

FEDERAL EMERGENCY MANAGEMENT AGENCY
REQUEST FOR PUBLIC ASSISTANCE

O.M.B. No. 3067-0151
 Expires September 30, 2005

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 10 minutes. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing and submitting the forms. You are not required to respond to this collection of information unless a valid OMB control number is displayed in the upper right corner of the forms. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472, Paperwork Reduction Project (3067-0151). Submission of the form is required to obtain or retain benefits under the Public Assistance Program.
NOTE: Do not send your completed survey to the above address.

APPLICANT <i>(Political subdivision or eligible applicant.)</i>	DATE SUBMITTED
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COUNTY *(Location of Damages. If located in multiple counties, please indicate.)*

APPLICANT PHYSICAL LOCATION

STREET ADDRESS

CITY	COUNTY	STATE	ZIP CODE
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MAILING ADDRESS *(If different from Physical Location)*

STREET ADDRESS

POST OFFICE BOX	CITY	STATE	ZIP CODE
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Primary Contact/Applicant's Authorized Agent	Alternate Contact
NAME	NAME
TITLE	TITLE
BUSINESS PHONE	BUSINESS PHONE
FAX NUMBER	FAX NUMBER
HOME PHONE <i>(Optional)</i>	HOME PHONE <i>(Optional)</i>
CELL PHONE	CELL PHONE
E-MAIL ADDRESS	E-MAIL ADDRESS
PAGER & PIN NUMBER	PAGER & PIN NUMBER

Did you participate in the Federal/State Preliminary Damage Assessment (PDA)? Yes No

Private Non-Profit Organization? Yes No
 If yes, which of the facilities identified below best describe your organization? _____

Title 44 CFR, part 206.221(e) defines an eligible private non-profit facility as: "... any private non-profit educational, utility, emergency, medical or custodial care facility, including a facility for the aged or disabled, and other facility providing essential governmental type services to the general public, and such facilities on Indian reservations." "Other essential governmental service facility means museums, zoos, community centers, libraries, homeless shelters, senior citizen centers, rehabilitation facilities, shelter workshops and facilities which provide health and safety services of a governmental nature. All such facilities must be open to the general public."

Private Non-Profit Organizations must attach copies of their Tax Exemption Certificate and Organization Charter or By-Laws. If your organization is a school or educational facility, please attach information on accreditation or certification.

Official Use Only: FEMA- _____ -DR- _____ - _____ FIPS# _____	Date Received:
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PROJECT WORKSHEET

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 90 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing, reviewing, and submitting the form. You are not required to respond to this collection of information unless a valid OMB control number appears in the upper right hand corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472, Paperwork Reduction Project (3067-0151). Submission of the form is required to obtain benefits under the Public Assistance Program. **NOTE: Do not send your completed form to the above address.**

DISASTER FEMA- _____ -DR- _____	PROJECT NO.	PA ID NO.	DATE	CATEGORY
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DAMAGED FACILITY	WORK COMPLETE AS OF _____ %
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APPLICANT	COUNTY
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LOCATION	LATITUDE	LONGITUDE
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DAMAGE DESCRIPTION AND DIMENSIONS

SCOPE OF WORK

Does the Scope of Work change the pre-disaster conditions at the site? Yes No
 Special Considerations issues included? Yes No Hazard Mitigation proposal included? Yes No
 Is there insurance coverage on this facility? Yes No

PROJECT COST

ITEM	CODE	NARRATIVE	QUANTITY/UNIT	UNIT PRICE	COST
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
TOTAL COST ▶					\$0.00

PREPARED BY	TITLE	SIGNATURE
APPLICANT REP.	TITLE	SIGNATURE

PROJECT WORKSHEET - Damage Description and Scope of Work Continuation Sheet

DISASTER FEMA _____ -DR- _____	PROJECT NO.	PA ID NO.	DATE	CATEGORY
APPLICANT		COUNTY		

(This area is intentionally left blank for project details.)

PREPARED BY:	TITLE:
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PROJECT WORKSHEET INSTRUCTIONS

The Project Worksheet must be completed for each identified damaged project. A project may include damages more than one site.

After completing all Project Worksheets, submit the worksheets to your Public Assistance Coordinator.

Identifying Information

Disaster: Indicate the disaster declaration number as established by FEMA (i.e. "FEMA 1136-DR-TN", etc.).

Project No.: Indicate the project designation number you established to track the project in your system (i.e. 1,2,3, etc.).

PA ID No.: Indicate your Public Assistance identification number on this space. This is optional.

Date: Indicate the date the worksheet was prepared in MM/DD/YY format.

Category: Indicate the category of the project according to FEMA specified work categories (i.e., A,B,C,D,E,F,G). This is optional.

Applicant: Name of the government or other legal entity to which the funds will be awarded.

County: Name of the county where the damaged facility is located. If located in multiple counties, indicate "Multi-County."

Damage facility: Identify the facility and describe its basic function and pre-disaster condition.

Work Complete as of: Indicate the date the work was assessed in the format of MM/DD/YY and the percentage of work completed to that date.

Location: This item can range anywhere from an "address," "intersection of...," "1 mile south of...on..." to "county wide." If damages are in different locations or different counties please list each location. Include latitude and longitude of the project if known.

Damage Description and Dimensions: Describe the disaster-related damage to the facility, including the cause of the damage and the area or components affected.

Scope of Work: List work that has been completed, and work to be completed, which, is necessary to repair disaster-related damage.

Does the Scope of Work change the pre-disaster conditions of the site: If the work described under the Scope of Work changes the site conditions (i.e. increases/decreases the size or function of the facility or does not replace damage components in kind with like materials), check (x) yes. If the Scope of Work returns the site to its pre-disaster configuration, capacity and dimensions check (x) no.

Special Considerations: If the project includes insurable work, and/or is affected by environmental (NEPA) or historic concerns, check (x) either the Yes or No box so that appropriate action can be initiated to avoid delays in funding. Refer to *Applicant Handbook* for further information.

Hazard Mitigation: If the pre-disaster conditions at the site can be changed to prevent or reduce the disaster-related damage, check (x) Yes. If no opportunities for hazard mitigation exist check (x) no. Appropriate action will be initiated and avoid delays in funding. Refer to *Applicant Handbook* for further information.

Is there insurance coverage on this facility: Federal law requires that FEMA be notified of any entitlement for proceeds to repair disaster-related damages from insurance or any other source. Check (x) yes if any funding or proceeds can be received for the work within the Scope of Work from any source besides FEMA.

Project Cost

Item: Indicate the item number on the column (i.e. 1, 2, 3, etc.). Use additional forms as necessary to include all items.

Code: If using the FEMA cost codes, place the appropriate number here.

Narrative: Indicate the work, material or service that best describes the work (i.e. "force account labor overtime", "42 in. RCP", "sheet rock replacement", etc.).

Quantity/Unit: List the amount of units and the unit of measure ("48/cy", "32/lf", "6/ea", etc.).

Unit Price: Indicate the price per unit.

Cost: This item can be developed from cost to date, contracts, bids, applicant's experience in that particular repair work, books which lend themselves to work estimates, such as RS Means, or by using cost codes supplied by FEMA.

Total Cost: Record total cost of the project.

Prepared By: Record the name, title, and signature of the person completing the Project Worksheet.

Applicant Rep.: Record the name, title, and signature of Applicant's representative.

Records Requirements

Please review the *Applicant Handbook, FEMA 323* for detailed instructions and examples.

For all completed work, the applicant must keep the following records:

- *Force account labor documentation sheets identifying the employee, hours worked, date and location;
- *Force account equipment documentation sheets identifying specific equipment, operator, usage by hour/mile and cost used;
- *Material documentation sheets identifying the type of material, quantity used and cost;
- *Copies of all contracts for work and any lease/rental equipment costs.

For all estimated work, keep calculations, quantity estimates, pricing information, etc. as part of the records to document the "cost/estimate" for which funding is being requested.

FEDERAL EMERGENCY MANAGEMENT AGENCY
PROJECT WORKSHEET - Photo Sheet

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DISASTER FEMA- _____ -DR- _____	PROJECT NO.	PA ID NO.	DATE	CATEGORY
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APPLICANT	COUNTY
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PHOTO

PHOTO

DESCRIPTION

DESCRIPTION

FLORIDA DIVISION OF EMERGENCY MANAGEMENT
TOTAL COSTS SUMMARY (WORK COMPLETED TO-DATE)

APPLICANT	PA ID	PROJECT	DISASTER NUMBER
LOCATION/SITE		CATEGORY	PERIOD COVERING From: _____ To: _____

DESCRIPTION OF WORK PERFORMED

TYPE OF EXPENSE	TOTAL CLAIMED COSTS	FEMA/STATE INSPECTOR COMMENTS	ELIGIBLE COST
FA LABOR (Earned Wages plus associated benefits)	\$		\$
FA EQUIPMENT (Equipment Rate Allowances for Use)	\$		\$
MATERIALS (Purchased/Stock expended items)	\$		\$
CONTRACTS (Services for completing work)	\$		\$
RENTALS (Equipment, etc. for FA Work)	\$		\$
TRAVEL (Employee Expense, paid lodging, meals)	\$		\$
TOTAL CLAIM:	\$	TOTAL ELIGIBLE COSTS:	\$

I CERTIFY THAT THE ABOVE INFORMATION WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.

CERTIFIED	TITLE	DATE
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FEDERAL EMERGENCY MANAGEMENT AGENCY
FORCE ACCOUNT LABOR SUMMARY RECORD

PAGE _____ OF _____

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APPLICANT	PA ID NO.	PROJECT NO.	DISASTER
LOCATION/SITE		CATEGORY	PERIOD COVERING

DESCRIPTION OF WORK PERFORMED

NAME	DATES AND HOURS WORKED EACH WEEK							COSTS				
	DATE							TOTAL HOURS	HOURLY RATE	BENEFIT RATE/HR	TOTAL HOURLY RATE	TOTAL COSTS
JOB TITLE	REG.											
JOB TITLE	O. T.											
NAME	REG.											
JOB TITLE	O. T.											
NAME	REG.											
JOB TITLE	O. T.											
NAME	REG.											
JOB TITLE	O. T.											
NAME	REG.											
JOB TITLE	O. T.											
NAME	REG.											
JOB TITLE	O. T.											

TOTAL COST FOR FORCE ACCOUNT LABOR REGULAR TIME → \$

TOTAL COST FOR FORCE ACCOUNT LABOR OVERTIME → \$

I CERTIFY THAT THE ABOVE INFORMATION WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.

CERTIFIED	TITLE	DATE
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FEDERAL EMERGENCY MANAGEMENT AGENCY
MATERIALS SUMMARY RECORD

PAGE _____ OF _____

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APPLICANT	PA ID NO.	PROJECT NO.	DISASTER
LOCATION/SITE	CATEGORY		PERIOD COVERING

DESCRIPTION OF WORK PERFORMED

VENDOR	DESCRIPTION	QUAN.	UNIT PRICE	TOTAL PRICE	DATE PURCHASED	DATE USED	INFO FROM (CHECK ONE)	
							INVOICE	STOCK
				0.00				
				0.00				
				0.00				
				0.00				
				0.00				
				0.00				
				0.00				
				0.00				
				0.00				
				0.00				
				0.00				
				0.00				
GRAND TOTAL 				0.00				

I CERTIFY THAT THE ABOVE INFORMATION WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.

CERTIFIED	TITLE	DATE
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FEDERAL EMERGENCY MANAGEMENT AGENCY
CONTRACT WORK SUMMARY RECORD

PAGE _____ OF _____

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APPLICANT	PA ID NO.	PROJECT NO.	DISASTER
LOCATION/SITE	CATEGORY		PERIOD COVERING

DESCRIPTION OF WORK PERFORMED

DATES WORKED	CONTRACTOR	BILLING/INVOICE NUMBER	AMOUNT	COMMENTS - SCOPE

GRAND TOTAL →	\$0.00	
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CERTIFIED	TITLE	DATE
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FEDERAL EMERGENCY MANAGEMENT AGENCY
FORCE ACCOUNT EQUIPMENT SUMMARY RECORD

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APPLICANT	PA ID NO.	PROJECT NO.	DISASTER
LOCATION/SITE		CATEGORY	PERIOD COVERING

DESCRIPTION OF WORK PERFORMED

TYPE OF EQUIPMENT		OPERATOR'S NAME	DATES AND HOURS USED EACH DAY							COSTS		
INDICATE SIZE, CAPACITY, HORSEPOWER, MAKE AND MODEL AS APPROPRIATE	EQUIPMENT CODE NUMBER		DATE							TOTAL HOURS	EQUIPMENT RATE	TOTAL COST
			HOURS									
			HOURS									
			HOURS									
			HOURS									
			HOURS									
			HOURS									
			HOURS									
			HOURS									
			HOURS									

GRAND TOTALS 0.00 0.00

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CERTIFIED	TITLE	DATE
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FEDERAL EMERGENCY MANAGEMENT AGENCY
**APPLICANT'S BENEFITS CALCULATION
 WORKSHEET**

PAGE ____ OF ____

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APPLICANT

PA ID NO.

DISASTER

PROJECT NO.

FRINGE BENEFITS (by %)	REGULAR TIME	OVERTIME
HOLIDAYS		
VACATION LEAVE		
SICK LEAVE		
SOCIAL SECURITY		
MEDICARE		
UNEMPLOYMENT		
WORKER'S COMP.		
RETIREMENT		
HEALTH BENEFITS		
LIFE INS. BENEFITS		
OTHER		
TOTAL in % of annual salary	0.00	0.00

COMMENTS

I CERTIFY THAT THE INFORMATION ABOVE WAS TRANSCRIBED FROM PAYROLL RECORDS OR OTHER DOCUMENTS WHICH ARE AVAILABLE

CERTIFIED BY

TITLE

DATE