FEMA developed the COVID-19 streamlined project application to simplify the application process for Public Assistance funding under the COVID-19 pandemic declarations. This document includes the project application and instructions for completing and submitting a project application on or after April 11, 2021. Project Applications certified by the Applicant prior to this date should refer to the COVID-19 Streamlined Project Application dated November 2, 2020, January 26, 2021, or March 14, 2021.

Overview
FEMA may provide funding to eligible Applicants for costs related to emergency protective measures¹ conducted as a result of the COVID-19 pandemic. Emergency protective measures are activities conducted to address immediate threats to life, public health, and safety. Eligible Applicants may submit funding requests to the Recipient and FEMA through the Public Assistance Grants Portal. FEMA provides funding through Recipients to eligible Applicants.

Prerequisites
Prior to submitting the project application, Applicants must submit and receive approval of a Request for Public Assistance. To submit a request, visit the Public Assistance Grants Portal at https://grantee.fema.gov.

Public Assistance Funding Considerations
Public Assistance cannot duplicate funding from another federal source: Some activities may be eligible for funding through both FEMA and other federal agency funding sources for COVID-19 including the U.S. Department of Health and Human Services’ Centers for Disease Control and Prevention (CDC) and Office of the Assistant Secretary for Preparedness and Response (ASPR). The Applicant should not request funding for activities where the costs have been or will be claimed from another federal funding source.²

Some activities may be completed through direct federal assistance: Some eligible activities may be completed directly by the Federal Government rather than provided as financial assistance to Applicants to complete those activities. If an Applicant does not have the capacity to directly complete the activity or oversee activity completion through contract or mutual aid, the Applicant may request that FEMA or another federal agency directly conduct the activity. Applicants seeking direct federal assistance should not use this project application but instead request assistance from the FEMA Regional Administrator through the Recipient’s emergency manager.

² Including any costs that have been or will be claimed through another funding source will delay the Recipient’s and FEMA’s processing of this funding request. If FEMA or the Recipient later determines the Applicant requested funding for activities where costs were funded by another federal agency, FEMA may de-obligate all funding until the Applicant can specifically demonstrate that duplicate funding was not provided. If another federal agency has denied a funding request, the Applicant may submit the funding request to the Recipient and FEMA for consideration.
What information is required?
Applicants will need the following information about their activities and costs to complete the application:

- A description of the activities including when, where, and by whom the activities were completed or will be completed.
- An itemized summary of how much the activities cost, including costs associated with contract, labor, equipment, supply, material, and other cost types.
- Documentation supporting the activities completed and costs claimed.

How does the Applicant complete the project application?
Applicants complete and submit the project application online through FEMA’s Public Assistance Grants Portal. FEMA does not accept paper submissions of this project application. This document describes what information FEMA will require from Applicants if they seek reimbursement for COVID-19 related activities.

FEMA will process each project application submitted as a separate funding request. To reduce funding delays and maximize the Applicant’s administrative flexibilities to track costs, Applicants should generally report all activities on one project application. However, submitting a separate project application for distinct activities or time periods is advisable in certain scenarios:

- When an Applicant needs to be reimbursed immediately and cannot wait to gather all information to submit a full claim for all their activities and costs, the Applicant may:
  - Request expedited funding to receive an award of 50 percent of the total cost based on limited documentation;3 or
  - Limit an initial project application to certain activities or an initial time period and follow up later with an additional project application for other activities or time periods.4
- Certain activities may require FEMA to complete a more in-depth environmental or historic preservation review, for example: ground disturbance, hazardous materials, modifications to buildings, or new construction. For these activities, the Applicant should submit one project application for activities with environmental or historic preservation considerations and another project application with their remaining activities. For additional information, see the COVID-19 Fact Sheet: Environmental and Historic Preservation and Emergency Protective Measures for COVID-19 and the Coronavirus (COVID-19) Pandemic: Floodplain Considerations for Temporary Critical Facilities Fact Sheet.

The project application has four sections and supplemental work surveys and cost schedules. All Applicants must complete four sections of the streamlined project application:

- Section I - Project Application Information
- Section II - Scope of Work
- Section III - Cost and Work Status Information
- Section IV - Project Acknowledgements and Certifications

Each project application requires the completion of a cost schedule based on status of work and amount of funding requested. Answers in Section III determine which cost schedule is required. An additional survey is required for work with environmental and historic preservation concerns.

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3 Applicants should use Schedule A of the project application to request expedited funding. FEMA may provide remaining 50% of funds through a project amendment, which will require the Applicant to provide documentation to support expenditures of the entire claimed cost, including the first 50%. Because expedited funding is awarded based on reduced documentation requirements, FEMA will only fund these projects for specific time periods.

4 If the follow-up funding request is for the same activities and time periods, the original project application will be amended. If the follow-up funding request is for distinguishable activities or time periods an additional project application may be submitted.
Table 1 illustrates the circumstances under which each schedule and survey should be completed.

<table>
<thead>
<tr>
<th>Cost</th>
<th>Between $3,300 and $131,100(^5)</th>
<th>Equal to or greater than $131,100</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funding Request Type</td>
<td>Small</td>
<td>Large Expedited</td>
</tr>
<tr>
<td>Work Status</td>
<td>Any</td>
<td>Any</td>
</tr>
<tr>
<td>Cost Basis</td>
<td>Any</td>
<td>Estimated Costs</td>
</tr>
<tr>
<td>Cost Schedule</td>
<td>A</td>
<td>X</td>
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<td>EZ</td>
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<tr>
<td>Work Surveys</td>
<td>Large Project</td>
<td></td>
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<tr>
<td>EHP</td>
<td></td>
<td>If needed</td>
</tr>
</tbody>
</table>

What happens after submitting the project application?

FEMA and the Recipient will review the information in the project application and may follow up with limited requests for additional information. After submission:

1. FEMA and the Recipient review the project application and validate information and documentation provided to ensure compliance with all federal laws and regulations. If there are additional questions to evaluate the eligibility of the project application, FEMA and the Recipient will contact the Applicant to discuss. This may include contacting the Applicant by phone or through the Public Assistance Grants Portal.
2. Upon completion of these reviews, the Applicant will be notified that funding for their project application is ready to be awarded. The Applicant will be required to review, agree to terms and conditions, and sign to accept the subaward in the Public Assistance Grants Portal.
3. Once the Applicant signs the subaward, FEMA makes funding available to the Recipient for disbursement to the Applicant.
4. Once FEMA obligates and transfers funding for the subaward, the Applicant will become a Subrecipient in the Public Assistance program. The Recipient may request additional information before disbursing funds to the Subrecipient.
   The Recipient will work directly with the Subrecipient to: monitor and report on the status of the activities, comply with federal and Recipient grant requirements, and close the subaward in accordance with 44 C.F.R. § 206.204-209, 2 C.F.R. Part 200 and FEMA’s Public Assistance Program and Policy Guide (PAPPG).

If you suspect corruption, waste, fraud, abuse, mismanagement and misconduct contact the Department of Homeland Security Office of Inspector General hotline or submit a concern online.

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\(^5\) FEMA establishes a threshold to categorize projects as large or small based on the final approved amount of eligible costs after any cost adjustments, including insurance deductions. The threshold is adjusted for each federal fiscal year, threshold amounts are based on the date of the disaster declaration. For more details, see https://www.fema.gov/public-assistance-indicator-and-projectthresholds."
Section I – Project Application Information

Instructions: The Applicant must assign a unique title and number for each project application. This title and number may help the Applicant connect this project application to their accounting or other systems. Any documents attached to this project application should include the project application number and title.

<table>
<thead>
<tr>
<th>Declaration #:</th>
<th>Name of Organization Applying:</th>
<th>FEMA PA Code:</th>
<th>Applicant-Assigned Project Application #:</th>
</tr>
</thead>
</table>

Project Application Title:

Section II – Scope of Work

Instructions: Applicants must complete this section and describe the activities that the Applicant conducted or will conduct in response to COVID-19. For certain activities, Applicants must provide additional information in the Large Project Work and Environmental and Historic Preservation Surveys.

1. DESCRIPTION OF ACTIVITIES

Please provide a brief description of the activities the Applicant conducted or will conduct. Please explain how these activities reduce the threat of COVID-19 transmission or address positive/presumed positive COVID-19 cases:  

Please select all the activities the Applicant conducted or will conduct:


Management, control, and reduction of immediate threats to public health and safety

☐ Dissemination of information to the public to provide warnings and guidance
☐ Emergency operations center activities
☐ Interior facility disinfection
☐ Installation of temporary physical barriers and wall-mounted equipment
☐ Mass casualty management (including storage of human remains or mass mortuary services)
☐ Pre-positioning or movement of supplies, equipment, or other resources
☐ Purchase and distribution of food, water, or ice

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6 (More Info) In the description, please include when, where, and by whom the activities were or will be conducted.
7 (More Info) Disinfection in facilities should be conducted in accordance with CDC guidance. Work should be consistent with current PAPPG and public health guidance as it relates to disinfection recommendations. See the CDC Guidance for Cleaning and Disinfecting. Facility disinfection is not eligible for facilities that were closed and unoccupied for seven or more days before disinfection. The CDC’s Cleaning and Disinfection Guidance for Reopening states: “If your workplace, school, or business has been unoccupied for 7 days or more, it will only need your normal routine cleaning to reopen the area.”
8 (More Info) For information on COVID-19-related fatality management see COVID-19 Fatality Management Resources.
9 (More Info) If purchases were for employee meals, please select “Purchase of meals for emergency workers”. The selection can be made further down on the form.
Emergency Medical Care

☐ Purchase and distribution/use of medical supplies & equipment Includes PPE, vaccine storage supplies and medical equipment
  ☐ Personal protective equipment
    ☐ Respirators
    ☐ N95 Respirators
    ☐ Medical gloves
    ☐ Surgical masks
    ☐ Medical gowns
    ☐ Coveralls
    ☐ Face shields
  ☐ Other. Describe other personal protective equipment:

☐ Vaccine storage supplies or equipment
  ☐ Temperature controlled storage
  ☐ Non-temperature controlled storage
  ☐ Temperature monitoring devices
  ☐ Other. Describe other vaccine storage supplies or equipment:

☐ Decontamination systems
  ☐ In vitro diagnostic supplies
  ☐ Ventilators and products modified for use as ventilators
  ☐ Therapeutics
  ☐ Other. Describe other purchase and distribution/use of medical supplies & equipment:

☐ Provision of medical services Includes patient treatment, testing and vaccine administration activities
  ☐ Disease testing
  ☐ Treatment
  ☐ Diagnosis
  ☐ Emergency medical transport
  ☐ Medical waste disposal
  ☐ Vaccine administration
  ☐ Other. Describe other provision of medical services

☐ Enhanced medical facilities Includes the use of alternate or temporary facilities to expand capacity to respond to COVID-19
  ☐ Alternate Care Sites or other temporary medical facilities
  ☐ Expansion of capacity within an existing medical facility
  ☐ Community-based testing sites
  ☐ Vaccine storage
  ☐ Other. Describe other enhanced medical facilities:

Sheltering
  ☐ Isolation-related temporary lodging

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¹⁰ (More Info) Decontamination systems refer to devices used to decontaminate N95 respirators.
Common examples include tents, RVs, and rigid body inflatable shelters. Anything that could cause ground distress should be reported.

The provision of meals for employees and volunteers engaged in eligible Emergency Work is eligible provided the proper circumstances apply. See Public Assistance Program and Policy Guide V.3.1, page 63, for more eligibility information.

In accordance with FEMA Policy FP 104-009-19 Coronavirus (COVID-19) Pandemic: Work Eligible for Public Assistance (Interim), face masks, such as cloth face coverings, that are not regulated by the U.S. Food and Drug Administration (FDA) are not considered PPE. Per FDA guidance, these face masks are not PPE, but may be used to prevent or slow the spread of COVID-19. See N95 Respirators, Surgical Masks, and Face Masks and FDA.GOV.

The Applicant must complete this section for each vaccine administration site. Complete one set of questions for each site.

Type 1: A fixed and continually operating facility with an approximate capacity of 6,000 doses a day
Type 2: A fixed and continually operating facility with an approximate capacity of 3,000 doses a day
Type 3: A fixed and continually operating facility with an approximate capacity of 1,000 doses a day
Type 4: A fixed and continually operating facility with an approximate capacity of 250 doses a day
Type 5: Any non-fixed or traveling facility

Please provide a numeric value of vaccine administration either per day, per week or in total.

11 (More Info) Common examples include tents, RVs, and rigid body inflatable shelters. Anything that could cause ground disturbance should be reported.

12 (More Info) The provision of meals for employees and volunteers engaged in eligible Emergency Work is eligible provided the proper circumstances apply. See Public Assistance Program and Policy Guide V.3.1, page 63, for more eligibility information.

13 (More Info) In accordance with FEMA Policy FP 104-009-19 Coronavirus (COVID-19) Pandemic: Work Eligible for Public Assistance (Interim), face masks, such as cloth face coverings, that are not regulated by the U.S. Food and Drug Administration (FDA) are not considered PPE. Per FDA guidance, these face masks are not PPE, but may be used to prevent or slow the spread of COVID-19. See N95 Respirators, Surgical Masks, and Face Masks and FDA.GOV.

14 (More Info) The Applicant must complete this section for each vaccine administration site. Complete one set of questions for each site.

15 (More Info) Type 1: A fixed and continually operating facility with an approximate capacity of 6,000 doses a day
Type 2: A fixed and continually operating facility with an approximate capacity of 3,000 doses a day
Type 3: A fixed and continually operating facility with an approximate capacity of 1,000 doses a day
Type 4: A fixed and continually operating facility with an approximate capacity of 250 doses a day
Type 5: Any non-fixed or traveling facility

16 (More Info) Please provide a numeric value of vaccine administration either per day, per week or in total.
☐ Jurisdiction-wide
☐ Geographic area(s) Please provide a list of counties, towns or other geographic area(s).
☐ Specific sites 17
  • Address
  • Latitude and longitude
  • Map

Section III – Cost and Work Status Information
Instructions: Applicants must complete this section and provide the costs of the activities reported in Section II. Applicants must also complete Schedule A, B, C, or EZ as instructed below to estimate a project cost.

1. GENERAL COST & WORK STATUS QUESTIONS

Does the Applicant have insurance that might cover any activities reported in Section II?
☐ Yes, the Applicant anticipates receiving a payment from its insurance carrier 18
☐ Yes, the Applicant has already received a payment from its insurance carrier 19
☐ Uncertain if the Applicant will be receiving proceeds from insurance carrier
☐ No, insurance funding is unavailable or was denied

*If either “yes” is checked above, provide the insurance policy and include insurance proceeds must be included as a deduction in the cost schedules. See FEMA’s Public Assistance Policy on Insurance.*

What is the total project cost after all reductions including insurance deductions? Approximate Cost $:

Has the Applicant started any of the work activities claimed on this project application?
An Applicant may not request funding for activities conducted prior to January 20, 2020, the beginning of the COVID-19 incident period. This question should be answered once to describe all the activities claimed on this project (i.e. the earliest start date and the latest end date). If FEMA’s eligibility criteria for certain activities are limited to specific time periods, FEMA will ask for the time period that a particular activity was or will be conducted.

☐ Yes Date Started: MM/DD/YYYY
☐ No

*Has the Applicant completed all of the work claimed on this project application?*
☐ Yes Date Completed: MM/DD/YYYY
☐ No

☐ Yes
☐ No Projected End Date: MM/DD/YYYY or ☐ Unsure

☐ No

Projected Start Date: MM/DD/YYYY
Projected Completion Date: MM/DD/YYYY or ☐ Unsure

Request Expedited Funding
An Applicant may request approval for expedited funding from the Recipient and FEMA if they have an immediate need for funding to continue life-saving emergency protective measures. If approved, the Applicant will be awarded 50% of the FEMA-confirmed project cost based on initial documentation. However, the Applicant will then be required to provide all information, including all documentation to support actual incurred costs, to support the initial 50% of funding before receiving any additional funding. Applicants will be required to return any funds that were not spent in compliance with the program’s terms and conditions. In general, Applicants who have never received FEMA Public Assistance funding and do not have significant experience with federal grant requirements should avoid expedited funding or, at a minimum, discuss expedited funding with their Recipient emergency management office prior to requesting expedited funding. Expedited funding is only available for

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17 (Hover Over) For listing more than one specific site location, the Applicant must use the latitude and longitude option to provide a list of multiple sites. GPS coordinates should be entered in latitude and longitude values in decimal degrees formatted to the sixth decimal place (e.g. 38.885431, -77.018781).
18 (More Info) Please provide the insurance policy and include insurance proceeds as a deduction in cost schedule. See FEMA’s Public Assistance Policy on Insurance.
19 (More Info) Please provide the insurance policy and include insurance proceeds as a deduction in cost schedule. See FEMA’s Public Assistance Policy on Insurance.
Does the Applicant want to request expedited funding?²⁰
☐ No
☐ Yes.

2. CERTIFICATION

It is important to know that upon submittal your project application becomes a legal document. The Recipient or FEMA may use external sources to verify the accuracy of the information you enter. It is a violation of Federal law to intentionally make false statements or hide information when applying for Public Assistance. This can 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).

☐ I have read the statements above and understand that I will be required to certify these statements upon completion of my project application.

Based upon your answers in Sections II and III, you will be prompted to complete a cost schedule and one or more work surveys upon creation of this Streamlined Project Application.

Section IV – Project Acknowledgements and Certifications

1. PREPARER CERTIFICATION

Instructions: If Applicant used external support to develop this Application, this section must be completed.

Did a consultant prepare this project application on behalf of the Applicant?
☐ No
☐ Yes. Please provide the following information and obtain the preparer’s signature.

Preparer’s Company or Firm Name

Preparer’s Company or Firm Address

By signing below, I certify all information provided in this project application is true and correct based on all information of which I have any knowledge. I understand that causing the Applicant to make false certification or statements or conceal any information in an attempt to obtain disaster aid 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. Part 287, 1001, 1040 and 3571).

Preparer’s Name
Preparer’s Title
Preparer’s Signature

2. APPLICANT ACKNOWLEDGEMENTS

Instructions: Applicants must complete this section to acknowledge their acceptance of Environmental and Historic Preservation compliance and documentation requirements.

Environmental and historic preservation compliance acknowledgement

In accordance with the Public Assistance Program and Policy Guide, the Applicant acknowledges that they are required to comply with applicable Federal, state, and local laws; must provide all documentation requested to allow FEMA to ensure project applications comply with Federal Environmental and Historic Preservation (EHP) laws, implementing regulations, and executive orders (EOs); and must comply with any EHP compliance

²⁰ (More Info) If approved, the Applicant will be awarded 50 percent of the FEMA-confirmed project cost based on initial documentation. However, the Applicant will then be required to provide all information, including all documentation to support actual incurred costs, to support the initial 50 percent of funding before receiving any additional funding.
conditions placed on the grant.

### Documentation requirement acknowledgement

In accordance with 2 C.F.R. §200.333 as well as state and local record retention requirements, the Applicant acknowledges the requirement to maintain all documentation that supports this project application in its own files. This documentation will be required if the Applicant submits an appeal for additional funding, as well as in the case of any audits.

<table>
<thead>
<tr>
<th>Applicant Authorized Representative</th>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
</table>

### 3. APPLICANT CERTIFICATIONS

Instructions: Applicants must complete this section to certify that the activities and costs reported in this project application comply with applicable Federal, state, tribal, territorial, and local laws and regulations.

#### I certify the following:

##### General Certifications

As required by Title 44 Code of Federal Regulations (C.F.R.) §§ 206.223 and 206.225 and in accordance with the Public Assistance Program and Policy Guide (PAPPG), the Emergency Protective Measures described in this project were or are:

- The Applicant’s legal responsibility;
- Undertaken in response to the COVID-19 threat caused by the declared event; and
- Undertaken because they were necessary to eliminate threats to life, public health, and safety.

Any activity claimed must have been performed or is being performed at the direction of or pursuant to guidance of state, local, tribal, or territorial public health officials (such as an executive order or other official order signed by a public health official).


If any activity was or will be occurring on private property: For each property, the Applicant (A) had or has a legal basis and authority to conduct the activities; and (B) completed or will complete the following actions for each property for which supporting documentation will be maintained: (i) obtained a right-of-entry, (ii) signed an agreement with the property owner to indemnify and hold harmless the Federal Government, and (iii) made efforts to identify any known insurance proceeds for the same activities.

##### Cost Certifications

As required by 44 C.F.R. § 206.228 and 2 C.F.R. Part 200 and in accordance with the PAPPG, the costs for which the Applicant is claiming reimbursement were or are:

- Of a type generally recognized as ordinary and necessary for the type of facility or activities;
- Reduced by applicable credits, such as insurance proceeds and salvage values; and
- Reasonable as demonstrated by the method selected in Schedule A, B, C or EZ of this project application.

As required by the Stafford Act § 312, 42 U.S. Code § 5155, and 2 C.F.R. §200.406 and in accordance with the PAPPG, the Applicant has either:

- Informed FEMA of all insurance proceeds; or
- Did not have insurance coverage in place for the claimed costs at the time of the declaration.
If claiming contract costs: The Applicant complied with federal, Recipient, and Applicant procurement requirements.
If claiming equipment costs: The Applicant complied with all FEMA policies regarding equipment rates in accordance with the PAPPG.
If claiming labor costs: The Applicant complied with all FEMA policies regarding labor in accordance with the PAPPG.

### Certification That Benefits Will Not Be Duplicated

Has the Applicant applied for any funding for COVID-19 from any other federal program?

An Applicant may request funding from other programs but may not receive funding for the same costs from multiple programs.

☐ No
☐ Yes. Please list other programs:

If yes, has the Applicant applied for any funding from any other federal program for the activities reported in Section II?

☐ No
☐ Yes, but the other federal program has not yet approved the funding. The Applicant must inform FEMA if funding is approved and either (a) withdraw the FEMA project application for any non-obligated subaward or (b) request to close the subaward and return withdrawn funding for any obligated subaward.
☐ Yes, but the other federal program has conclusively denied the funding. Please attach denial.

I certify that the specific activities and costs in this project application were not requested from another funding source or, if they were requested, that other source has not yet approved the funding. Further, I certify that if the Applicant does receive funding for the specific activities and costs in this project application, I must notify the Recipient and FEMA, and funding will be reconciled to eliminate duplication.

<table>
<thead>
<tr>
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### Project Application Signature

It is important to know that upon submittal your project application becomes a legal document. The Recipient or FEMA may use external sources to verify the accuracy of the information you enter. It is a violation of Federal law to intentionally makes false statements or hide information when applying for Public Assistance. This can 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). I certify that all information I have provided regarding the project application is true and correct to the best of my knowledge. 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.

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</table>

Please ensure that you have completed all schedules and surveys applicable to the activities you performed.
You have completed the project application. Thank you.
Large Project Work Survey

Instructions: Applicants must complete part 1 of this schedule if the total net cost reported in Section III is greater than or equal to $131,100. Additionally, if any of the following activities were reported in Section II, Applicants must answer the corresponding question:

- Interior Facility Disinfection—Complete part 2.
- Installation of temporary physical barriers and wall-mounted equipment—Complete part 3.
- Pre-positioning or movement of supplies, equipment, or other resources—Complete part 4.
- Purchase and distribution of food, water, ice, or other commodities—Complete part 5.
- Security, law enforcement, barricading, or patrolling—Complete part 6.
- Purchase of PPE and other medical supplies and equipment—Complete part 7.
- Purchase of supplies and equipment—Complete part 8.
- Sheltering—Complete part 9.
- Purchase of meals for emergency workers—Complete part 10.
- Purchase of land or buildings—Complete part 11.
- Purchase of face masks—Complete part 12.
- Temperature scanning—Complete part 13.
- Emergency Medical care—Complete part 14.

1. GENERAL ELIGIBILITY

Are all activities being claimed on this project only being performed by the Applicant as a result of COVID-19?\(^{21}\)

☐ Yes.
☐ No. Please explain:

Is the Applicant legally responsible for performing the activities being claimed on this project?\(^{22}\)

☐ Yes, the Applicant is a government organization and the state’s, tribe’s, or territory’s constitution or laws delegate jurisdictional powers to the Applicant.
☐ Yes, the Applicant is a PNP organization that owns and/or operates medical facilities, as defined in Title 44 of the Code of Federal Regulations (44 C.F.R.) §206.221(e)(5).
☐ Yes, a statute, order, contract, articles of incorporation, charter, or other legal document makes the Applicant responsible to conduct the activities for the general public. Please attach and describe how the Applicant has legal responsibility:
☐ Yes, for other reasons. Please attach supporting documentation and describe:
☐ No. Please describe how the Applicant is eligible for funding:

Please describe how the activities being claimed on this project address an immediate threat to life, public health, or safety\(^{23}\):

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\(^{21}\) (More Info) FEMA can only provide funding for costs that are a result of COVID-19 and above and beyond what the Applicant usually incurs during its normal course of business. See PAPPG at pp. 21-22, and 41-42.

\(^{22}\) (More Info) To determine legal responsibility for Emergency Protective Measures, FEMA evaluates whether the Applicant requesting the assistance either had jurisdiction over the area in which work was performed or the legal authority to conduct the activities. In general, an Applicant only has legal responsibility to conduct Emergency Protective Measures within its jurisdiction. If an Applicant conducts Emergency Protective Measures outside its jurisdiction, it must demonstrate its legal basis and responsibility to conduct those activities. See PAPPG at pp. 20-21, and 41-42.

\(^{23}\) (More Info) If it is not clear that a direct threat to life, public health or safety exists, or that the activity is necessary to cope with the threat, FEMA may request documentation to demonstrate that the Applicant conducted the activities at the direction or guidance of public health officials.
Did or will any of the activities reported in Section II require access to residential private property?
Leasing a private facility is not considered accessing a residential private property.
☐ No.
☐ Yes. Please identify and describe the activities taking place on private property:

For activities that involve the creation of a new program, please describe or attach the internal control plan the Applicant executed or will execute to ensure costs incurred remain reasonable in accordance with 2 C.F.R. Part 200, the FEMA Public Assistance Program and Policy Guide, and applicable Recipient and Applicant requirements:

2. INTERIOR FACILITY DISINFECTION

Only costs in excess of current operating costs are eligible, disinfection of closed facilities is generally not eligible, and disinfection must be necessary to protect public health and safety. See Coronavirus (COVID-19) Pandemic Work Eligible for Public Assistance Policy (Interim) and https://www.cdc.gov/coronavirus/2019-ncov/community/pdf/Reopening_America_Guidance.pdf for more information. CDC does not recommend disinfection of sidewalks, roads, or most other outdoor spaces. Spraying disinfectant on sidewalks, roads, and other outdoor spaces is not an efficient use of disinfectant supplies and has not been proven to reduce the risk of COVID-19 to the public. The risk of spreading the virus that causes COVID-19 from these surfaces is very low and disinfection is not effective on these surfaces.

When did or will the activities start and end?
Activities started ______ (MM/DD/YY) and completed ______ (MM/DD/YY).

Describe the activities conducted:
Please provide documentation to support that these activities and costs are above and beyond routine cleaning and maintenance.

Is the facility being re-opened?
☐ No.
☐ Yes. Was the facility being used in the 7 days prior to disinfection?
  ☐ No.
  ☐ Yes.

Facility disinfection is not eligible for facilities that were closed and unoccupied for seven or more days before disinfection. The CDC’s Cleaning and Disinfection Guidance for Reopening states: “If your workplace, school, or business has been unoccupied for 7 days or more, it will only need your normal routine cleaning to reopen the area”.

Was facility disinfection performed at the direction of or pursuant to guidance from a public health official.
☐ Yes.
☐ No. Was there a suspected or confirmed COVID case in the facility?
  ☐ No.
  ☐ Yes.

For which emergency protective measures was the interior facility disinfection necessary? Select all that apply.
☐ Medical care
☐ Purchase and distribution of food
☐ Non-congregate medical sheltering
☐ Operation of Emergency Operations
☐ Communications to disseminate public information regarding health and safety measures and provide warnings and guidance

---

FEMA may request additional information to demonstrate the Applicant’s legal authority and responsibility to enter private property, the basis for the determination that a threat exists to the general public in that community, and copies of the rights-of-entry and agreements to indemnify and hold harmless the Federal Government.
☐ Mass casualty management, including storage of human remains and mass mortuary services
☐ Other. Describe the other emergency protective measures that required installation:

Explain how facility disinfection was necessary to support the activities selected:

### 3. INSTALLATION OF TEMPORARY PHYSICAL BARRIERS AND WALL-MOUNTED EQUIPMENT

When did or will the activities start and end?
Activities started ______ (MM/DD/YY) and completed ______ (MM/DD/YY).

Describe the activities conducted:

For which emergency protective measures was installation necessary? Select all that apply.
☐ Medical care
☐ Purchase and distribution of food
☐ Non-congregate medical sheltering
☐ Operation of Emergency Operations Centers
☐ Communications to disseminate public information regarding health and safety measures and provide warnings and guidance
☐ Mass casualty management, including storage of human remains and mass mortuary services
☐ Other. Describe the other emergency protective measures that required installation:

Explain how installation was necessary to support the selected activities:

### 4. PRE-POSITIONING OR MOVEMENT OF SUPPLIES, EQUIPMENT, OR OTHER RESOURCES

When did or will the activities start and end?
Activities started ______ (MM/DD/YY) and completed ______ (MM/DD/YY).

Please describe the resources the Applicant pre-positioned or will pre-position:

Please describe the activities that were or will be conducted using the pre-positioned resources:

For more information on these requirements, see PAPPG at p. 60.

For which emergency protective measures was pre-positioning or movement necessary? Select all that apply.
☐ Medical care
☐ Purchase and distribution of food
☐ Non-congregate medical sheltering
☐ Operation of Emergency Operations Centers
☐ Communications to disseminate public information regarding health and safety measures and provide warnings and guidance
☐ Mass casualty management, including storage of human remains and mass mortuary services
☐ Other. Describe the other emergency protective measures requiring pre-positioning or movement:

Explain how pre-positioning or movement was necessary to support the selected activities:

---

25 (More Info) FEMA may provide assistance for movement of equipment and supplies, including transportation and storage, in response to COVID-19-declared events only when necessary to perform otherwise eligible emergency work.
5. PURCHASE AND DISTRIBUTION OF FOOD, WATER, ICE, OR OTHER COMMODITIES

When did or will purchase and distribution of food, water, ice or other commodities start and end? Activities started ______ (MM/DD/YY) and completed _______ (MM/DD/YY).

Please select and describe the work necessary to purchase and distribute food, water, ice or other commodities:

- ☐ Purchasing and packaging. Please describe the work necessary for purchasing and packaging:
- ☐ Acquiring distribution and storage space. Please describe the work necessary for acquiring distribution and storage space:
- ☐ Delivery and distribution. Please describe the work necessary for delivery and distribution:
- ☐ Other. Please describe the other necessary work:

Did or will the Applicant distribute food, water, ice or other commodities to for-profit entities?

- ☐ No.
- ☐ Yes. Please describe how the Applicant will seek reimbursement for the fair market value of the food, water, ice or other commodity:

Did or will the Applicant enter into a formal agreement or contract for the provision of food, water, ice or other commodities through a private organization?

- ☐ No.
- ☐ Yes. Please ensure contract costs are captured and associated questions answered in Schedule B or C as applicable.

If the purchase and distribution involved food, how is food security negatively impacted, making food distribution necessary to protect public health and safety? Please select all that apply.

- ☐ Reduced mobility of those in need due to government-imposed restrictions.
- ☐ Marked increase or atypical demand for feeding resources.
- ☐ Disruptions to the typical food supply chain within the relevant jurisdiction.
- ☐ Other. Please describe the other impacts:

6. SECURITY, LAW ENFORCEMENT, BARRICADING, AND PATROLLING

When did or will the activities start and end? Activities started ______ (MM/DD/YY) and completed _______ (MM/DD/YY).

Describe the activities conducted:

For which emergency protective measures was security, law enforcement, barricading, and patrolling necessary? Select all that apply.

- ☐ Medical care
- ☐ Purchase and distribution of food
- ☐ Non-congregate medical sheltering
- ☐ Operation of Emergency Operations Centers
- ☐ Communications to disseminate public information regarding health and safety measures and provide warnings and guidance

---

(More Info) FEMA may provide assistance for law enforcement and security in response to COVID-19-declared events only when necessary to perform otherwise eligible emergency.
Mass casualty management, including storage of human remains and mass mortuary services
Other. Describe the other emergency protective measures that required security, law enforcement, barricading, or patrolling:

Explain why security, law enforcement, barricading, or patrolling was necessary to support the selected activities

7. PURCHASE OF PPE AND MEDICAL SUPPLIES & EQUIPMENT

Please provide approximate quantities and total costs for each type of supply or equipment being claimed on this project:

For which emergency protective measures was the PPE necessary? Select all that apply.
☐ Distribution to healthcare workers, patients with confirmed or suspected COVID-19 infection, and first responders
☐ Medical care
☐ Mass casualty management, including storage of human remains and mass mortuary services
☐ Other. Describe other emergency protective measures that required PPE or other medical supplies:

Explain how the PPE or other medical supplies are or were necessary to perform the selected activities:

8. PURCHASE OF SUPPLIES OR EQUIPMENT

Did or will the Applicant purchase equipment or supplies with a total cost of greater than $5,000?27
☐ No.
☐ Yes. If yes, is the aggregate value or will the aggregate value of unused supplies be greater than $5,000 after use for federal projects concludes?28
☐ Unsure. Please skip the remaining question in this part. Please ensure you keep accurate records of unused supplies as the Recipient or FEMA may request this information during an audit or when closing the Applicant’s subaward(s).
☐ No. Please skip the remaining questions in this part.
☐ Yes. Please ensure the Applicant included disposition proceeds as applicable.

(Tribal, local, and non-profit entities only) Does the Applicant anticipate any piece of equipment they purchased will have fair market value of greater than $5,000 after its use for federal projects concludes?
☐ No.
☐ Yes. Please ensure the Applicant included disposition proceeds as applicable.

(State- and Territory Applicants only) Did the Applicant dispose of equipment in accordance with state or territorial laws and procedures?
☐ No.
☐ Yes. Please ensure the Applicant included disposition proceeds in as applicable.

Did or will the Applicant distribute supplies or equipment to for-profit entities?

---

27 (More Info) In certain cases, FEMA requires that funding be reduced by the remaining value of supplies and equipment after they are no longer needed for federally funded projects. 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. For more information on these requirements, see PAPPG at pp. 29-30.

28 (More Info) If the aggregate total of unused supplies is less than $5,000, FEMA does not reduce funding. See PAPPG at pp. 29-30.
When did or will the sheltering activities start and end?
Activities started ______ (MM/DD/YY) and completed ______ (MM/DD/YY).

Please describe how the sheltering was or is directly related to COVID-19:

Please describe how sheltering was or is being conducted in accordance with standards and guidance approved by public health officials including social distancing measures:

Was the sheltering conducted in a non-congregate environment?  
☐ Yes. Please proceed to the next question.
☐ No. Please skip the remaining questions in this part.

Did the Applicant receive prior approval for non-congregate sheltering from FEMA?  
☐ Yes. Please attach your request, all supporting documentation, and a copy of the FEMA approval.
☐ No. This activity requires the FEMA approval. Please submit a request through the Recipient directly to the FEMA Regional Administrator. For more information on these requirements, see Coronavirus (COVID-19) Pandemic: Non-Congregate Sheltering - FAQ.

Are the non-congregate sheltering activities completed?  
☐ No.
☐ Yes. The Applicant needs to provide sufficient documentation to establish eligibility, including the following information:
  • Specific need for each individual sheltered
  • Length of stay for each individual sheltered
  • Age of each individual sheltered
  • If applicable, number of meals provided for each individual sheltered. Please also answer questions related to the purchase and distribution of food, water, ice, or other commodities
  • If applicable, number of individuals with access or functional needs sheltered
  • If applicable, number of household pets sheltered
  • If applicable, number of assistance and service animals sheltered
  • If applicable, type of shelter provided for animals as stand-alone, co-located, co-habitational
  • Description of services provided to sheltered individuals

10. PURCHASE OF MEALS FOR EMERGENCY WORKERS

29 (More Info) Congregate sheltering is sheltering in facilities with large open spaces. Non-congregate sheltering is sheltering in which each individual or household has living space that offers some level of privacy. For more information, see PAPPG at pp. 66-67.

30 (More Info) For more information on these requirements, see PAPPG at p. 67 and FEMA Fact Sheet: Coronavirus (COVID-19) Pandemic: Non-Congregate Sheltering - FAQ.
Why are meals for emergency workers being claimed? Please select all that apply.
☐ A labor policy or written agreement requires the provision of meals. Please attach Labor Policy.
☐ Conditions constituted a level of severity that requires employees to work abnormal, extended work hours without a reasonable amount of time to provide for their own meals. Please describe these conditions:
☐ Food or water was or is not reasonably available for employees to purchase. Please describe the lack of availability:
☐ Other. Please describe the other reasons:

Please check here to confirm that meals were provided in accordance with the following FEMA policy.
☐ No meals claimed for reimbursement were provided:
  • To individuals receiving a per diem
  • At a restaurant
  • For individual meals

11. PURCHASE OF LAND OR BUILDINGS

Did or will the Applicant acquire or improve any real property?
FEMA defines real property as “Land, including land improvements, structures, and appurtenances thereto.” Real property acquired with FEMA funds is subject to specific disposition and reporting requirements.
☐ No.
☐ Yes. The Applicant must obtain specific disposition instructions from FEMA. The Applicant should work through their Recipient to obtain specific instructions when the acquired or improved property is no longer needed for the original authorized purpose.

12. PURCHASE OF FACE MASKS

When did or will the activities start and end?
Activities started ______ (MM/DD/YY) and completed ______ (MM/DD/YY).

Which emergency protective measures are or were the face masks necessary to perform? Select all that apply.
☐ Medical care
☐ Purchase and distribution of food
☐ Non-congregate medical sheltering
☐ Operation of Emergency Operations Centers
☐ Communications to disseminate public information regarding health and safety measures and provide warnings and guidance
☐ Mass casualty management, including storage of human remains and mass mortuary services
☐ Other. Please describe where, to whom, and why it was necessary:

13. TEMPERATURE SCANNING

When did or will the activities start and end?
Activities started ______ (MM/DD/YY) and completed ______ (MM/DD/YY).

In what types of facilities were the activities conducted?

Which emergency protective measures were being conducted in the facility? Select all that apply.
☐ Medical care
☐ Purchase and distribution of food
☐ Non-congregate medical sheltering
☐ Operation of Emergency Operations Centers

(More Info) For more information on these requirements, see PAPPG at p. 63.
Communications to disseminate public information regarding health and safety measures and provide warnings and guidance
Mass casualty management, including storage of human remains and mass mortuary services

Other. Please describe and explain why it was necessary:

14. EMERGENCY MEDICAL CARE
FEMA will provide assistance for medical care provided under COVID-19 declarations to improve the abilities of communities to effectively respond to the COVID-19 Public Health Emergency. Coronavirus (COVID-19) Pandemic: Medical Care Eligible for Public Assistance (Interim) (Version 2) defines the framework, policy details, and requirements for determining the eligibility of medical care under the Public Assistance program to ensure consistent and appropriate implementation across all COVID-19 emergency and major disaster declarations. Except where specifically stated otherwise in this policy, assistance is subject to PA Program requirements as defined in Version 3.1 of the Public Assistance Program and Policy Guide.

When did or will the medical care activities start and end?
Activities started ______ (MM/DD/YY) and completed ______ (MM/DD/YY).

Please select the facility types where the medical care activities were or will be conducted. Select all that apply.
☐ Temporary and Expanded Medical Care
☐ Primary Medical Care Facility

Was or is all clinical care being claimed on this project directly related to emergency and inpatient clinical care for COVID-19 patients?
□ Yes
□ No. Please describe how the work or activities are eligible for funding: ____________________

Please describe how the Applicant has and will continue to pursue payment from private insurance, Medicaid, Medicare, or any other source of funding.

At no time will FEMA request or accept any Personally Identifiable Information related to the medical care of individual COVID-19 patients.

32 (More Info) A temporary medical facility is a facility separate from the primary medical care facility that is used to provide medical care services when the primary medical care facility is overwhelmed by the declared event. An expanded medical facility is part of the primary medical care facility and refers to an expansion of the primary medical care facility to increase its capacity when the primary medical care facility is overwhelmed by the declared event.

33 (More Info) A primary medical care facility is a facility owned and/or operated by an eligible PA Applicant that provides medical care services. This includes any licensed hospital, outpatient facility, rehabilitation facility, or facility for long-term care.

34 (More Info) FEMA cannot provide PA funding for clinical care costs funded by another source, including private insurance, Medicare, Medicaid/CHIP, other public insurance, a preexisting private payment agreement, or the COVID-19 Uninsured Program for uninsured patients.

35 (More Info) FEMA will use standard Medicare rates that do not include the 20 percent increase in COVID-19 Medicare DRG rates implemented by the CARES Act.
Environmental and Historic Preservation Survey

Instructions: Applicants must complete this schedule if any of the following activities are reported in Section II:

- Staging resources at an undeveloped site–Complete part 1.
- Storage of human remains or mass mortuary services–Complete part 2.
- Medical waste disposal–Complete part 3.
- Interior Facility Disinfection –Complete part 4.
- Installation of temporary barriers or wall-mounted equipment–Complete part 5.
- Establishment of temporary facilities–Complete part 6.
- Renovation and construction information–Complete part 7.

For additional information on EHP requirements, see the Environmental and Historic Preservation (EHP) and Emergency Protective Measures for COVID-19 Fact Sheet and the Floodplain Considerations for Temporary Critical Facilities Fact Sheet.

1. STAGING RESOURCES AT AN UNDEVELOPED SITE

Please describe the staging activities:

Provide Latitude and Longitude coordinates for each site.

2. STORAGE OF HUMAN REMAINS OR MASS MORTUARY SERVICES

Please describe activities related to the storage or treatment of human remains or mass mortuary services:

Please select the locations where the activities reported above were or will be conducted:

☐ Jurisdiction-wide
☐ Geographic area(s) Please provide a list of counties, towns or other geographic area(s).
☐ Specific sites
  - Address
  - Latitude and longitude
  - Map

3. MEDICAL WASTE DISPOSAL

What is the intended method of disposal?

☐ Using an existing licensed disposal site.
☐ Creating a new landfill disposal site.
☐ Creating a new incinerator disposal site.

Provide Latitude and Longitude coordinates for each site (decimal degrees with six decimal places).

4. INTERIOR FACILITY DISINFECTION

What type of activities occurred or will occur?

---

36 (More Info) The description should include if an asphalt or concrete pad was built or if other ground disturbing occurred. If ground disturbing occurred, provide a general description of the disturbance, the general area and depth of the ground disturbing and the equipment used. Ground disturbing activities may also include site preparation and clearing.

37 (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)

38 (Hover Over) For listing more than one specific site location, the Applicant must use the latitude and longitude option to provide a list of multiple sites. GPS coordinates should be entered in latitude and longitude values in decimal degrees formatted to the sixth decimal place (e.g. 38.885431, -77.018781).

39 (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)

40 (More Info) FEMA may provide assistance for disinfection in facilities that is conducted in accordance with CDC guidance. Work should be consistent with current PAPPG and public health guidance as it relates to disinfection recommendations. The CDC provides disinfection guidance online at https://www.cdc.gov/coronavirus/2019-ncov/community/clean-disinfect/.
GPS coordinates should be latitude and longitude values in decimal degrees formatted to the sixth decimal place (e.g. 38.885431, -77.018781).

Use of high-powered fogging, misting, or spraying equipment
Use of EPA-registered disinfectants products
Other. Please describe the other activity that has occurred or will occur

Provide the GPS coordinates for each site.

Where did or will the disinfection activity occur?
☐ Interior (Disinfection of countertops, floors, walls, etc.)
  Please provide location within the facility that the disinfection activities took place or will take place:

☐ Exterior (Disinfection of interior components conducted outside the facility)
Based on the Center for Disease Control Guidance - Reopening Guidance for Cleaning and Disinfecting Public Spaces, Workplaces, Businesses, Schools, and Homes, disinfection of exterior components (i.e. located outside of a building) is ineligible.
  Please provide location outside the facility that the disinfection activities took place or will take place

Did exterior activities result in wastewater runoff?
☐ Yes. Please provide runoff disposal method/location:
☐ No
☐ Unsure. Please describe why you are unsure:

Was or were disinfectant, sanitizing, or decontamination products disposed of according to Manufacturer Guidance and Environmental Regulations?
☐ Yes
☐ No. Please describe how products were disposed:
☐ Unsure. Please describe how products were disposed:

Has there been any coordination with any regulatory agencies?
☐ Yes
Please select the relevant agencies:
  ☐ Environmental Protection Agency (EPA)
  ☐ State, Local or Tribal Agency
  ☐ Other. Please list Agency: _____________________
  Please attach documentation of coordination with Regulatory Agencies.
☐ No

5. INSTALLATION OF TEMPORARY BARRIERS OR WALL-MOUNTED EQUIPMENT
The Applicant should complete this section for each building where barriers or wall-mounted equipment were installed.

Name of building where barriers or wall-mounted equipment were or will be installed: _______________

What type of barriers, wall-mounted equipment, or other modifications were or will be installed?
☐ Sneeze Guards (Plexi-glass, polycarbonate, Lexan, acrylic, etc.)
☐ Physical Barriers (e.g. queuing poles).
☐ Doorbell
☐ Shelving
☐ Modification of interior/exterior doors, windows or walls.
☐ Other: Describe the other modifications that were or will be installed:

---

41 (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)
Permanent modifications to facilities, particularly those of historic or cultural significance, has the potential to impact environmental and historic preservation (EHP) resources and may require a more complex EHP review.

For listing more than one specific site location, the Applicant must use the latitude and longitude option to provide a list of multiple sites. GPS coordinates should be entered in latitude and longitude values in decimal degrees formatted to the sixth decimal place (e.g. 38.885431, -77.018781).

The description should include a description of the following: For existing buildings, interior and exterior modification descriptions including quantities, dimensions, and material types; and utility upgrade descriptions. For construction of new facilities, a description of site activities and new construction. For placement of prefabricated facilities on sites, a description of the prefabricated facility and any site work to be carried out.

Examples of developed areas include an existing parking lot, a lot previously developed for construction with existing utility tie-ins, an existing asphalt or concrete pad, or an artificial playing field.

How did or will the Applicant install the temporary barriers or wall mounted equipment? Please select all that apply.
☐ Metal components (affixed with bolts, screws, etc.)
☐ Adhesives (Command strips, tape, epoxy, etc.)
☐ Freestanding (no installation)
☐ Other. Describe the other method of installation for the temporary barriers or wall mounted equipment.

Where did the Applicant conduct the activities? Please check all that apply.
☐ Interior. Please describe the surface (drywall, brick, wood, tile, etc.):
☐ Exterior. Please describe the surface (wood, concrete, brick, metal, etc.):
☐ Unsure. Please explain why you are unsure:

Are these installations/modifications permanent?42
☐ Yes.
☐ No

What was the year of construction of the building where barriers or equipment were or will be installed?
Date ☐ Approximate ☐ Exact

Please provide the physical address for each building43:
- Address
- Latitude and longitude
- Map

Have there been any previous renovations to the building where barriers or equipment will be or were installed?
☐ Yes. Please provide details and dates of past renovations
☐ No

Is the building listed on a locally designated or National Register of Historic Places or within a historic district?
☐ Yes. Please provide the name of the building and reference number if available. _________________
☐ No
☐ Unsure

Please provide photos of all angles of the area where installation of barriers or wall mounted equipment will or were installed.

Describe the work in detail, to include any ground disturbing activities, or attach plans or other documentation describing the work.44

Will the activity occur entirely within an already-developed area45?
☐ Yes.
☐ No. If no, will the activity require the construction of a concrete or asphalt pad?
☐ No.

---

42 (More Info) Permanent modifications to facilities, particularly those of historic or cultural significance, has the potential to impact environmental and historic preservation (EHP) resources and may require a more complex EHP review.

43 (Hover Over) For listing more than one specific site location, the Applicant must use the latitude and longitude option to provide a list of multiple sites. GPS coordinates should be entered in latitude and longitude values in decimal degrees formatted to the sixth decimal place (e.g. 38.885431, -77.018781).

44 (More Info) The description should include a description of the following: For existing buildings, interior and exterior modification descriptions including quantities, dimensions, and material types; and utility upgrade descriptions. For construction of new facilities, a description of site activities and new construction. For placement of prefabricated facilities on sites, a description of the prefabricated facility and any site work to be carried out.

45 (More Info) Examples of developed areas include an existing parking lot, a lot previously developed for construction with existing utility tie-ins, an existing asphalt or concrete pad, or an artificial playing field.
☐ Yes. If yes, will the pad be removed when the temporary facility is no longer needed?
☐ No.
☐ Yes. Please describe planned demolition activities:
Will any ground disturbing activities occur as part of construction?
Ground disturbing activities may include site clearing and preparation, laying utilities, or expanding of existing utilities.
☐ No.
☐ Yes. Please include approximate dimensions and depth of ground disturbing in the "Describe the work in detail" box above.

If yes, will the ground disturbance occur outside of an existing footprint or previously disturbed Right-of-Way?
☐ No.
☐ Yes. Will rooted vegetation be removed or cleared?
☐ No.
☐ Yes. Where will the rooted vegetation be removed or cleared from? Provide the Latitude and Longitude coordinates for each location (decimal degrees with six decimal places).
Will trees be removed?
☐ No.
☐ Yes. Where will the trees be removed from?
Number of trees:
Diameter of trees (approximate): Units: ☐ Meter ☐ Foot ☐ Inch
Will the activities include the use of staging areas for equipment or materials?
☐ No.
☐ Yes. Where are the staging areas? Provide the Latitude and Longitude coordinates for each location (decimal degrees with six decimal places).
Will the activities include expansion of parking facilities?
☐ No.
☐ Yes. Where are the expanded parking facilities? Provide the Latitude and Longitude coordinates for each location (decimal degrees with six decimal places).

Describe the work to expand the parking facilities If there is any ground disturbance, please include approximate dimensions and depth of ground disturbing in the "Describe the work in detail" box above.
Describe the surface type each area has (paved, gravel, grass field, etc.):
Will the activities involve the disposal of any existing materials as part of site preparation or construction?
☐ No.
☐ Yes. What are the types of debris? Please select all that apply.
☐ Vegetative
☐ Construction and demolition
☐ Hazardous Materials
☐ Large Appliances
☐ Electronics
☐ Other. Please describe:

46 (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)
47 (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)
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<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>How will debris be removed?</td>
<td>☐ Using a contractor. Please provide the name of the vendor:  ☐ Using other non-contracted resources.</td>
</tr>
<tr>
<td>Will there be any temporary staging of debris?</td>
<td>☐ No.</td>
</tr>
<tr>
<td>☐ Yes. Where will the debris be staged? Provide the Latitude and Longitude coordinates for each location (decimal degrees with six decimal places).</td>
<td></td>
</tr>
<tr>
<td>☐ Yes. Where is the final disposal location of the debris? Provide the Latitude and Longitude coordinates for each location (decimal degrees with six decimal places).</td>
<td></td>
</tr>
<tr>
<td>Is this location an existing facility?</td>
<td>☐ No.</td>
</tr>
<tr>
<td>☐ Yes. If this is a new facility, it will constitute a new ground disturbance.</td>
<td></td>
</tr>
<tr>
<td>Is this location a permitted site or otherwise in compliance with your Recipient's debris disposal protocols?</td>
<td>☐ No.</td>
</tr>
<tr>
<td>☐ Yes.</td>
<td></td>
</tr>
<tr>
<td>If vegetative was selected above, will any vegetative debris be burned?</td>
<td>☐ No.</td>
</tr>
<tr>
<td>☐ Yes. What is the method of ash disposal? Please provide permits, if available.</td>
<td></td>
</tr>
<tr>
<td>☐ Disposing in a Landfill.</td>
<td></td>
</tr>
<tr>
<td>☐ Spreading.</td>
<td></td>
</tr>
<tr>
<td>☐ Burying.</td>
<td></td>
</tr>
<tr>
<td>☐ Other. Please describe:</td>
<td></td>
</tr>
<tr>
<td>Will fill or borrow material be used for site preparation?</td>
<td>☐ No.</td>
</tr>
<tr>
<td>☐ Yes. What is the quantity of fill? Select units: ☐ Cubic yards ☐ Tons ☐ Other:</td>
<td></td>
</tr>
<tr>
<td>What is the type of fill and borrow material?</td>
<td>☐ Soil</td>
</tr>
<tr>
<td>☐ Sand</td>
<td></td>
</tr>
<tr>
<td>☐ Gravel</td>
<td></td>
</tr>
<tr>
<td>☐ Rock</td>
<td></td>
</tr>
<tr>
<td>☐ Other. Describe the other material:</td>
<td></td>
</tr>
<tr>
<td>What is the source of the fill and borrow material?</td>
<td>☐ Commercial. Please provide name of vendor:</td>
</tr>
<tr>
<td>☐ Private</td>
<td></td>
</tr>
<tr>
<td>☐ Municipal</td>
<td></td>
</tr>
<tr>
<td>☐ Other location. Describe the other source:</td>
<td></td>
</tr>
<tr>
<td>Where are the fill and borrow sources? Provide the Latitude and Longitude coordinates for each location (decimal degrees with six decimal places).</td>
<td></td>
</tr>
</tbody>
</table>

49 (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)

50 (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)

51 (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)
Are there any large, undeveloped or undisturbed areas on, or near, the site? Select yes if there are large tracts of forestland, farmland, grassland, or naturally preserved areas, etc.

- [ ] No
- [x] Yes. Describe the undeveloped or undisturbed areas:

<table>
<thead>
<tr>
<th>Are any of the following environmental issues associated with the site or facility? Select all that apply.</th>
</tr>
</thead>
<tbody>
<tr>
<td>- [ ] Conservation Area or Wildlife Refuge</td>
</tr>
<tr>
<td>- [ ] Non-Attainment Area (Clean Air Act)</td>
</tr>
<tr>
<td>- [ ] Underground storage tanks</td>
</tr>
<tr>
<td>- [ ] Old gas stations or other potential toxic substance generators like dry cleaning, laboratories, landfills, dumps, industrial sites</td>
</tr>
<tr>
<td>- [ ] Brownfield or Superfund sites</td>
</tr>
<tr>
<td>- [ ] Fuel or oil spills</td>
</tr>
<tr>
<td>- [ ] Other. Describe the environmental issue:</td>
</tr>
<tr>
<td>- [ ] None apply</td>
</tr>
<tr>
<td>- [ ] Unsure if any apply</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Are there any of the following known hazardous materials at or adjacent to the site? If any are selected, please attach applicable permits, if available.</th>
</tr>
</thead>
<tbody>
<tr>
<td>- [ ] Solvents (thinner, cleaners, varnishes, and adhesives)</td>
</tr>
<tr>
<td>- [ ] Oil/Fuel/Hydraulics</td>
</tr>
<tr>
<td>- [ ] Chemical, pesticide or fuel storage tanks (above or below ground)</td>
</tr>
<tr>
<td>- [ ] Lead based paints, solder, flashing</td>
</tr>
<tr>
<td>- [ ] Pesticides</td>
</tr>
<tr>
<td>- [ ] Mercury containing waste (mercury switches, fluorescent bulbs, thermostats, etc.)</td>
</tr>
<tr>
<td>- [ ] PCB containing materials (transformers, caulking, etc.)</td>
</tr>
<tr>
<td>- [ ] Hazardous Medical Waste</td>
</tr>
<tr>
<td>- [ ] Asbestos containing products (sealants, insulation, tile, etc.)</td>
</tr>
<tr>
<td>- [ ] None apply</td>
</tr>
<tr>
<td>- [ ] Unsure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Will any of the activities described in Section II be performed on any of the following? Select all that apply.</th>
</tr>
</thead>
<tbody>
<tr>
<td>- [ ] A facility listed in or eligible for listing in a local, state, or national register. Describe the facility and local, state, or national register listing:</td>
</tr>
<tr>
<td>- [ ] A site in or adjacent to a historic district. Describe the site and historic district:</td>
</tr>
<tr>
<td>- [ ] A locally recognized landmark. Describe the landmark:</td>
</tr>
<tr>
<td>- [ ] A National Historic Landmark. Describe the landmark:</td>
</tr>
<tr>
<td>- [ ] No</td>
</tr>
<tr>
<td>- [ ] Unsure</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Please provide the following documentation, if available, to aid FEMA’s review of temporary facility activities. Check each box if the referenced documentation is provided.</th>
</tr>
</thead>
<tbody>
<tr>
<td>- [ ] Permits and correspondence with regulatory agencies, if applicable.</td>
</tr>
<tr>
<td>- [ ] Site map showing the location of all proposed areas where the Applicant will conduct site work or construction and the extent of ground disturbance (including staging areas, access roads, parking, landscaping, grading or utilities)</td>
</tr>
<tr>
<td>- [ ] Photographs of the site</td>
</tr>
</tbody>
</table>
**Expedited Funding (Schedule A)**

Instructions: The Applicant must complete this section if requesting expedited funding in Section III of the project application. Expedited funding is only available if the total net cost for the request is greater than or equal to $131,100.

### 1. GENERAL ELIGIBILITY

Please explain why there is an immediate need for funding:

**Please select the time-period for which the Applicant is requesting expedited funding for the activities being claimed on this project.**

<table>
<thead>
<tr>
<th>Start Date: ____________ (MM/DD/YY)</th>
<th>Designated Time-Period:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ 30 days</td>
<td>□ 60 days</td>
</tr>
<tr>
<td>☐ 90 days</td>
<td>□ Another time-period: __________ Days</td>
</tr>
</tbody>
</table>

Please describe how the activities being claimed on this project address an immediate threat to life, public health, or safety:

**Please select the reason why the activities being claimed on this project are the legal responsibility of the Applicant:**

- ☐ The Applicant is a government organization and the state’s, tribe’s, or territory’s constitution or laws delegate jurisdictional powers to the Applicant.
- ☐ The Applicant is a PNP organization that owns and/or operates medical facilities, as defined in Title 44 of the Code of Federal Regulations (44 C.F.R.) §206.221(e)(5).
- ☐ A statute, order, contract, articles of incorporation, charter, or other legal document makes the Applicant responsible to conduct the activities for the general public. Please explain:
  - ☐ For other reasons. Please explain:

### 2. PROJECT COST & COST ELIGIBILITY

Please select the resources necessary to complete the activities being claimed on this project. For each resource selected, please provide the cost or other information FEMA can use to estimate the cost.

---

52 (More Info) Because expedited funding is awarded based on reduced documentation requirements, FEMA funds these projects for specific time periods.

53 (More Info) If it is not clear that a direct threat to life, public health, or safety exists, or that the activity is necessary to cope with the threat, FEMA may request documentation to demonstrate that the Applicant conducted the activities at the direction or guidance of public health officials. See PAPPG at pp. 19-20, 42-43, and 57.

54 (More Info) To determine legal responsibility for Emergency Protective Measures, FEMA evaluates whether the Applicant requesting the assistance either had jurisdiction over the area in which work was performed or the legal authority to conduct the activities. In general, an Applicant only has legal responsibility to conduct Emergency Protective Measures within its jurisdiction. If an Applicant conducts Emergency Protective Measures outside its jurisdiction, it must demonstrate its legal basis and responsibility to conduct those activities. See PAPPG at pp. 20-21 and 41-42.
☐ Contracts $55

Please enter the total cost of contracts and provide copies of the request for proposals, bid documents or signed contracts. If contracts are not available, please provide a unit price estimate and the basis for the unit prices (for example, historic price documentation, or vendor quotes).

☐ Labor Including the Applicant’s own staff, mutual aid, prison labor, or National Guard. $56

Please enter the total costs of labor and provide a copy of the calculation. If not available, please provide the following in an attached list:

- Number of personnel
- Average hours per day
- Average days per week
- Average pay rate

Which of the following types of labor is the Applicant claiming for the activities claimed on this project?
☐ Applicant’s Own Staff (Force Account Labor) $56. Please provide labor pay policy (documentation must cover each employee type used, for example, part time, full time, temporary).

☐ Budgeted Employees $57
  Overtime Costs $☐

☐ Unbudgeted Employees $58
  Straight Time Costs $☐
  Overtime Costs $☐

Please refer to the table below for more information on the definitions and eligibility of labor costs for Emergency Work.

<table>
<thead>
<tr>
<th>Budgeted Employee Hours</th>
<th>Overtime</th>
<th>Straight Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Permanent employee</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Part-time or seasonal employee working during normal hours or season of employment</td>
<td>☐</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Unbudgeted Employee Hours</th>
<th>Overtime</th>
<th>Straight Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reassigned employee funded from external source</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Essential employee called back from furlough</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Temporary employee hired to perform eligible work</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

55 (More Info) FEMA provides funding for contract costs based on the terms of the contract if the Applicant meets federal procurement and contracting requirements. See PAPPG at pp. 30-33. The federal procurement under grant rules are found at 2 C.F.R. §§ 200.317-200.326. Different sets of procurement rules apply depending on whether you are a state or a non-state entity. For additional information see FEMA’s Procurement Under Grants Public Assistance Policy and FEMA Fact Sheet: Procurement Under Grants: Under Exigent or Emergency Circumstances.

56 (More Info) FEMA reimburses force account labor costs based on actual hourly rates plus the cost of the employee’s actual fringe benefits. FEMA determines the eligibility of overtime, premium pay, and compensatory time costs based on the Applicant’s pre-disaster written labor policy. For Emergency Work activities conducted by budgeted employees, FEMA will only reimburse overtime salary costs. See the Public Assistance Program and Policy Guide for detailed requirements on Applicant (Force Account) Labor.

57 (More Info) Per PAPPG v3.1 at pp.23-26, budgeted employees are permanent employee or part-time or seasonal employee working during normal hours or season of employment. See the Public Assistance Program and Policy Guide for more information on Eligibility Criteria Based on Type of Employee and Work Performed.

58 (More Info) FEMA defines unbudgeted employees as employees who are: reassigned from external source, essential employee called back from furlough, temporary employee to hire work, or part-time or seasonal employee working outside normal hours of season of employment. See the Public Assistance Program and Policy Guide for more information on Eligibility Criteria Based on Type of Employee and Work Performed.
The Governor may activate National Guard personnel to State Active Duty in response to an incident. Labor costs and per diem, if applicable, are eligible for State Active Duty personnel performing eligible work. Both straight-time and overtime are eligible, including fringe benefits. The U.S. Department of Defense funds National Guard personnel activated under Full-Time National Guard Duty (Title 32) or Active Duty (Title 10). Therefore, Title 32 and Title 10 personnel costs, and any other costs funded by the U.S. Department of Defense, such as training, are ineligible.

FEMA provides funding for the use of Applicant-owned equipment based on hourly rates. If an Applicant does not have sufficient equipment to effectively respond to an incident, FEMA may provide funding for purchased or leased equipment. Costs are eligible if the Applicant performed an analysis of the cost of leasing versus purchasing the equipment. FEMA funds the least costly option. See the Public Assistance Program and Policy Guide for detailed requirements on Cost Eligibility.

| Part-time or season employee working outside normal hours or season of employment | ☐ | ☐ |
| ☐ Mutual aid | Total Costs $ |
| ☐ Prison labor | Total Costs $ |
| ☐ National Guard | Total Costs $ |
| ☐ Other | Total Costs $ |

Please enter the purchase price.

Please provide written mutual aid agreement.

Please describe other type of labor:

| Equipment including applicant owned, purchased, or rented. | Costs |
| Which of the following types of equipment costs is the Applicant claiming for the activities claimed in this project? |
| ☐ Applicant owned | Owned Equipment Costs $ |

Please provide the following (attach a list if necessary):
- Number and types of equipment used
- Average hours used per day
- Average days per week
- Average hourly rate

| ☐ Purchased | Purchased Equipment Costs $ |
| ☐ Rented | Rented Equipment Costs $ |

| Materials and Supplies | Costs |
| Please enter the total cost of materials and supplies and provide the following (attach a list if necessary):
- Amount of materials and supplies, by type:
- Purchase or stock replenishment cost. |

How did the Applicant acquire the materials or supplies?

| ☐ From stock | Total Costs $ |
| ☐ Purchased | Total Costs $ |

59 (More Info) The Governor may activate National Guard personnel to State Active Duty in response to an incident. Labor costs and per diem, if applicable, are eligible for State Active Duty personnel performing eligible work. Both straight-time and overtime are eligible, including fringe benefits. The U.S. Department of Defense funds National Guard personnel activated under Full-Time National Guard Duty (Title 32) or Active Duty (Title 10). Therefore, Title 32 and Title 10 personnel costs, and any other costs funded by the U.S. Department of Defense, such as training, are ineligible.

60 (More Info) FEMA provides funding for the use of Applicant-owned equipment based on hourly rates. If an Applicant does not have sufficient equipment to effectively respond to an incident, FEMA may provide funding for purchased or leased equipment. Costs are eligible if the Applicant performed an analysis of the cost of leasing versus purchasing the equipment. FEMA funds the least costly option. See the Public Assistance Program and Policy Guide for detailed requirements on Cost Eligibility.

61 (More Info) Please enter the purchase price.

62 (More Info) Please provide the rental agreement and enter the rental price. Include the amount of fuel used, if not included in rental cost.

63 (More Info) 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. See the Public Assistance Program and Policy Guide, Supplies.
☐ Other Costs\(^{64}\) Including other eligible expenses not listed above. Costs $  

☐ Travel costs Total Costs $  
☐ Meals and incidentals costs Total Costs $  
☐ Miscellaneous costs Total Costs $  

Please provide high-level information which can substantiate costs:  

GROSS COST Please add together costs of contracts, labor, equipment, materials and other costs. Gross Cost $  

### 3. DEDUCTIONS

Please select the credits available to offset costs of activities being claimed on this project. For each selected, please provide the deduction or other information FEMA can use to estimate the deduction.  

☐ Insurance Proceeds Deductions $  

Please enter the actual or anticipated insurance proceeds covered under the Applicant’s Insurance policy. This does not include payment from patient insurance; for that, continue to medical payments below.  

(More Info) FEMA cannot provide funding that duplicates insurance proceeds. FEMA requires the Applicant to take reasonable efforts to pursue claims to recover insurance proceeds that the Applicant is entitled to receive from its insurer(s). See FEMA’s Public Assistance Policy on Insurance.  

☐ Medical Payments\(^{65}\) Deductions $  

Please enter the total amount of medical payments received or expected from for-profit entities, Medicare, Medicaid, or a pre-existing private payment agreement.  

☐ Other Funding Sources\(^{66}\). Deductions $  

Please enter the total amount of proceeds or payments received or expected from another source for the same work claimed in this project application.  

**Which of the following additional funding sources is the Applicant reporting?**  

☐ Other Federal Awards Total Deductions $  

Please describe Other Federal Award funding sources:  

☐ Non-Federal Grants and Cash Donations Total Deductions $  

Please describe Non-Federal Grants and Cash Donations:  

☐ Third-Party Liability Proceeds Total Deductions $  

Please describe Third-party Liability Proceeds:  

---  

\(^{64}\) (More Info) Other costs may include travel costs, 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.  

\(^{65}\) (More Info) FEMA cannot provide funding for emergency medical care costs if they are covered by another source, including private insurance, Medicare, Medicaid, or a pre-existing private payment agreement. See PAPPG at pp. 63-64 and FEMA Coronavirus (COVID-19) Pandemic: Medical Care Eligible for Public Assistance (Interim) (Version 2). It is extremely important that Private Non-Profit and government medical care providers, as well as any other Applicant completing Emergency Medical Care activities, take caution to capture and document these cost deductions. If clear documentation is not available to show how medical payments are deducted and not duplicated, the Applicant may not receive funding for otherwise eligible activities.  

\(^{66}\) (More Info) If the Applicant receives funds from another Federal agency for the same purpose as PA funding, it is a duplication of benefits. FEMA cannot duplicate funds provided by another Federal agency. See the Public Assistance and Program Policy Guide, Other Federal Awards.
<table>
<thead>
<tr>
<th>NET COST</th>
<th>Please subtract all proceed deductions from the subtotal.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net Cost</td>
<td>$</td>
</tr>
</tbody>
</table>

You have completed this schedule. Return to Section IV to certify and sign this project application.
**Completed Work Costs (Schedule B)**

**Instructions:** Applicants must complete this schedule if the Applicant (1) has completed the activities reported in Section II, (2) has documentation available to support the actual costs, and (3) the cost of the activities is over $131,100.

### 1. PROJECT COST & COST ELIGIBILITY

Please select the resources necessary to complete the activities being claimed on this project. For each resource selected, please provide the cost and requested information. *(More Info)* For each resource selected, please provide the cost and requested information.

<table>
<thead>
<tr>
<th>Resources</th>
<th>Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Contracts</td>
<td>$</td>
</tr>
</tbody>
</table>

Please enter the completed cost of contracts. If no contracts-related costs are complete, enter 0. To calculate the total cost, complete the Contract Information section in this project application.

Please also provide:
- Contracts, change orders, and summary of invoices
- Cost or price analysis (for contracts above $250,000, the federal simplified acquisition threshold)
- The Applicant’s procurement policy
- Other procurement documents that support the that the cost was reasonable (for example, requests for proposals, bids, selection process, or justification for non-competitive procurement)
- Documentation that substantiates a high degree of contractor oversight, such as daily or weekly logs, records of performance meetings (required for time and materials contracts)

**Contract Information**

- ☐ Name of Contractor
- ☐ Contractor EIN
- ☐ Contract Award Date
- ☐ Contract Start Date
- ☐ Contract End Date
- ☐ Was the contract awarded through a competitive bidding process? ☐ Yes ☐ No
  - If not competitively bid, please provide justification:
    - ☐ Only available from a single source
    - ☐ FEMA authorized
    - ☐ Recipient authorized
    - ☐ Inadequate competition
    - ☐ Other *Describe other justification*:
- ☐ Type of Contract
  - ☐ Fixed price
  - ☐ Cost-reimbursement
  - ☐ Time and materials
  - ☐ Cost-plus % of cost
  - ☐ Other
- ☐ Scope of Contact
  - *For example, construction of temporary facility or emergency medical transport.*
- ☐ Total Contract Award $
FEMA reimburses force account labor costs based on actual hourly rates plus the cost of the employee’s actual fringe benefits. FEMA determines the eligibility of overtime, premium pay, and compensatory time costs based on the Applicant’s pre-disaster written labor policy. For Emergency Work activities conducted by budgeted employees, FEMA will only reimburse overtime salary costs. See the Public Assistance Program and Policy Guide for detailed requirements on Applicant (Force Account) Labor.

Per PAPPG, budgeted employees are permanent employees or part-time or seasonal employees working during normal hours or season of employment (Chapter 6.II.B Eligibility Criteria Based on Type of Employee and Work Performed). Unbudgeted employees are: reassigned from external source, essential employee called back from furlough, temporary employee hired to perform eligible work, or part-time or seasonal employee working outside normal hours or season of employment. See the table below and the Public Assistance Program and Policy Guide for more information on Eligibility Criteria Based on Type of Employee and Work Performed.

The Governor may activate National Guard personnel to State Active Duty in response to an incident. Labor costs and per diem, if applicable, are eligible for State Active Duty personnel performing eligible work. Both straight-time and overtime are eligible, including fringe benefits. The U.S. Department of Defense funds National Guard personnel activated under Full-Time National Guard Duty (Title 32) or Active Duty (Title 10). Therefore, Title 32 and Title 10 personnel costs, and any other costs funded by the U.S. Department of Defense, such as training, are ineligible.

☐ Amount requested for funding on this project application $ 

<table>
<thead>
<tr>
<th>Applicant Authorized Representative</th>
<th>Title</th>
<th>Signature</th>
<th>Total Cost</th>
</tr>
</thead>
</table>

☐ Labor Including the Applicant’s own staff, mutual aid, prison labor, or National Guard. $ 

Please complete FEMA Form 009-0-123 Force Account Labor Summary and FEMA Form 009-0-128 Applicants Benefit Calculation Worksheet or provide all information contained in these FEMA templates therein.

Which of the following types of labor is the Applicant claiming for the activities claimed on this project? 

☐ Applicant’s Own Staff (Force Account Labor) Please provide labor pay policy (documentation must cover each employee type used, for example part time, full time, and temporary).

☐ Budgeted Employees

☐ Unbudgeted Employees

Please refer to the table below for more information on the definitions and eligibility of labor costs for Emergency Work:

<table>
<thead>
<tr>
<th>Budgeted Employee Hours</th>
<th>Overtime</th>
<th>Straight Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Permanent employee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Part-time or seasonal employee working during normal hours or season of employment</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Unbudgeted Employee Hours</th>
<th>Overtime</th>
<th>Straight Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reassigned employee funded from external source</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Essential employee called back from furlough</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Temporary employee hired to perform eligible work</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Part-time or seasonal employee working outside normal hours or season of employment</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

☐ Mutual aid Total Cost $

☐ Prison labor Total Cost $

☐ National Guard Total Cost $

---

68 (More Info) FEMA reimburses force account labor costs based on actual hourly rates plus the cost of the employee’s actual fringe benefits. FEMA determines the eligibility of overtime, premium pay, and compensatory time costs based on the Applicant’s pre-disaster written labor policy. For Emergency Work activities conducted by budgeted employees, FEMA will only reimburse overtime salary costs. See the Public Assistance Program and Policy Guide for detailed requirements on Applicant (Force Account) Labor.

69 (More Info) Per PAPPG, budgeted employees are permanent employees or part-time or seasonal employees working during normal hours or season of employment (Chapter 6.II.B Eligibility Criteria Based on Type of Employee and Work Performed).

70 (More Info) FEMA defines unbudgeted employees as employees who are: reassigned from external source, essential employee called back from furlough, temporary employee to hire work, or part-time or seasonal employee working outside normal hours of season of employment. See the table below and the Public Assistance Program and Policy Guide for more information on Eligibility Criteria Based on Type of Employee and Work Performed.

71 (More Info) The Governor may activate National Guard personnel to State Active Duty in response to an incident. Labor costs and per diem, if applicable, are eligible for State Active Duty personnel performing eligible work. Both straight-time and overtime are eligible, including fringe benefits. The U.S. Department of Defense funds National Guard personnel activated under Full-Time National Guard Duty (Title 32) or Active Duty (Title 10). Therefore, Title 32 and Title 10 personnel costs, and any other costs funded by the U.S. Department of Defense, such as training, are ineligible.
Please also provide:
- Justification for any standby time claimed.
- Timesheets (please provide either)

<table>
<thead>
<tr>
<th>Equipment</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Other</td>
<td>Total Cost $</td>
</tr>
</tbody>
</table>

Please enter the total cost of equipment. To calculate the total cost, complete [FEMA Form 009-0-127 Force Account Equipment Summary](#) and [FEMA Form 009-0-125 Rented Equipment Summary Record](#) or provide all information contained therein.

Which of the following types of equipment costs is the Applicant claiming for the activities being claimed in this project?
- ☐ Applicant Owned
- ☐ Purchased
- ☐ Rented

What was the basis of the rate used in the equipment summary? Please select all that apply.
- ☐ FEMA’s Schedule of Equipment Rates
- ☐ Applicant’s Equipment Rates
- ☐ State, Territorial, or Tribal Rates

<table>
<thead>
<tr>
<th>Materials and Supplies</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Other</td>
<td>Total Cost $</td>
</tr>
</tbody>
</table>

Please enter the total cost of materials and supplies. (More Info) To calculate the total cost, complete [FEMA Form 009-0-124 Materials Summary Record](#) or provide all information contained therein.

How did the Applicant acquire the materials or supplies?
- ☐ From stock

---

72 (please provide either (1) a summary list of all timesheets, which FEMA will sample and request copies of a limited number of timesheets; or (2) a sample set of timesheets and a detailed explanation of the sampling methodology used to select the representative sample)

73 (More Info) FEMA provides funding for the use of Applicant-owned equipment based on hourly rates. If an Applicant does not have sufficient equipment to effectively respond to an incident, FEMA may provide funding for purchased or leased equipment. Costs are eligible if the Applicant performed an analysis of the cost of leasing versus purchasing the equipment. FEMA funds the least costly option. See the Public Assistance Program and Policy Guide for detailed requirements on Applicant-Owned and Purchased Equipment and Leased Equipment.

74 (More Info) Please provide invoices or receipts, and a rental vs. purchase cost comparison. If purchase or rental was over $250,000, the federal simplified acquisition threshold, please also provide all information requested of contracts above.

75 (More Info) Please provide rental agreement, invoices or receipts, and a rental vs. purchase cost comparison.

76 (More Info) FEMA uses the lesser of either the Applicant’s local rate or FEMA’s rate.

77 (More Info) Rates established by State, Territories, or Tribes used in day-to-day operations. If applicant provides no established equipment rates, FEMA reimburses the equipment costs based on FEMA rates.

78 (More Info) 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. See the Public Assistance Program and Policy Guide for detailed requirements.

79 (More Info) Please provide cost documentation such as original invoices or other historical cost records, inventory records, and—if available—supporting documentation such as daily logs.
Please enter the total cost. Please also provide invoices or receipts. If claiming travel expenses, please provide a travel policy.

- ☐ Travel Costs
- ☐ Meals and incidentals Costs
- ☐ Miscellaneous Costs

Please provide high-level information which can substantiate costs:

<table>
<thead>
<tr>
<th>Item</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purchased</td>
<td></td>
</tr>
<tr>
<td>Other Costs</td>
<td></td>
</tr>
</tbody>
</table>

2. DEDUCTIONS

Please select the credits available to offset costs of activities being claimed on this project. For each selected, please provide the deduction or other information FEMA can use to estimate the deduction.

- ☐ Insurance Proceeds
- ☐ Salvage Value
- ☐ Medical Payments

80 (More Info) Please provide invoices or receipts, and justification if purchased materials or supplies were not used. If purchase was over $250,000, the federal simplified acquisition threshold, please also provide all information requested of contracts above.

81 (More Info) Other costs may include travel costs, 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.

82 (More Info) FEMA cannot provide funding that duplicates insurance proceeds. FEMA requires the Applicant to take reasonable efforts to pursue claims to recover insurance proceeds that the Applicant is entitled to receive from its insurer(s). See FEMA’s Public Assistance Policy on Insurance.

83 (More Info) When purchased equipment, supplies, or materials are no longer needed for federally funded projects, FEMA reduces eligible funding by the fair market value of each piece of equipment valued at $5,000 or more and unused residual supplies and materials that total $5,000 or more. If the Applicant acquires or improves real property with funds, disposition and reporting requirements apply. See PAPPG at pp. 29-30.

84 (More Info) FEMA cannot provide funding for emergency medical care costs if they are covered by another source, including private insurance, Medicare, Medicaid, or a pre-existing private payment agreement. See PAPPG at pp. 63-64 and FEMA Coronavirus (COVID-19) Pandemic: Medical Care Eligible for Public Assistance (Interim) (Version 2). It is extremely important that Private Non-Profit and government medical care providers, as well as any other Applicant completing Emergency Medical Care activities, take caution to capture and document these cost deductions. If clear documentation is not available to show how medical payments are deducted and not duplicated, the Applicant may not receive funding for otherwise eligible activities.
<table>
<thead>
<tr>
<th><strong>☐ Other Funding Sources.</strong></th>
<th><strong>☐ Other Federal Awards</strong></th>
<th><strong>☐ Non-Federal Grants and Cash Donations</strong></th>
<th><strong>☐ Third-Party Liability Proceeds</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductions $</td>
<td>Deductions $</td>
<td>Deductions $</td>
<td>Deductions $</td>
</tr>
</tbody>
</table>

Please enter the total amount of proceeds or payments received or expected from another source for the same work claimed on this project application.

Please describe Other Federal Award funding sources:

Please describe Non-Federal Grants and Cash Donations funding sources:

Please describe Third-Party Liability Proceeds funding sources:

### NET COST

*Please subtract all proceed deductions from the subtotal.*

**Net Cost** $  

---

85 (More Info) If the Applicant receives funds from another Federal agency for the same purpose as PA funding, it is a duplication of benefits. FEMA cannot duplicate funds provided by another Federal agency. See the Public Assistance and Program Policy Guide, Other Federal Awards.

86 (More Info) Grants and cash donations from non-Federal sources are subject to differing criteria based on whether the funds are provided toward a specific purpose and whether that specific purpose is otherwise eligible for PA funding. See the Public Assistance and Program Policy Guide, Non-Federal Grants and Cash Donation, for more details.

87 (More Info) When a third party causes damage (e.g., an oil spill) or increases the cost of repair or cleanup and the Applicant requests FEMA funding for the costs, FEMA requires the Applicant to make reasonable efforts to pursue claims to recover costs it is entitled to receive from the third party. See the Public Assistance and Program Policy Guide, Third-Party Liability.
Large Project In-Progress Costs (Schedule C)

Instructions: Applicants must complete this schedule if the Applicant (1) has not started or is in the process of completing the activities reported in Section II and (2) the cost of the activities reported in Section II is over $131,100.

1. BUDGET ESTIMATE

Please attach an itemized budget estimate created using standard procedures the Applicant would use absent federal funding.

What is the basis for the Applicant’s cost estimate? Select all that apply.

☐ Extrapolation of completed costs.
☐ Historical unit costs.
☐ Average costs for similar work in the area.
☐ Published unit costs from national cost estimating database.
☐ Contractor or vendor quotes.
☐ FEMA Schedule of Equipment Rates.
☐ Other. Describe the other bases for estimate:

2. PROJECT COST & COST ELIGIBILITY

Please select the resources necessary to complete the activities being claimed on this project. For each resource selected, please provide the cost incurred to date and estimated future costs. Please also provide the other requested information.

☐ Contracts

<table>
<thead>
<tr>
<th>Completed Costs</th>
<th>+</th>
<th>Future Costs</th>
<th>=</th>
<th>Total Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>$</td>
<td>$</td>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>

Please enter the completed cost of contracts. If no contracts-related costs are complete enter 0.

For completed costs, please also provide:
- Contracts, change orders, and summary of invoices
- Cost or price analysis (for contracts above $250,000, the federal simplified acquisition threshold)
- The Applicant’s procurement policy
- Other procurement documents that support that the cost was reasonable (for example, requests for proposals, bids, selection process, or justification for non-competitive procurement)
- Documentation that substantiates a high degree of contractor oversight, such as daily or weekly logs, records of performance meetings (required for time and materials contracts)

Please enter the estimated future cost of contracts. To calculate the future cost, please use the procedures the Applicant would normally use to create a budget estimate and answer the following question:

Is the estimate based on awarded contracts?

☐ Yes. Please complete the Contract Information section below and provide:
  - Cost or price analysis (for contracts above $250,000, the federal simplified acquisition threshold)
  - The Applicant’s procurement policy
  - Other procurement documents that support the that the cost was reasonable (for example, requests for proposals, bids, selection process, or justification for non-competitive procurement)

☐ No. Please provide the following:
  - Cost or price analysis (for projected contracts above $250,000, the federal simplified acquisition threshold)

---

88 (More Info) The itemized estimate needs to be a unit price estimate broken down by the type and number of resources necessary to complete the work (contracts, labor, equipment, materials & supplies, and other costs) and within those areas broken down further by the costs completed and future costs.

89 (More Info) FEMA provides funding for contract costs based on the terms of the contract if the Applicant meets federal procurement and contracting requirements. See PAPPG at pp. 30-33. The federal procurement under grant rules are found at 2 C.F.R. §§ 200.317 - 200.326. Different sets of procurement rules apply depending on whether you are a state or a non-state entity. For additional information see FEMA’s Procurement Under Grants Public Assistance Policy.
For more information on non-competitive procurement, see FEMA Fact Sheet: Procurement Under Grants: Under Exigent or Emergency Circumstances.

Please provide either (1) a summary list of all timesheets, which FEMA will sample and request copies of a limited number of timesheets; or (2) a sample set of timesheets and a detailed explanation of the sampling methodology used to select the representative sample.

Please provide either (1) a summary list of all logs or reports, which FEMA will sample and request copies of a limited number of logs or reports; or (2) a sample set of logs or reports and a detailed explanation of the sampling methodology used to select the representative sample.

Please enter the estimated future costs of labor. To calculate the future cost, please use the procedures the Applicant would normally use to create a budget estimate and provide the following information:
FEMA reimburses force account labor costs based on actual hourly rates plus the cost of the employee’s actual fringe benefits. FEMA determines the eligibility of overtime, premium pay, and compensatory time costs based on the Applicant’s pre-disaster written labor policy. For Emergency Work activities conducted by budgeted employees, FEMA will only reimburse overtime salary costs. See the Public Assistance Program and Policy Guide for detailed requirements on Applicant (Force Account) Labor.

Which of the following types of labor is the Applicant claiming for the activities claimed on this project?

☐ Applicant’s Own Staff93 (Force Account Labor) Please provide labor pay policy (documentation must cover each employee type used, for example part time, full time, and temporary).

☐ Budgeted Employees94

Overtime Completed Costs $
Overtime Future Costs $

☐ Unbudgeted Employees

and Work Performed.

Straight Time Completed Costs $
Straight Time Future Costs $
Overtime Completed Costs $
Overtime Future Costs $

Please enter the completed and estimated Straight time and Overtime cost of labor above.

Please refer to the table below for more information on the definitions and eligibility of labor costs for Emergency Work.

<table>
<thead>
<tr>
<th>Budgeted Employee Hours</th>
<th>Overtime</th>
<th>Straight Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Permanent employee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Part-time or seasonal employee working during normal hours or season of employment</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Unbudgeted Employee Hours</th>
<th>Overtime</th>
<th>Straight Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reassigned employee funded from external source</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Essential employee called back from furlough</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Temporary employee hired to perform eligible work</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Part-time or season employee working outside normal hours or season of employment</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

☐ Mutual aid. Please provide written mutual aid agreement.

Completed Costs $ Future Costs $

☐ Prison labor. Please provide prison labor pay policy and pay rate.

Completed Costs $ Future Costs $

☐ National Guard95. Please provide National Guard pay policy.

Completed Costs $ Future Costs $

☐ Other. Please describe other type of labor:

Completed Costs $ Future Costs $

☐ Equipment Including applicant owned, purchased, or rented.

<table>
<thead>
<tr>
<th></th>
<th>Completed Costs</th>
<th>+ Future Costs</th>
<th>= Total Costs</th>
</tr>
</thead>
</table>

93 (More Info) FEMA reimburses force account labor costs based on actual hourly rates plus the cost of the employee’s actual fringe benefits. FEMA determines the eligibility of overtime, premium pay, and compensatory time costs based on the Applicant’s pre-disaster written labor policy. For Emergency Work activities conducted by budgeted employees, FEMA will only reimburse overtime salary costs. See the Public Assistance Program and Policy Guide for detailed requirements on Applicant (Force Account) Labor.

94 (More Info) Per PAPPG, budgeted employees are permanent employees or part-time or seasonal employees working during normal hours or season of employment (Chapter 6.II.B Eligibility Criteria Based On Type of Employee and Work Performed).

95 (More Info) The Governor may activate National Guard personnel to State Active Duty in response to an incident. Labor costs and per diem, if applicable, are eligible for State Active Duty personnel performing eligible work. Both straight-time and overtime are eligible, including fringe benefits. The U.S. Department of Defense funds National Guard personnel activated.
Please enter the total cost of equipment. To calculate the total cost, complete FEMA Form 009-0-127 Force Account Equipment Summary and FEMA Form 009-0-125 Rented Equipment Summary Record or provide all information contained therein.

Which of the following types of equipment costs is the Applicant claiming for the activities in this project?

- Applicant Owned
- Purchased
- Rented

What was the basis of the rate used in the equipment summary? Please select all that apply.

- FEMA Schedule of Equipment Rates.
- Applicant’s Equipment Rates. FEMA uses the lesser of either the Applicant’s local rate or FEMA’s rate.
- State, Territorial, or Tribal Rates.

If Applicant provides no established equipment rates, FEMA reimburses the equipment costs based on FEMA rates. Please enter the estimated future cost of equipment. To calculate the future cost, please use the procedures the Applicant would normally use to create a budget estimate.

Please add the completed costs to the future costs and enter result as the total cost.

3. DEDUCTIONS

Please select the credits available to offset costs of activities being claimed on this project. For each selected, please provide the deduction or the estimate of future deductions.

- Insurance Proceeds
- Medical Payments
- Other Funding Sources

96 (More Info) Please provide an equipment inventory list (include type of equipment, size/capacity (e.g., horsepower, wattage)) and an equipment usage log (include usage locations with days and hours used, operator names).

97 (More Info) Please provide invoices or receipts, and a rental vs. purchase cost comparison. If purchase or rental was over $250,000, the federal simplified acquisition threshold, please also provide all information requested of contracts above.

98 (More Info) Rates established by State, Territories, or Tribes used in day-to-day operations.

99 (More Info) For each selected, please provide the deduction or the estimate of future deductions.

100 (More Info) FEMA cannot provide funding that duplicates insurance proceeds. FEMA requires the Applicant to take reasonable efforts to pursue claims to recover insurance proceeds that the Applicant is entitled to receive from its insurer(s). See FEMA’s Public Assistance Policy on Insurance.

101 (More Info) FEMA cannot provide funding for emergency medical care costs if they are covered by another source, including private insurance, Medicare, Medicaid, or a pre-existing private payment agreement. See PAPPG at pp. 63-64 and FEMA Coronavirus (COVID-19) Pandemic: Medical Care Eligible for Public Assistance (Interim) (Version 2) It is extremely important that Private Non-Profit and government medical care providers, as well as any other Applicant completing Emergency Medical Care activities, take caution to capture and document these cost deductions. If clear documentation is not available to show how medical payments are deducted and not duplicated, the Applicant may not receive funding for otherwise eligible activities.
Please enter the total amount of other goods and services provided to for-profit entities or any other proceeds or payments received or expected.

<table>
<thead>
<tr>
<th>Option</th>
<th>Completed Deductions $</th>
<th>Future Deductions $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other Federal Awards $^{102}$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Please describe Other Federal Award funding sources:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Federal Grants and Cash Donations $^{103}$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Please describe Non-Federal Grants and Cash Donations:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Third-Party Liability Proceeds $^{104}$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Please describe Third-party Liability Proceeds:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**NET COST** Please subtract all proceed deductions from the subtotal.

<table>
<thead>
<tr>
<th>Net Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
</tr>
</tbody>
</table>

You have completed this schedule.

---

$^{102}$ (More Info) If the Applicant receives funds from another Federal agency for the same purpose as PA funding, it is a duplication of benefits. FEMA cannot duplicate funds provided by another Federal agency. See the Public Assistance and Program Policy Guide, Other Federal Awards.

$^{103}$ (More Info) Grants and cash donations from non-Federal sources are subject to differing criteria based on whether the funds are provided toward a specific purpose and whether that specific purpose is otherwise eligible for PA funding. See the Public Assistance and Program Policy Guide, Non-Federal Grants and Cash Donation, for more details.

$^{104}$ (More Info) When a third party causes damage (e.g., an oil spill) or increases the cost of repair or cleanup and the Applicant requests FEMA funding for the costs, FEMA requires the Applicant to make reasonable efforts to pursue claims to recover costs it is entitled to receive from the third party. See the Public Assistance and Program Policy Guide, Third-Party Liability.
## Small Project Costs (Schedule EZ)

Instructions: Applicants must complete this schedule if the total project cost is less than $131,100 and provide the costs of the activities reported in Section II.

### 1. BUDGET ESTIMATE

Please attach an itemized budget estimate. If the activities are complete, you will be required to attach the following summary records based on the resources necessary to complete the activities selected in the Project Cost step.

- FEMA Form 009-0-123 Force Account Labor Summary
- FEMA Form 009-0-128 Applicants Benefit Calculation Worksheet
- FEMA Form 009-0-127 Force Account Equipment Summary
- FEMA Form 009-0-125 Rented Equipment Summary Record
- FEMA Form 009-0-124 Materials Summary Record

What is the basis for the estimate? Select all that apply.

- Extrapolation of completed costs
- Historical unit costs
- Average costs for similar work in the area
- Published unit costs from national cost estimating database
- Contractor or vendor quotes
- FEMA Schedule of Equipment Rates
- Other. Describe the other basis for estimate:

### 2. PROJECT COST

Please select the resources necessary to complete the activities being claimed on this project. For each resource selected, please provide the cost incurred to date and estimated future costs. Please also provide the other requested information.

<table>
<thead>
<tr>
<th>Resource</th>
<th>Completed Costs</th>
<th>Future Costs</th>
<th>Total Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contracts</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Labor</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

Which of the following types of labor is the Applicant claiming for the activities claimed on this project?

- Applicant’s own staff (Force Account Labor).

---

105 (More Info) The itemized estimate needs to be broken down by the type and number of resources necessary to complete the work (contracts, labor, equipment, materials & supplies, and other costs). Develop the estimate using standard procedures the Applicant would use absent federal funding.

106 (More Info) FEMA provides funding for contract costs based on the terms of the contract if the Applicant meets Federal procurement and contracting requirements. See the Public Assistance Program and Policy Guide for detailed requirements on Procurement and Contracting Requirements. The Federal procurement under grant rules are found at 2 C.F.R.§§ 200.317 - 200.326. Different sets of procurement rules apply depending on whether you are a state or a non-state entity. For additional information see FEMA’s Procurement Under Grants Public Assistance Policy and FEMA Fact Sheet: Procurement Under Grants: Under Exigent or Emergency Circumstances.

107 (More Info) FEMA reimburses force account labor costs based on actual hourly rates plus the cost of the employee’s actual fringe benefits. FEMA determines the eligibility of overtime, premium pay, and compensatory time costs based on the Applicant’s pre-disaster written labor policy. For Emergency Work activities conducted by budgeted employees, FEMA will only reimburse overtime salary costs. See the Public Assistance Program and Policy Guide for detailed requirements on Applicant (Force Account) Labor.
Budgeted Employees\textsuperscript{108}

Overtime Completed Costs $
Overtime Future Costs $

Unbudgeted Employees\textsuperscript{109}

Straight Time Completed Costs $
Straight Time Future Costs $
Overtime Completed Costs $
Overtime Future Costs $

Please enter the completed and estimated Straight time and Overtime cost of labor above.

Please refer to the table below for more information on the definitions and eligibility of labor costs for Emergency Work:

<table>
<thead>
<tr>
<th>Budgeted Employee Hours</th>
<th>Overtime</th>
<th>Straight Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Permanent employee</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Part-time or seasonal employee working during normal hours or season of employment</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Unbudgeted Employee Hours</th>
<th>Overtime</th>
<th>Straight Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reassigned employee funded from external source</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Essential employee called back from furlough</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Temporary employee hired to perform eligible work</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Part-time or seasonal employee working outside normal hours or season of employment</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

Mutual aid

Completed Costs $
Future Costs $

Prison labor

Completed Costs $
Future Costs $

National Guard\textsuperscript{110}

Completed Costs $
Future Costs $

Other. Please describe other type of labor:

Completed Costs $
Future Costs $

Equipment Please enter the total cost of equipment from your estimate.

| Completed Costs | $ | Future Costs | $ |
|-----------------|---|--------------|
| Total Costs     | $ |

Which of the following types of equipment costs is the Applicant claiming for the activities in this project\textsuperscript{111}?

Applicant Owned

Completed Costs $
Future Costs $

\textsuperscript{108} (More Info) Per PAPPG, budgeted employees are permanent employees or part-time or seasonal employees working during normal hours or season of employment (Chapter 6.II.B Eligibility Criteria Based on Type of Employee and Work Performed).

\textsuperscript{109} (More Info) FEMA defines unbudgeted employees as employees who are: reassigned from external source, essential employee called back from furlough, temporary employee to hire work, or part-time or seasonal employee working outside normal hours of season of employment. See the table below and the Public Assistance Program and Policy Guide for more information on Eligibility Criteria Based on Type of Employee and Work Performed.

\textsuperscript{110} (More Info) The Governor may activate National Guard personnel to State Active Duty in response to an incident. Labor costs and per diem, if applicable, are eligible for State Active Duty personnel performing eligible work. Both straight-time and overtime are eligible, including fringe benefits. The U.S. Department of Defense funds National Guard personnel activated under Full-Time National Guard Duty (Title 32) or Active Duty (Title 10). Therefore, Title 32 and Title 10 personnel costs, and any other costs funded by the U.S. Department of Defense, such as training, are ineligible.

\textsuperscript{111} (More Info) FEMA provides funding for the use of Applicant-owned equipment based on hourly rates. If an Applicant does not have sufficient equipment to effectively respond to an incident, FEMA may provide funding for purchased or leased equipment. Costs are eligible if the Applicant performed an analysis of the cost of leasing versus purchasing the equipment. FEMA funds the least costly option. See the Public Assistance Program and Policy Guide for detailed requirements.
The cost of materials and supplies is eligible if (1) the materials or supplies were purchased and justifiably needed to effectively address threats caused by 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 threat or hazard. 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. See the Public Assistance Program and Policy Guide, Supplies, for detailed requirements.

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.

FEMA cannot provide funding that duplicates insurance proceeds. FEMA requires the Applicant to take reasonable efforts to pursue claims to recover insurance proceeds that the Applicant is entitled to receive from its insurer(s). See FEMA’s Public Assistance Policy on Insurance.

When purchased equipment, supplies, or materials are no longer needed for federally funded projects, FEMA reduces eligible funding by the fair market value of each piece of equipment valued at $5,000 or more and unused residual supplies and materials that total $5,000 or more. If the Applicant acquires or improves real property with funds, disposition and reporting requirements apply. FEMA adjusts the Project to capture salvage values upon receipt of the information and no later than closeout. See the Public Assistance Program and Policy Guide for detailed requirements on Disposition of Purchased Equipment and Supplies.

### GROSS COST

Please add together costs of contracts, labor, equipment, materials and other costs.

<table>
<thead>
<tr>
<th>Gross Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
</tr>
</tbody>
</table>

### 3. DEDUCTIONS

Please select the credits available to offset costs of activities reported in Section II. For each selected, please provide the deduction.

<table>
<thead>
<tr>
<th>Insurance Proceeds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductions $</td>
</tr>
</tbody>
</table>

Please enter the actual or anticipated insurance proceeds covered under the Applicant’s Insurance policy. This does not include payment from patient insurance; for that, continue to medical payments below.

<table>
<thead>
<tr>
<th>Salvage Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductions $</td>
</tr>
</tbody>
</table>

Please enter the total salvage value of purchased equipment and supplies (if greater than $5,000).
FEMA cannot provide funding for emergency medical care costs if they are covered by another source, including private insurance, Medicare, Medicaid, or a pre-existing private payment agreement. See PAPPG at pp. 63-64 and FEMA Policy Coronavirus (COVID-19) Pandemic: Medical Care Eligible for Public Assistance (Interim) (Version 2).

It is extremely important that Private Non-Profit and government medical care providers, as well as any other Applicant completing Emergency Medical Care activities, take caution to capture and document these cost deductions. If clear documentation is not available to show how medical payments are deducted and not duplicated, the Applicant may not receive funding for otherwise eligible activities.

If the Applicant receives funds from another Federal agency for the same purpose as PA funding, it is a duplication of benefits. FEMA cannot duplicate funds provided by another Federal agency. See the Public Assistance and Program Policy Guide, Other Federal Awards.

Grants and cash donations from non-Federal sources are subject to differing criteria based on whether the funds are provided toward a specific purpose and whether that specific purpose is otherwise eligible for PA funding. See the Public Assistance and Program Policy Guide, Non-Federal Grants and Cash Donation, for more details.

When a third party causes damage (e.g., an oil spill) or increases the cost of repair or cleanup and the Applicant requests FEMA funding for the costs, FEMA requires the Applicant to make reasonable efforts to pursue claims to recover costs it is entitled to receive from the third party. See the Public Assistance and Program Policy Guide, Third-Party Liability.

<table>
<thead>
<tr>
<th>Medical Payments</th>
<th>Deductions</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Funding Sources</th>
<th>Deductions</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

Which of the following additional funding sources is the Applicant reporting?

- **Other Federal Awards**
  - Completed Deductions $  
  - Future Deductions $  
  - Please describe Other Federal Award funding sources:

- **Non-Federal Grants and Cash Donations**
  - Completed Deductions $  
  - Future Deductions $  
  - Please describe Non-Federal Grants and Cash Donations:

- **Third-Party Liability Proceeds**
  - Completed Deductions $  
  - Future Deductions $  
  - Please describe Third-Party Liability Proceeds:

**NET COST**

Please subtract all proceed deductions from the subtotal.

<table>
<thead>
<tr>
<th>Net Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
</tr>
</tbody>
</table>

You have completed this schedule.

---

116 (More Info) FEMA cannot provide funding for emergency medical care costs if they are covered by another source, including private insurance, Medicare, Medicaid, or a pre-existing private payment agreement. See PAPPG at pp. 63-64 and FEMA Policy Coronavirus (COVID-19) Pandemic: Medical Care Eligible for Public Assistance (Interim) (Version 2). It is extremely important that Private Non-Profit and government medical care providers, as well as any other Applicant completing Emergency Medical Care activities, take caution to capture and document these cost deductions. If clear documentation is not available to show how medical payments are deducted and not duplicated, the Applicant may not receive funding for otherwise eligible activities.

117 (More Info) If the Applicant receives funds from another Federal agency for the same purpose as PA funding, it is a duplication of benefits. FEMA cannot duplicate funds provided by another Federal agency. See the Public Assistance and Program Policy Guide, Other Federal Awards.

118 (More Info) Grants and cash donations from non-Federal sources are subject to differing criteria based on whether the funds are provided toward a specific purpose and whether that specific purpose is otherwise eligible for PA funding. See the Public Assistance and Program Policy Guide, Non-Federal Grants and Cash Donation, for more details.

119 (More Info) When a third party causes damage (e.g., an oil spill) or increases the cost of repair or cleanup and the Applicant requests FEMA funding for the costs, FEMA requires the Applicant to make reasonable efforts to pursue claims to recover costs it is entitled to receive from the third party. See the Public Assistance and Program Policy Guide, Third-Party Liability.
FEMA Public Assistance COVID-19 Contracts Report

Instructions: Applicants should complete one form for each PA COVID-19 project application.

### Section I – Project Application Information

<table>
<thead>
<tr>
<th>Declaration #:</th>
<th>Applicant Name:</th>
<th>FEMA PA Code:</th>
<th>Applicant-Assigned Project Application #:</th>
</tr>
</thead>
</table>

### Section II – Contract Information

Instructions: Applicants must complete this section to provide contract information for contract costs reported on the project application indicated in Section I of this form.

#### 1. CONTRACT INFORMATION

<table>
<thead>
<tr>
<th>Name of Contractor</th>
<th>Contractor EIN</th>
<th>Contract Award Date</th>
<th>Contract Start Date</th>
<th>Contract End Date</th>
<th>Was the contract awarded through a competitive bidding process?</th>
<th>Type of Contract</th>
<th>Scope of Contract</th>
<th>Total Contract Award</th>
<th>Amount requested for funding on this project application</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>☐ Yes ☐ No</td>
<td>☐ Fixed price</td>
<td></td>
<td>☐ Fixed price</td>
<td>☐ Fixed price</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Only available from single source</td>
<td>Cost-reimbursement</td>
<td></td>
<td>Only available from single source</td>
<td>Only available from single source</td>
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#### 2. CERTIFICATION

_I certify that the above information is accurate and was obtained from documents that are available for audit._

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<tr>
<th>Applicant Authorized Representative</th>
<th>Title</th>
<th>Signature</th>
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APPENDIX A : DOCUMENT REPOSITORY

Instructions: Applicants must provide all required documents to complete the project application. FEMA and the Recipient review project information and documentation to determine the eligibility of activities conducted and costs claimed. FEMA recommends that Applicants provide as much information as possible when submitting a project application for Public Assistance. FEMA and the Recipient may follow up with requests for additional information, if needed, to evaluate the eligibility of the project application.

Document Types:

Budget Estimates (more information) The budget estimate(s) must be an itemized, unit price estimate broken down by the type and number of resources necessary to complete the work (contracts, labor, equipment, materials & supplies, and other costs). The estimate(s) must differentiate between completed and future costs. Develop the estimate(s) using standard procedures the Applicant would use absent of federal funding.

Project Costs & Cost Eligibility:

Contracts (more information) The Applicant must submit relevant contract documentation to substantiate project costs. Contract documentation requirements are dependent on work status (completed work vs work in-progress), and project size, however, most Applicants must provide procurement policies used to initiate contracts. Reference: Public Assistance Program and Policy Guide (PAPPG) V3, 2018; Table 10: Documentation to Support Costs Claimed.

Additional documentation suggested to demonstrate contract costs were or are reasonable and eligible include:

- Copies of signed contracts
- Contract change orders
- Summary of invoices or receipts
- Cost or price analysis (for contracts above $250,000, the federal simplified acquisition threshold)
- Unit pricing estimates
- Other procurement documents (for example, requests for proposals, bid documents, selection process, or justification for non-competitive procurement)
- Documentation that substantiates a high degree of contractor oversight, such as daily or weekly logs, records of performance meetings (required for time and materials contracts)
Procurement Policies (document information) FEMA provides funding for contract costs based on the terms of the contract if the Applicant meets federal procurement and contracting requirements. See PAPPG at pp. 30-33.

The federal procurement under grant rules are found at 2 C.F.R. §§ 200.317 - 200.326.

Different sets of procurement rules apply depending on whether you are a state or a non-state entity. For additional information see FEMA’s Procurement Under Grants Public Assistance Policy and FEMA Fact Sheet: Procurement Under Grants: Under Exigent or Emergency Circumstances

Labor (More Information) The Applicant must submit relevant labor documentation to substantiate project costs. Labor documentation requirements are dependent on labor types used (force account labor, budgeted/unbudgeted employees, mutual aid or other), work status (completed work vs work in-progress), and project size, however, most Applicants must provide written labor policies. Reference: Public Assistance Program and Policy Guide (PAPPG) V3, 2018; Table 10: Documentation to Support Costs Claimed.

Required documentation for force account labor costs include the information requested in a Force Account Labor Summary (fema.gov), the Applicant’s Benefits Calculation worksheet (fema.gov) and the Applicant’s pre-disaster written labor policy.

Additional documentation suggested to demonstrate labor costs were or are reasonable and eligible include:
- Justification for any standby time claimed
- Summary of actual costs for completed work
- For each individual:
  - Name
  - Job title and function
  - Type of employee (i.e., full-time exempt, full-time non-exempt, part-time, temporary, etc.)
  - Days and hours worked
  - Pay rates and fringe benefit rate
  - Description of work performed with representative sample of daily logs/activity reports, if available
- Timesheets (please provide either (1) a summary list of all your timesheets, which FEMA will sample and request copies of a limited number of time sheets; or (2) a sample set of timesheets and a detailed explanation of the sampling methodology you used to select the representative sample)
- Daily logs or activity reports. Please provide either (1) a summary list of all your logs or reports, which FEMA will sample and request copies of a limited number of logs or reports; or (2) a sample set of logs or reports and a detailed explanation of the sampling methodology you used to select the representative sample.

FEMA reimburses force account labor costs based on actual hourly rates plus the cost of the employee’s actual fringe benefits. FEMA determines the eligibility of overtime, premium pay, and compensatory time costs based on the Applicant’s pre-disaster written labor policy. For Emergency Work activities conducted by budgeted employees, FEMA will only reimburse overtime salary costs. See the Public Assistance Program and Policy Guide for detailed requirements on Applicant (Force Account) Labor. Please refer to the table below for more information on the definitions and eligibility of labor costs for Emergency Work:

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<tr>
<th>Budgeted Employee Hours</th>
<th>Overtime</th>
<th>Straight Time</th>
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<tr>
<td>Permanent employee</td>
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<tr>
<td>Part-time or seasonal employee working during normal hours or season of employment</td>
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<tr>
<th>Unbudgeted Employee Hours</th>
<th>Overtime</th>
<th>Straight Time</th>
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<td>Reassigned employee funded from external source</td>
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Labor Pay Policy (Document information) FEMA determines the eligibility of overtime, premium pay, and compensatory time costs based on the Applicant’s pre-disaster written labor policy, provided the policy:

- Does not include a contingency clause that payment is subject to Federal funding;
- Is applied uniformly regardless of a Presidential declaration; and
- Has set non-discretionary criteria for when the Applicant activates various pay types. If these requirements are not met, FEMA limits PA funding to the Applicant’s non-discretionary, uniformly applied pay rates. All costs must be reasonable and equitable for the type of work being performed.

Equipment (more information) The Applicant must submit relevant equipment documentation to substantiate project costs. Equipment documentation requirements are dependent on equipment types used (applicant owned, purchased or rented), project status (completed work vs work in-progress), and project size, however, most Applicants must provide equipment summary records and equipment usage logs. Reference: Public Assistance Program and Policy Guide (PAPPG) V3, 2018; Table 10: Documentation to Support Costs Claimed.

Additional documentation suggested to demonstrate equipment costs were or are reasonable and eligible include:

- Copies of rental agreements
- Summary of invoices or receipts
- Cost or price analysis for rental vs. purchase of equipment

FEMA provides funding for the use of Applicant-owned equipment based on hourly rates. If an Applicant does not have sufficient equipment to effectively respond to an incident, FEMA may provide funding for purchased or leased equipment. Costs are eligible if the Applicant performed an analysis of the cost of leasing versus purchasing the equipment. FEMA funds the least costly option. See the Public Assistance Program and Policy Guide for detailed requirements on Applicant-Owned and Purchased Equipment and Leased Equipment.

Applicant Owned (force account) Equipment

Force Account Equipment Summary Record (fema.gov) (document information) Applicants can use FEMA’s Force Account Equipment Summary Record or provide the same information in a document including type of equipment, make/model and size/capacity (e.g., horsepower, wattage).

Force Account Usage Log (document information) A force account equipment usage log must include usage locations with days and hours used and operator names.

Rented Equipment

Rented Equipment Summary Record (fema.gov) (document information) Applicants can use the Rented Equipment Summary Record or provide the same information in a document including type of equipment, make/model and size/capacity (e.g., horsepower, wattage).

Materials and Supplies (more information) The Applicant must submit relevant materials and supplies documentation to substantiate project costs. Materials and supplies documentation requirements are dependent on material and supply types used (stock or purchased), project status (completed work vs work in-progress), and project size, however, most Applicants must provide a Materials Summary Record. Reference: Public Assistance Program and Policy Guide (PAPPG) V3, 2018; Table 10: Documentation to Support Costs Claimed.
Additional documentation suggested to demonstrate materials and supplies costs were or are reasonable and eligible include:

- Stock cost documentation
- Purchased materials and supplies invoices or receipts
- Acquisition documentation

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 threat or hazard. 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. See the Public Assistance Program and Policy Guide, Supplies.

Large Project Work Survey

General Eligibility

Legally Responsible Documentation (more information) An applicant must provide a statute, order, contract, articles of incorporation, charter, or other legal document that identifies the Applicant as responsible to conduct the activities claimed for the general public.

To determine legal responsibility for Emergency Protective Measures, FEMA evaluates whether the Applicant requesting the assistance either had jurisdiction over the area in which work was performed or the legal authority to conduct the activities. In general, an Applicant only has legal responsibility to conduct Emergency Protective Measures within its jurisdiction. If an Applicant conducts Emergency Protective Measures outside its jurisdiction, it must demonstrate its legal basis and responsibility to conduct those activities. See PAPPG at pp. 20-21 and 41-42.

New Program Documentation (more information) For activities that involve the creation of a new program, describe or attach the internal control plan the Applicant executed or will execute to ensure costs incurred remain reasonable in accordance with 2 C.F.R. Part 200, the FEMA Public Assistance Program and Policy Guide, and applicable Recipient and Applicant requirements:

Activity Details

Interior Facility Disinfection (more information) FEMA may provide assistance for interior facility disinfection in accordance with CDC guidance in facilities where eligible emergency work is performed, including purchase and provision of necessary supplies and equipment, and in excess of current operating costs.

Activity and Cost Comparison for Non-Routine Work (document information) The Applicant must provide documentation that describes the interior facility disinfection activity and why it occurred (e.g., to address a presumed or positive COVID case) and how the claimed disinfection costs compare to the Applicant's normal cleaning and maintenance costs as above and beyond.

Sheltering (non-congregate) (more information) Non-congregate sheltering requires prior approval from FEMA. For more information on these requirements, see Coronavirus (COVID-19) Pandemic: Non-Congregate Sheltering - FAQ

Request Documentation (document information) The Applicant must provide the submitted request for non-congregate sheltering, any supporting documentation provided to FEMA for the activity and FEMA’s response to the request.
Eligibility Documentation (document information) If sheltering activities have ended, the Applicant must provide sufficient documentation to establish eligibility, including the following information:

- Specific need for each individual sheltered
- Length of stay for each individual sheltered
- Age of each individual sheltered
- If applicable, number of meals provided for each individual sheltered. Please also answer questions related to the purchase and distribution of food, water, ice, or other commodities
- If applicable, number of individuals with access or functional needs sheltered
- If applicable, number of household pets sheltered
- If applicable, number of assistance and service animals sheltered
- If applicable, type of shelter provided for animals as stand-alone, co-located, co-habitational
- Description of services provided to sheltered individuals