment:</p> <p><b>Materials:</b>  <input type="checkbox"/> Stock materials:  <input type="checkbox"/> Purchased materials:</p> <p><b>Additional infrastructure restoration costs</b></p>	<p><b>Contract:</b></p> <p><b>Labor</b>  <input type="checkbox"/> Applicant's own employees:  <input type="checkbox"/> Mutual Aid:</p> <p><b>Equipment:</b>  <input type="checkbox"/> Applicant's own equipment:  <input type="checkbox"/> Purchased equipment:  <input type="checkbox"/> Rented equipment:</p> <p><b>Materials:</b>  <input type="checkbox"/> Stock materials:  <input type="checkbox"/> Purchased materials:</p> <p><b>Additional infrastructure restoration costs</b></p>

<sup>191</sup> (Help text) Please provide a meal/per diem policy. If no policy is available, explain why meals were provided.

<sup>196</sup> Functionality: Calculate total cost.

<sup>195</sup> (Help text) Please provide vendor or donor name.

<sup>192</sup> (Help text) and Functionality: Applicants submitting projects must choose one of the following: donated buildings, donated land, or donated space.

<sup>193</sup> (Help text) For buildings or land donated permanently (i.e., with a transfer of ownership), offset is based on the fair market value at the time of donation as established by an independent appraisal and certified by the Applicant.

<sup>194</sup> (Help text) For building or land space donated for temporary use, the offset is based on the fair rental value of comparable privately-owned space in the same locality as established by an independent appraisal.

<sup>197</sup> Functionality: Generate costs from the General Cost and Work Status Information section.

<input type="checkbox"/> Travel <input type="checkbox"/> Meals <sup>198</sup> <input type="checkbox"/> Miscellaneous	<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>Deductions:</b> <input type="checkbox"/> Insurance: <input type="checkbox"/> Other sources:
<b>Donated Resources:</b> <sup>199</sup> <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 checked="" type="checkbox"/> Buildings or Land: <input type="checkbox"/> Space: <input type="checkbox"/> Logistical Support:
<b>Grand total:</b>	<b>Grand total:</b>

**Section VII - Additional Information and Comments [Optional]**

*If you have any additional information and supporting documentation not previously provided, use this section to help support your claim. Please ensure personally identifiable information is redacted on any documentation submitted.* <sup>200</sup>

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

**Section VIII - Applicant Project Acknowledgements and Certifications**

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

The requirement to comply with applicable Federal, State, local, Tribal, and Territorial laws, regulations, and executive orders. Non-compliance may result in denial or deobligation of funding. This includes but is not limited to laws prohibiting discrimination, complying with the most restrictive of its own documented policies and procedures used for procurements with non-Federal funds, 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

<sup>198</sup> (Help text) Please provide a meal/per diem policy. If no policy is available, explain why meals were provided.

<sup>199</sup> (Help text) and Functionality: Applicants submitting projects must choose one of the following: donated buildings, donated land, or donated space.

<sup>200</sup> Functionality: Optional not required.

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.

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.

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 Applicant 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)
- 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
- Primary-residence habitability status

**APPLICANT SIGNATURE**

<b>Applicant Authorized Representative</b> [system generated]	<b>Title</b>	Signature	<b>Date submitted</b> <sup>201</sup> [system automated]
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**Section IX - Project/Amendment Recipient Recommendation**<sup>202</sup>

**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> <sup>203</sup> [system automated]
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**Section X - Large Project Closeout Applicant Request**<sup>204</sup>

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

- No  
 Yes. <sup>205</sup> *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) <sup>206</sup> [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]
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**Section XI - Applicant Closeout Acknowledgements and Certifications**

<sup>201</sup> *Functionality: Automate based on date submitted.*

<sup>202</sup> *Functionality: The Recipient completes this section prior to submission to FEMA. Do not include this section on Recipient project applications.*

<sup>203</sup> *Functionality: Automated based on date submitted.*

<sup>204</sup> *Functionality: Only show this section if the work is 100% complete.*

<sup>205</sup> *Functionality: If selected, instruct the Applicant to the General Cost and Work Status Information section to provide your final costs and upload supporting documentation.*

<sup>206</sup> *Functionality: Generate Work Completed date from the Large Project QPR. If certificate is created or submitted after the deadline prompt a Closeout Extension Request.*

**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 non-Federal 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<sup>207</sup></b> [system automated]
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**Section XII -Recipient Closeout Acknowledgements and Certifications**

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

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

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

<b>Recipient Authorized Representative</b> [system generated]	<b>Title</b>	<b>Signature</b>	<b>Date submitted<sup>208</sup></b> [system automated]
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<sup>207</sup> Functionality: Automate based on date submitted.

<sup>208</sup> Functionality: Automate based on date submitted.