

Project Application Reference Guide for Debris Removal (Category A)

For Incidents Declared on or After January 6, 2023



FEMA

TABLE OF CONTENTS

Table of Contents	i
Chapter 1: Overview	2
Debris Removal (Category A)	2
How to Use this Reference Guide	2
When to Submit Multiple Project Applications	3
Chapter 2: Debris Removal (Category A) Streamlined Project Application	5
Sections I—IV	5
Section I	6
Section II	6
Section III	7
Section IV	10
Work Surveys	12
Large Project Work Survey	13
Small Project Work Survey	20
Environmental and Historic Preservation Survey	25
Private Property Debris Removal Survey	29
Cost Schedules	32
Schedule A – Expedited Funding Request	32
Schedule B – Large, Completed Work Projects	35
Schedule C – In-Progress Work Estimate	37
Schedule EZ – Small Projects	41

CHAPTER 1: OVERVIEW

FEMA developed streamlined Project Applications to simplify the application process for Public Assistance (PA) funding. Prior to submitting a Project Application, Applicants must submit and receive approval of a Request for Public Assistance (RPA). Applicants with an approved RPA submit Project Applications to the Recipient and FEMA through the PA Grants Portal. FEMA provides funding through Recipients to eligible Applicants

Debris Removal (Category A)

The Category A Project Application is the formal request for Debris Removal (Category A) funding under the PA program. FEMA may provide funding to eligible Applicants for costs related to debris removal. Debris removal is eligible if the measures eliminate immediate threats to lives, public health or safety; eliminate immediate threats of significant damage to improved public or private property; ensures economic recovery of the affected community to the benefit of the community at large; or mitigates risk to life and property by removing Substantially Damaged structures and associated structures and appurtenances as needed to convert property acquired using Hazard Mitigation Grant Program funds to uses compatible with open space, recreation, or wetlands management practices. For more information on activities and associated costs that are eligible for PA funding can be found in [Public Assistance Program and Policy Guide](#) which provide general overviews of PA program eligibility.

How to Use this Reference Guide

This document is a reference guide that Applicants may use to understand the information and documentation required when completing a Project Application for debris removal (Category A) funding under incidents declared on or after January 6, 2023. Information required to obligate federal funding varies by project size.¹

Chapter 1 summarizes the purpose and applicability of the Category A Project Application. Chapter 2 presents the contents of the Project Application, eligibility requirements as outlined in the [Public Assistance Program and Policy Guide](#) (PAPPG), and documentation requirements. For instructions on completing the Project Application in Grants Portal, refer to the *Completing and Submitting Streamlined Project Applications Applicant and Recipient Information* located in the Job Aids section of the Grants Portal Support Center.

Recipients
are state, tribal, or territorial entities that receive and administer Public Assistance Federal awards.

Applicants
are state, tribal, territorial, or local governments or private non-profit entities that may request and receive subawards under a Recipient's award.

Public Assistance (PA) Grants Portal
is the system used by Recipients and Applicants to manage PA grant applications.

Projects & Subawards
Projects are groupings of activities that become a subaward under the Recipient's award when approved.

¹ 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. For more details, see [Per Capita Impact Indicator and Project Thresholds](#).

The Project Application has four sections, supplemental cost schedules, and supplemental work surveys. All Applicants must complete the following four sections of the 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 one of the [cost schedules](#) based on activity status and claimed costs. Answers in Section II and Section III determine which cost schedule is appropriate.

The Applicant completes either the [Large Project Work Survey](#) or [Small Project Work Survey](#) as applicable based on answers in Section III of the Project Application. Additionally, Applicants complete the [Environmental and Historic Preservation Survey](#) for all debris removal activities and the [Private Property Debris Removal Survey](#) for debris removal from private property and private roads.

Table 1 illustrates the circumstances under which each schedule and survey should be completed.

Table 1: Circumstances for Completion of Each Schedule and Survey

Funding Request Type		Small	Large Expedited	Large Regular		
Work Status		Any	Any	Complete	In-progress	Not started
Cost Basis		Any	Estimated Costs	Actual Costs	Actual Costs & Estimated Costs	Estimated Costs
Cost Schedule	A		X			
	B			X		
	C				X	X
	EZ	X				
Work Surveys	Large Projects		X	X	X	X
	Small Projects	X				
	EHP	X	X	X	X	X
	Private Property	If needed	If needed	If needed	If needed	If needed

When to Submit Multiple Project Applications

One Project Application will be submitted for each of the following groups of activities:

- Debris clearance (cut and toss or push)
- Debris removal from the grounds of a facility
- Debris removal from the public right-of-way
- Debris removal from waterways
- Removal of hazardous stumps, trees, and limbs
- Debris removed from private roads
- Debris removed from private property.

Additionally, the following unique condition may warrant a separate Project Application:

- When an Applicant needs to be reimbursed immediately and cannot wait to gather all information to submit a full claim for all its activities and costs, the Applicant may:
 - Request expedited funding for Large Project work to receive an award of 50 percent of the total cost based on limited documentation;² 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.³

Applicants, Recipients, and other federal agencies (OFASs) work with FEMA to complete the program processes necessary to apply for and receive PA funding as defined in the Public Assistance Program Delivery Guide found in [Process of Public Assistance Grants | FEMA.gov](#).

[\(Click here to jump to the Table of Contents.\)](#)

² Applicants should use Schedule A of the Project Application to request expedited funding. FEMA may provide the remaining 50 percent 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 percent. Because expedited funding is awarded based on reduced documentation requirements, FEMA will only fund these projects for specific time periods.

³ 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.

CHAPTER 2: DEBRIS REMOVAL (CATEGORY A)

STREAMLINED PROJECT APPLICATION

This chapter includes the contents of the following parts of the debris removal (Category A) Project Application:

1. Sections I-IV
2. Work Surveys
3. Cost Schedules

Sections I–IV

The four sections of the Project Application are listed below and presented in the rest of this chapter. All Applicants must complete all four sections of the Project Application.

Section I – Project Application Information ([Click here to jump to section.](#))

This section includes basic information about the project, Applicant, and the declaration. The Applicant provides a project name and unique identifier for the Project Application.

Section II – Scope of Work ([Click here to jump to section.](#))

The Applicant describes the project work activities conducted or to be conducted and answers basic questions about the locations and conditions of the work site(s).

Section III – Cost and Work Status Information ([Click here to jump to section.](#))

The Applicant describes the current status of the work and the estimated or actual costs associated with completing the work.

Section IV – Project Acknowledgements and Certifications ([Click here to jump to section.](#))

The Applicant certifies that the activities and costs reported comply with all relevant laws and regulations. This section will be completed after the completion of Sections I-III and any other required surveys and schedules.

([Click here to jump to the Table of Contents.](#))

Section I

Section I – Project Application Information

Instructions: Please complete this section and refer to the Public Assistance Grants Portal for the Declaration Number and FEMA PA Code. The Applicant should provide a unique title and number for each Project Application for tracking purposes in their accounting or other systems. Any documents attached to this Project Application should include the Project Application number and title.

Note: Implementation of the Project Application will be streamlined in the Grants Portal system, where some fields are automatically generated based on the Applicant and declaration. Additionally, certain fields will be hidden if they are not applicable to the specific Project Application.

Signatures captured in the Project Application are official, legally-binding, electronic signatures. The Applicant will be required to certify the signatures prior to completion of the application.

Declaration #:	Name of Organization Applying:	FEMA PA Code:	Applicant-Assigned Project Application #:
Project Application Title:			
<i>Continue to Section II – Scope of Work</i>			

Section II

Section II – Scope of Work

Instructions: Please complete this section and describe the activities that the Applicant conducted or will conduct in response to the declared incident. For certain activities, Applicants must provide additional information for more detailed surveys. To be eligible, the activities must be the legal responsibility of the Applicant requesting assistance (see 44 C.F.R. § 206.223(a)(3)).

1. DESCRIPTION OF ACTIVITIES

Please select all of the activities the applicant conducted or will conduct:

- Debris clearance (cut and toss or push)
Debris clearance includes only the work to allow passage. If debris is cut and tossed or pushed to facilitate emergency access (e.g., a fallen tree is blocking access to a community), that work is funded under Category B, Emergency Access. Additional information can be found in the Public Assistance Program and Policy Guide section on Emergency Access.
- Debris removal from the grounds of a facility
- Debris removal from the public right-of-way
- Debris removal from a waterway
- Debris removal from private roads
- Debris removal from private property
- Removal of hazardous stumps, trees, or limbs

Include all hazardous stumps that need to be removed individually.

Please provide a brief description of the activities the Applicant conducted or will conduct:

What is the approximate total quantity of debris? cubic yards tons

The following methods can be used to develop debris estimates:

- Ground measurements of debris, using visual observation and detailed data collection with equipment such as measuring tapes and GPS units. Include information on debris accessibility (e.g., rural versus urban).
- Aerial and satellite photographs of areas taken before and after the disaster, based on the structures, features, and debris observed in the photos.
- Computer models, including those developed by the U.S. Army Corps of Engineers (USACE) and FEMA.

Did or will the Applicant bring any debris to Temporary Debris Staging and Reduction Sites?

Yes

No

Did or will the Applicant remove any privately owned vehicles or vessels from public property?

Yes

No

Did or will the Applicant need to identify owners and store vehicles or vessels prior to removal?

Yes

No

Is the debris removal under the authority of another federal agency? Check all that apply.

Environmental Protection Agency (EPA)

U.S. Army Corps of Engineers (USACE)

U.S. Coast Guard (USCG)

U.S. Department of Agriculture (USDA) – Natural Resource Conservation Service (NRCS)

Other:

No

Unsure

Did or will the Applicant coordinate with another federal or state, territorial, or tribal agency for any of the activities performed?

Yes (select all that apply)

U.S. Environmental Protection Agency (EPA)

U.S. Army Corps of Engineers (USACE)

U.S. Coast Guard

U.S. Department of Agriculture (USDA) – Natural Resource Conservation Service (NRCS)

U.S. Fish and Wildlife Service (USFWS)

National Marine Fisheries Service (NMFS)

State, Territorial, or Tribal Historic Preservation Office: *Please provide name of agency:*

State, Local, Territorial, or Tribal agency: *Please provide name of agency:*

Other:

No

The following question is asked only if the Applicant checks “Debris Removal from a Waterway” above:

What is the name of the body of water where debris removal operation occurred or will occur?

Continue to Section III – Cost and Work Status Information

[\(Click here to jump to the Table of Contents.\)](#)

Section III

Section III – Cost and Work Status Information

Instructions: Please complete this section and provide the costs of the activities reported in Section II. Please also complete Schedule A, B, C, or EZ as instructed below.

1. PROJECT COST

Did or 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

Yes, the Applicant has already received a payment from its insurance carrier

Uncertain if the Applicant will receive proceeds from insurance carrier

No, insurance funding is unavailable or was denied

If either "yes" is checked above, please include insurance proceeds as a deduction in the cost schedules. See FEMA's [Public Assistance Resource Library | FEMA.gov](#).

Has the Applicant applied for or received any funding for debris removal 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. Generally, other federal agency funding cannot be used to meet the FEMA non-federal share requirement. There is one major exception: the Department of Housing and Urban Development's Community Disaster Block Grant Disaster Recovery (CDBG-DR) can be used to meet the Public Assistance non-federal share. The Applicant may answer "No" if CDBG-DR funds will be only used to meet FEMA's non-federal cost share requirement.

- Yes, and funding was approved. Please list other program(s) and the amount of funding received or anticipated:
- Yes, but the other federal program has not yet approved the funding. Please list other programs:
- Yes, but the other federal program has conclusively denied the funding. Please attach denial.
- No

What is the approximate total net cost for activities being claimed on this project?

Please enter the actual or estimated total net cost for all activities reported in Section II. Detailed cost information will be requested in Schedule A, B, C, or EZ.

\$

The total net cost is the total project cost after all reductions including insurance reductions.

2. WORK STATUS

Has the Applicant started any of the work activities claimed on this Project Application?

- Yes. Start date: _____ (MM/DD/YY)
Has the Applicant completed all of the work activities claimed on this Project Application?
 - Yes. End date: _____ (MM/DD/YY)
 - No. Anticipated end date: _____ (MM/DD/YY)
- No
 - Anticipated start date: _____ (MM/DD/YY)
 - Anticipated end date: _____ (MM/DD/YY)

If an increased federal cost share is authorized for a limited timeframe, Applicant will be asked to divide costs based on activities performed during and after this period.

Optional: Request Expedited Funding for Emergency Work Projects that meet or exceed the Large Project threshold.

An Applicant may request approval for expedited funding from the Recipient and FEMA if they have an immediate need for funding for debris removal. 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. Applicants will be required to return any funds not spent in compliance with the programs terms and conditions. Applicants with projects that involve debris removal from private property or from waterways, or removal of hazardous stumps, trees, and limbs, may wish to forego expedited funding, given the potential complications and document requirements for those project types. Expedited funding is only available for large project activities that occur within 60 days of the Applicant's Recovery Scoping Meeting.

Does the Applicant want to request expedited funding?

- Yes

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.
- No

Completing Sections I, II and III will create a Project Application. Based upon your answers in Section III, you will be required to complete additional surveys and schedules as directed in Grants Portal. Return to the Project Application summary.

[\(Click here to jump to the Table of Contents.\)](#)

Section IV

Section IV – Project Acknowledgements and Certifications

1. PREPARER INFORMATION

INSTRUCTIONS: If the 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 EIN

Preparer's Company or Firm Address

By signing below, the Applicant certifies that all information provided is true and correct. Upon submittal, the certified Project Application becomes a legal document. It is a violation of federal law to intentionally make false statements or hide information when applying for Public Assistance.

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 Acknowledgements

The Applicant acknowledges it must comply with EHP laws, regulations, and Executive Orders (EO), including but not limited to, the Endangered Species Act (ESA), National Environmental Policy Act (NEPA), and the National Historic Preservation Act (NHPA).¹ Applicants must afford FEMA the opportunity to perform EHP reviews prior to starting any work that has potential to impact the environment or historic properties, including archaeological resources.

If an Applicant starts work prior to FEMA's completion of the EHP review, it jeopardizes PA funding for the entire project.

Non-Discrimination (and Equity) In Federally Assisted Programs

The Applicant acknowledges it must comply with all federal civil rights laws and authorities prohibiting discrimination, including but not limited to, Section 308 of the Stafford Act, 42 U.S.C. § 5151, which requires the impartial and equitable delivery of disaster services and activities without discrimination.

Documentation Requirements

The Applicant acknowledges it must continue to retain all source documentation, including project eligibility records and financial records, for three years after the date the Recipient submits to FEMA certification of completion of the last Small Project. SLTT government laws may require longer retention periods. Real property and equipment disposition, audits, and litigation may also require longer retention periods. If requested, Applicants must provide documentation to FEMA. Recipients may require documentation not otherwise required by FEMA (such as actual cost documentation for Small Projects). In such cases, the Applicant must provide the documentation to the Recipient.

Applicant Authorized Representative

Title

Signature

3. APPLICANT CERTIFICATIONS

INSTRUCTIONS: Applicant must certify the following statements:

The Applicant certifies the following:

Duplication of Benefits

No work or costs are being claimed that are covered by another funding source. If the Applicant receives funding from another source for any work or costs in the project application, it will notify FEMA, and funding will be reconciled to eliminate duplication as required by Stafford Act § 312.

Impartial and Equitable Delivery of Public Assistance

All work claimed was delivered in an impartial and equitable manner as required by Title VI of the Civil Rights Act, Section 308 of the Stafford Act, 42 U.S.C. § 5151, and applicable provisions of laws and authorities prohibiting discrimination.

Document Retention

All documentation is being retained in accordance with 2 C.F.R. §§ 200.334 and 200.337 and will be provided upon request.

Work

As required by Title 44 Code of Federal Regulations (C.F.R.) §§ 206.223 and 206.224, the debris removal work claimed in this project are:

- For debris generated by the declared event;
- Located within the designated area; and
- The legal responsibility of the Applicant.

As required by 44 C.F.R. §206.224, the debris removal work claimed in this project was conducted to either:

- Eliminate threats to life, public health, and safety; or
- Eliminate immediate threats of significant damage to improved public or private property; or
- Ensure economic recovery of the affected community to the benefit of the community-at-large.

Procurement and Contracting

The Applicant is using the most restrictive of either its own documented policies and procedures for procurement or federal procurement and contracting laws in accordance with 2 C.F.R. Part 200. The Applicant is following Environmental Protection Agency guidelines for procurement of recovered materials; and including all applicable required contract provisions.

Cost Reasonableness

All costs claimed are reasonable and of a type generally recognized as ordinary and necessary for the type of facility and work as required by 44 C.F.R. § 206.228 and 2 C.F.R. § 200.404.

True and Correct Statements

All information provided is true and correct. Upon submittal, the certified Project Application becomes a legal document. The False Claims Act (31 U.S.C. §§3729-3733) prohibits the submission of false or fraudulent claims for payment to the federal government. 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).

Applicant Authorized Representative	Title	Signature
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Work Surveys

Work surveys are used to capture additional information for specific activities and work conducted to address incident-related impacts. Completion of the work surveys is dependent on the activities the Applicant conducted or will conduct.

The work surveys are listed below and presented in the rest of this section. Grants Portal will only present the work surveys required for each Project Application.

Large Project Work Survey ([Click here to jump to survey.](#))

A set of questions required when total claimed costs on the Project Application equals or exceeds the large project threshold⁴. The Applicant must complete the relevant sub-sections that are required based on responses in Section II and III of the Project Application. Grants Portal will only display the required sub-sections. [Appendix A](#) of this reference guide provides additional descriptions of the information requested in this survey.

Small Project Work Survey ([Click here to jump to survey.](#))

A set of questions required when total claimed costs on the Project Application are less than the large project threshold⁵. The Applicant must complete the relevant sub-sections that are required based on responses in Section II and III of the Project Application. Grants Portal will only display the required sub-sections. [Appendix A](#) of this Reference Guide provides additional descriptions of the information requested in this survey.

Environmental and Historic Preservation (EHP) Survey ([Click here to jump to survey.](#))

A set of questions required when claiming costs for activities that may have environmental or historic preservation concerns. This survey is required for all projects. Grants Portal will only display the required sub-sections.

Private Property Survey ([Click here to jump to survey.](#))

A set of questions required when claiming costs for debris removal from private property or private roads. In limited circumstances, FEMA may determine that debris removal from private property or private roads is eligible under the PA Program. Debris removal from private commercial property is almost never allowed and is not covered on this survey. Applicants must provide confirmation that they satisfied all legal processes and obtained permission from the property owners (rights-of-entry) and agreements to indemnify and hold harmless the Federal Government before FEMA provides PA funding. See the Public Assistance Program and Policy Guide section on *Debris Removal from Private Property* for more information.

⁴ [Per Capita Impact Indicator and Project Thresholds](#)

⁵ [Per Capita Impact Indicator and Project Thresholds](#)

Large Project Work Survey

Instructions: Please complete this survey if the net cost reported in Section III.1 of the Project Application is equal to or greater than Large Project Threshold. For more information on these requirements, see the Public Assistance Program and Policy Guide, Debris Removal.

1. GENERAL WORK INFORMATION

Is the Applicant legally responsible for performing the activities reported in Section II?

- 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. A statute, order, contract, articles of incorporation, charter, or other legal document provides the Applicant authority to conduct the activities for the general public. Please attach and describe:
- Yes, for other reasons. Please attach supporting documentation and describe:
- No. Please describe how the Applicant is eligible for funding:
- Unsure

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. Documents that support legal responsibility include deeds, titles, lease agreements, and contracts. In general, an Applicant only has legal responsibility to conduct debris removal within its jurisdiction. If an Applicant conducts debris removal outside its jurisdiction, it must demonstrate its legal basis for conducting those activities. See Public Assistance Program and Policy Guide for detailed requirements on Legal Responsibility. In limited circumstances, FEMA may determine that debris removal conducted on private property is eligible under the PA Program; see Public Assistance Program and Policy Guide for detailed requirements on Debris Removal from Private Property.

Please provide a brief description of immediate threats of the activities selected in Section II.

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 the Applicant bring any debris to Temporary Debris Staging and Reduction Sites?

- Yes
 - Are these sites currently in use?**
 - No. If available, please attach a set of photos or videos from each work site, with each site clearly identified.
 - Yes. Please attach a set of photos or videos from each work site, with each site clearly identified.
- No

What is the current quantity of debris at Temporary Debris Staging and Reduction Sites? _ % of total: [system calculated]

What is the total quantity of debris remaining to be removed? % of total: [system calculated]

Did or will the Applicant authorize residents to place debris curbside?

- Yes. Please provide timeframe:
 - Start Date: MM/DD/YYYY
 - End Date: MM/DD/YYYY

No

Did or will the Applicant provide dumpsters?

Yes

No

2. TEMPORARY DEBRIS STAGING AND REDUCTION SITES (TDSRSS)

The Applicant must complete this section for each temporary management site used. Complete one row for each site.

Temporary Site Name or ID	Site location Address or GPS coordinates	Site permit status	Site permit number Upload copy of permit	Type of labor that was or will be used to manage the site. Select one from dropdown menu.	If contracted, type of labor that was or will be used for debris monitoring at the site Select one from dropdown menu.	Site leasing status	Work done by the Applicant to restore the site back to its condition prior to the Applicant's use
	Address: GPS coordinates <i>(please provide in decimal degrees, with six decimal places):</i> Latitude Longitude	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If not, provide other documentation allowing use of the site (emergency authorization, temporary approval)</i>		<input type="checkbox"/> Force account (the applicant's own work force) <input type="checkbox"/> Contract	<input type="checkbox"/> Force account <input type="checkbox"/> Contract	<input type="checkbox"/> Leased <input type="checkbox"/> Not leased	

3. FINAL DISPOSAL SITES

The applicant must complete this section for each final disposal site used. Complete one row for each site. If available, please attach a set of photographs from each work site, labeled using the same site ID numbers as in this table.

Final Site Name or ID	Site location Address or GPS coordinates	Site permit status	Site permit number Upload copy of permit.	Site type	Site owner
	Address: GPS coordinates (please provide in decimal degrees, with six decimal places): Latitude Longitude	<input type="checkbox"/> Yes <input type="checkbox"/> No. Provide other documentation allowing use of the site (waiver, temporary approval)		<input type="checkbox"/> Landfill <input type="checkbox"/> Recycling center <input type="checkbox"/> Department of Public Works yard <input type="checkbox"/> Other	

4. TYPE AND QUANTITY OF DEBRIS HAULED

In addition to the information requested below, please upload a representative sample of photographs of debris piles. Please upload a site map showing the location of all proposed or completed areas where the Applicant will conduct or has conducted debris removal, staging, and disposal operations and the extent of ground disturbance. If debris removal, hauling, disposal, or monitoring is contracted, the gray column in the tables below will request additional information.

Type of debris	Quantity hauled	Location of debris	Type of labor used to remove debris	If removal is contracted, type of labor used for debris monitoring at pick-up sites	Destination of debris <i>Select all that apply</i>
<input type="checkbox"/> Construction & Demolition (C&D)	cubic yards tons <input type="checkbox"/> Estimated <input type="checkbox"/> Actual	<input type="checkbox"/> Throughout jurisdiction <input type="checkbox"/> Specific areas (e.g., neighborhoods, quadrants); describe: <input type="checkbox"/> Address <input type="checkbox"/> GPS coordinates (Provide in decimal degrees, with six decimal places) Latitude: Longitude:	<input type="checkbox"/> Force account <input type="checkbox"/> Mutual aid <input type="checkbox"/> Prison <input type="checkbox"/> Contract	<input type="checkbox"/> Force account <input type="checkbox"/> Mutual aid <input type="checkbox"/> Prison <input type="checkbox"/> Contract	[auto-populate list of sites from TDSRS and Final disposal Tables]
<input type="checkbox"/> Household waste	<i>Same questions for all debris types</i>	(not applicable)	(not applicable)	(not applicable)	(not applicable)
<input type="checkbox"/> Hazardous materials	(not applicable)	(not applicable)	(not applicable)	(not applicable)	(not applicable)
<input type="checkbox"/> Electronics	(not applicable)	(not applicable)	(not applicable)	(not applicable)	(not applicable)
<input type="checkbox"/> Large Appliances/White Goods	(not applicable)	(not applicable)	(not applicable)	(not applicable)	(not applicable)
<input type="checkbox"/> Sand, mud, silt, gravel, rocks, or boulders	(not applicable)	(not applicable)	(not applicable)	(not applicable)	(not applicable)
<input type="checkbox"/> Vegetative	(not applicable)	(not applicable)	(not applicable)	(not applicable)	(not applicable)
<input type="checkbox"/> Vehicles	(not applicable)	GPS coordinates of each vehicle (Please provide coordinates in decimal degrees, with six decimal places) Latitude: Longitude:	(not applicable)	(not applicable)	(not applicable)
<input type="checkbox"/> Vessels	(not applicable)	GPS coordinates of each vessel (Please provide coordinates in decimal degrees, with six decimal places) Latitude: Longitude:	(not applicable)	(not applicable)	(not applicable)
<input type="checkbox"/> Other Specify type:	(not applicable)	(not applicable)	(not applicable)	(not applicable)	(not applicable)

5. REMOVAL OF HAZARDOUS STUMPS, TREES, AND LIMBS (SPECIAL VEGETATIVE DEBRIS)

The Applicant must complete this section for each hazardous stump, tree and limb removed. The Applicant must retain the following documentation and provide it if asked by FEMA: photos or videos that illustrate the immediate threat; quantity, location, and source of material to fill root-ball holes, and the equipment used to perform the work. Please upload a representative sample of photos and videos.

Type of debris	GPS coordinates	Hazardous criteria	Percent of root-ball exposed	Stump removal method	Quantity and type of fill	Type of fill borrow site	Fill borrow site location	Type of labor used to remove the stump/tree/limb	Cost of removal, if contracted	Type of labor used for monitoring removal	Destination of debris Select all that apply
Number of stumps	Please provide GPS coordinates in decimal degrees, with six decimal places. Latitude: Longitude:	(not applicable)	<input type="checkbox"/> Less than 50% <input type="checkbox"/> 50% or more	<input type="checkbox"/> Flush-cut <input type="checkbox"/> Grinding <input type="checkbox"/> Extracting	<input type="checkbox"/> Cubic yards <input type="checkbox"/> Cubic feet of <input type="checkbox"/> Soil <input type="checkbox"/> Sand <input type="checkbox"/> Gravel <input type="checkbox"/> Rock <input type="checkbox"/> Other material	<input type="checkbox"/> Commercial <input type="checkbox"/> Private <input type="checkbox"/> Municipal <input type="checkbox"/> Other	Please provide GPS coordinates in decimal degrees, with six decimal places. Latitude: Longitude:	<input type="checkbox"/> Force account <input type="checkbox"/> Mutual aid <input type="checkbox"/> Prison <input type="checkbox"/> Contract	\$	<input type="checkbox"/> Force account <input type="checkbox"/> Mutual aid <input type="checkbox"/> Prison <input type="checkbox"/> Contract	[auto-populated list of sites from TDSRS and Final Disposal Tables] <i>If debris was taken to a temporary site first, include only that site.</i>
Number of trees	Latitude: Longitude:	<input type="checkbox"/> Split trunk <input type="checkbox"/> Broken canopy <input type="checkbox"/> Leaning at an angle greater than 30 degrees.	<input type="checkbox"/> Less than 50% <input type="checkbox"/> 50% or more	<input type="checkbox"/> Flush-cut <input type="checkbox"/> Grinding <input type="checkbox"/> Extracting	<input type="checkbox"/> cubic yards <input type="checkbox"/> cubic feet of <input type="checkbox"/> Soil <input type="checkbox"/> Sand <input type="checkbox"/> Gravel <input type="checkbox"/> Rock <input type="checkbox"/> Other material	<input type="checkbox"/> Commercial <input type="checkbox"/> Private <input type="checkbox"/> Municipal <input type="checkbox"/> Other	Latitude: Longitude:	<input type="checkbox"/> Force account <input type="checkbox"/> Mutual aid <input type="checkbox"/> Prison <input type="checkbox"/> Contract	\$	<input type="checkbox"/> Force account <input type="checkbox"/> Mutual aid <input type="checkbox"/> Prison <input type="checkbox"/> Contract	
Number of broken limbs or branches	Latitude: Longitude:	<input type="checkbox"/> Overhanging improved property <input type="checkbox"/> Overhanging a public-use area (trail,	(not applicable)	(not applicable)	(not applicable)	(not applicable)	(not applicable)	<input type="checkbox"/> Force account <input type="checkbox"/> Mutual aid <input type="checkbox"/> Prison	\$	<input type="checkbox"/> Force account <input type="checkbox"/> Mutual aid <input type="checkbox"/> Prison	

		sidewalk, playground)						<input type="checkbox"/> Contract		<input type="checkbox"/> Contract	
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6. DETAILS ON DEBRIS REMOVED FROM A WATERWAY

The Applicant must complete this section for each type of debris removed from a waterway.

From what type of waterway was debris removed? Check all that apply.

- Navigable
 - Did or does the debris obstruct the passage of vessels?**
 - Yes. Please provide documentation that debris was removed to a maximum depth of 2 feet below the low-tide draft of the largest vessel that utilized the waterway prior to the incident. Any debris below this zone is ineligible unless it is necessary to remove debris extending upward into an eligible zone. See the Public Assistance and Program Policy Guide, Navigable Waterways.
 - No. Please describe how the debris posed or poses an immediate threat:
 - Unsure. Please describe how the debris posed or poses an immediate threat:
- Non-navigable
 - How did or does the debris pose an immediate threat?**
 - Debris obstructs, or could obstruct, intake structures
 - Debris could cause damage to structures, such as bridges and culverts
 - Debris is causing, or could cause, flooding to improved public or private property during the occurrence of a 5-year flood
 - Other threat. *Please describe:* _____
- Streams
 - Debris removal from streams may be eligible under the Natural Resources Conservation Service’s Emergency Watershed Protection Program. Has the Applicant consulted the NRCS?**
 - Yes. Please provide documentation of correspondence.
 - No
 - Flood control works Flood control works are structures such as levees, flood walls, flood control channels, and water control structures designed and constructed to have appreciable effects in preventing damage by irregular and unusual rises in water levels.
 - Not all flood control works are eligible for PA funding. Is the flood control works where the debris was or is located under the authority of any of the following?**
 - Watershed and Flood Prevention Operations program at NRCS (If checked, provide documentation of your correspondence with NRCS.) Debris removal from flood control works that are under the specific authority of NRCS is ineligible for PA funding, even if NRCS does not have sufficient funding or does not provide assistance. Flood control works under the specific authority of NRCS are those that are part of the WFPO Program under PL 83-566.220. See [Watershed and Flood Prevention Operations \(WFPO\) Program | Natural Resources Conservation Service \(usda.gov\)](#)
 - U.S. Army Corps of Engineers Rehabilitation and Inspection Program
 - Unsure
 - None
 - Other. *Please describe:*

7. TEMPORARY DEBRIS STAGING AND REDUCTION SITES - DETAILED DEBRIS REMOVAL INFORMATION

The Applicant must complete this section for each temporary management site used. Create a new row for each type of debris reduced on site. If debris removal, hauling, disposal, or monitoring is contracted, the gray columns in the tables below will request additional information. If debris being processed at this site was reduced in different ways, or some was reduced and some was not, create a new row for each of those cases.

	Debris Loading/Hauling Information	Debris Reduction Information
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Temporary Site Name or ID	Type of debris	Loading method/ Equipment type	Quantity of debris hauled to site	Type of labor used to load/haul debris to site	Number of load tickets and Applicant preference for selection for FEMA review	Haul price per unit	Total haul cost	On-site debris reduction	Reduction method	Quantity reduced	Reduction price per unit	Total reduction cost
[auto-populate list of sites from TDSRS Table]	<input type="checkbox"/> C&D <input type="checkbox"/> Household <input type="checkbox"/> Hazmat <input type="checkbox"/> Electronics <input type="checkbox"/> Appliances <input type="checkbox"/> Sand, mud, silt, gravel, rocks, or boulders <input type="checkbox"/> Vegetative (including all stumps, trees, and limbs) <input type="checkbox"/> Vehicles <input type="checkbox"/> Vessels <input type="checkbox"/> Other	<input type="checkbox"/> Trucks with solid tailgate <input type="checkbox"/> Trucks without solid tailgate. <input type="checkbox"/> Hand-loaded.	<input type="checkbox"/> Estimated <input type="checkbox"/> Actual	<input type="checkbox"/> Force account <input type="checkbox"/> Contract If contract is checked, provide name of hauler:	<input type="checkbox"/> Fewer than 45 Upload all load tickets <input type="checkbox"/> 45 or more... <input type="checkbox"/> Applicant will provide a random sample of 45 load tickets <input type="checkbox"/> Applicant will provide a list of load tickets to FEMA.	<input type="checkbox"/> \$/cubic yard <input type="checkbox"/> \$/ton	[system calculated]	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Grinding <input type="checkbox"/> Air curtain burning <input type="checkbox"/> Open burning <input type="checkbox"/> Compacting <input type="checkbox"/> Mulching <input type="checkbox"/> Chipping If air curtain or open burning are selected, upload a copy of the permit authorizing burning at this site	<input type="checkbox"/> \$/cubic yard <input type="checkbox"/> \$/ton	[system calculated]	

8. FINAL DISPOSAL SITES - DETAILED DEBRIS REMOVAL INFORMATION

The applicant must complete this section for each final disposal site used. Create a new row for each type of debris reduced or disposed of at the site.

Debris Loading/Hauling Information

Final Site ID #	Temporary sites from which debris was routed	Loading method/ Equipment type	Quantity of debris hauled to site	Type of labor used to load/haul debris to site	Number of load tickets and Applicant preference for selection for FEMA review	Haul price per unit	Total haul cost
[auto-populate list of sites from Final Disposal Site Table]	[auto-populate list of sites from TDSRS Table] <input type="checkbox"/> None	<input type="checkbox"/> Trucks with solid tailgate <input type="checkbox"/> Trucks without solid tailgate <input type="checkbox"/> Hand-loaded	<input type="checkbox"/> \$/cubic yard <input type="checkbox"/> \$/ton <input type="checkbox"/> Estimated <input type="checkbox"/> Actual	<input type="checkbox"/> Force account <input type="checkbox"/> Contract If contract is checked, provide name of hauler:	<input type="checkbox"/> Fewer than 45 <i>Upload all load tickets</i> <input type="checkbox"/> 45 or more <input type="checkbox"/> Applicant will provide a random sample of 45 load tickets <input type="checkbox"/> Applicant will provide a list of load tickets to FEMA	<input type="checkbox"/> \$/cubic yard <input type="checkbox"/> \$/ton	[system calculated] [If trucks w/o tailgate or hand-loaded, reduced percentage allowed included in calc]

8a. FINAL DISPOSAL SITES - DETAILED DEBRIS REMOVAL INFORMATION

The applicant must complete this section for each final disposal site used. Create a new row for each type of debris reduced or disposed of at the site.

Debris Reduction Information

Debris Disposal Information

On-site debris reduction	Reduction method	Quantity reduced	Reduction price per unit	Total reduction cost	Disposal method	Tipping fee per unit	Total disposal cost
<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Grinding <input type="checkbox"/> Air curtain burning <input type="checkbox"/> Open burning <input type="checkbox"/> Compacting <input type="checkbox"/> Mulching <input type="checkbox"/> Chipping <i>If air curtain or open burning are selected, upload a copy of the permit authorizing burning at this site</i>	<input type="checkbox"/> cubic yards <input type="checkbox"/> tons	<input type="checkbox"/> \$/cubic yard <input type="checkbox"/> \$/ton	[system calculated]	<input type="checkbox"/> Landfill <input type="checkbox"/> Spreading <input type="checkbox"/> Dumpster <input type="checkbox"/> Burying (including ash harrowing) <input type="checkbox"/> Supplied to public <input type="checkbox"/> Recycled <input type="checkbox"/> Other	<input type="checkbox"/> \$/cubic yard <input type="checkbox"/> \$/ton	\$

You have completed this survey. Please complete the EHP Survey for this project, then return to Section III.

Small Project Work Survey

Work Survey, Small Project

Instructions: Please complete this survey if the net cost reported in Section III.1 of the Project Application is less than \$[autopopulate large threshold]. For more information on these requirements, see the *Public Assistance Program and Policy Guide v4, Debris Removal*.

1. TEMPORARY DEBRIS STAGING AND REDUCTION SITES (TDSRSS)

The Applicant must complete this section for each temporary management site used. Complete one row for each site. If available, please attach a set of photographs from each work site, labeled using the same site ID numbers as in this table.

Temporary Site Name or ID Please provide a unique identifier for each site	Site location Address or GPS coordinates	Site permit status	Site permit number Upload copy of permit.		
	Address: GPS coordinates (please provide in decimal degrees, with six decimal places): Latitude Longitude	<input type="checkbox"/> Yes <input type="checkbox"/> No If not, provide other documentation allowing use of the site (emergency authorization, temporary approval)			

2. FINAL DISPOSAL SITES

The applicant must complete this section for each final disposal site used. Complete one row for each site. If available, please attach a set of photographs from each work site, labeled using the same site ID numbers as in this table.

Final Site Name or ID Please provide a unique identifier for each site	Site location Address or GPS coordinates	Site permit status	Site permit number Upload copy of permit.	Site type	Site owner (not required if owned by Department of Public Works)
	Address: GPS coordinates (please provide in decimal degrees, with six decimal places): Latitude Longitude	<input type="checkbox"/> Yes <input type="checkbox"/> No If not, provide other documentation allowing use of the site (waiver, temporary approval)		<input type="checkbox"/> Landfill <input type="checkbox"/> Recycling center <input type="checkbox"/> Department of Public Works yard <input type="checkbox"/> Other	

3. TYPE AND QUANTITY OF DEBRIS HAULED

In addition to the information requested below, please upload a representative sample of photographs of debris piles. Please upload a site map showing the location of all proposed or completed areas where the Applicant will conduct or has conducted debris removal, staging, and disposal operations and the extent of ground disturbance. If debris removal, hauling, disposal, or monitoring is contracted, the gray column in the tables below will request additional information. The Applicant must provide the information in this section for each types of debris hauled.

Type of debris	Quantity hauled	Location of debris	Type of labor used to remove debris	If removal is contracted, type of labor used for debris monitoring at pick-up sites	Destination of debris <i>Select all that apply</i>
<input type="checkbox"/> Construction & Demolition (C&D)	cubic yards tons <input type="checkbox"/> Estimated <input type="checkbox"/> Actual	<input type="checkbox"/> Throughout jurisdiction <input type="checkbox"/> Specific areas (e.g., neighborhoods, quadrants); describe: <input type="checkbox"/> Address <input type="checkbox"/> GPS coordinates (Provide in decimal degrees, with six decimal places) Latitude: Longitude:	<input type="checkbox"/> Force account <input type="checkbox"/> Mutual aid <input type="checkbox"/> Prison <input type="checkbox"/> Contract	<input type="checkbox"/> Force account <input type="checkbox"/> Mutual aid <input type="checkbox"/> Prison <input type="checkbox"/> Contract	[auto-populate list of sites from TDSRS and Final disposal Tables] <i>If debris was taken to a temporary site first, include only that site here.</i>
<input type="checkbox"/> Household waste	<i>Same questions for all debris types</i>				
<input type="checkbox"/> Hazardous materials					
<input type="checkbox"/> Electronics					
<input type="checkbox"/> Large Appliances/White Goods					
<input type="checkbox"/> Sand, mud, silt, gravel, rocks, or boulders					
<input type="checkbox"/> Vegetative					
<input type="checkbox"/> Vehicles	What was or will be hauled?	GPS coordinates of each vehicle (Please provide coordinates in decimal degrees, with six decimal places) Latitude: Longitude:			
<input type="checkbox"/> Vessels	What was or will be hauled?	GPS coordinates of each vessel (Please provide coordinates in decimal degrees, with six decimal places) Latitude: Longitude:			

Other
Specify type:

4. REMOVAL OF HAZARDOUS STUMPS, TREES, AND LIMBS (SPECIAL VEGETATIVE DEBRIS)

The Applicant must complete this section for each hazardous stump, tree and limb removed. The Applicant must retain the following documentations and provide it if asked by FEMA: photos or videos that illustrate the immediate threat; quantity, location, and source of material to fill root-ball holes, and the equipment used to perform the work. Please upload a representative sample of photos and videos.

Type of debris	GPS coordinates	Hazardous criteria	Percent of root-ball exposed	Stump removal method	Quantity and type of fill	Type of fill borrow site	Fill borrow site location	Type of labor used to remove the stump/tree/limb	Cost of removal, if contracted	Type of labor used for monitoring removal	Continuation of debris Select all that apply
Number of stumps	Please provide coordinates in decimal degrees, with six decimal places. Latitude: Longitude:	(not applicable)	<input type="checkbox"/> Less than 50% <input type="checkbox"/> 50% or more	<input type="checkbox"/> Flush-cut <input type="checkbox"/> Grinding <input type="checkbox"/> Extracting	<input type="checkbox"/> Cubic yards <input type="checkbox"/> Cubic feet of <input type="checkbox"/> Soil <input type="checkbox"/> Sand <input type="checkbox"/> Gravel <input type="checkbox"/> Rock <input type="checkbox"/> Other material	<input type="checkbox"/> Commercial <input type="checkbox"/> Private <input type="checkbox"/> Municipal <input type="checkbox"/> Other	Latitude: Longitude:	<input type="checkbox"/> Force account <input type="checkbox"/> Mutual aid <input type="checkbox"/> Prison <input type="checkbox"/> Contract	\$	<input type="checkbox"/> Force account <input type="checkbox"/> Mutual aid <input type="checkbox"/> Prison <input type="checkbox"/> Contract	[auto-populated list of sites from TDSRS and Final Disposal Tables] If debris was taken to a temporary site first, include only that site here.
Number of trees	Latitude: Longitude:	Which of these criteria did or does it meet? <input type="checkbox"/> Split trunk <input type="checkbox"/> Broken canopy <input type="checkbox"/> Leaning at a hazardous angle <input type="checkbox"/> Burned tree determined hazardous by a qualified individual	<input type="checkbox"/> Less than 50% <input type="checkbox"/> 50% or more	<input type="checkbox"/> Flush-cut <input type="checkbox"/> Grinding <input type="checkbox"/> Extracting	<input type="checkbox"/> cubic yards <input type="checkbox"/> cubic feet of <input type="checkbox"/> Soil <input type="checkbox"/> Sand <input type="checkbox"/> Gravel <input type="checkbox"/> Rock <input type="checkbox"/> Other material	<input type="checkbox"/> Commercial <input type="checkbox"/> Private <input type="checkbox"/> Municipal <input type="checkbox"/> Other	Latitude: Longitude:	<input type="checkbox"/> Force account <input type="checkbox"/> Mutual aid <input type="checkbox"/> Prison <input type="checkbox"/> Contract	\$		

Number of broken limbs or branches	Latitude: Longitude:	<input type="checkbox"/> Overhanging improved property <input type="checkbox"/> Overhanging a public-use area (trail, sidewalk, playground)	(not applicable)	(not applicable)	(not applicable)	(not applicable)	(not applicable)	<input type="checkbox"/> Force account <input type="checkbox"/> Mutual aid <input type="checkbox"/> Prison <input type="checkbox"/> Contract	\$		
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5. TEMPORARY DEBRIS STAGING AND REDUCTION SITES - DETAILED DEBRIS REMOVAL INFORMATION

The Applicant must complete this section for each temporary management site used. Create a new row for each type of debris reduced on site. If debris being processed at this site was reduced in different ways, or some was reduced and some was not, create a new row for each of those cases.

		Debris Loading/Hauling Information			Debris Reduction Information		
Temporary Site Name or ID	Type of debris	Loading method/ Equipment type	Quantity of debris hauled to site	Type of labor used to load/haul debris to site	On-site debris reduction	Reduction method	Quantity reduced
[auto-populate list of sites from TDSRS Table]	<input type="checkbox"/> C&D <input type="checkbox"/> Household <input type="checkbox"/> Hazmat <input type="checkbox"/> Electronics <input type="checkbox"/> Appliances <input type="checkbox"/> Sand <input type="checkbox"/> Vegetative (including all stumps, trees, and limbs) <input type="checkbox"/> Vehicles <input type="checkbox"/> Vessels <input type="checkbox"/> Others	<input type="checkbox"/> Trucks with solid tailgate <input type="checkbox"/> Trucks without solid tailgate. <input type="checkbox"/> Hand-loaded	cubic yards tons <input type="checkbox"/> Estimated <input type="checkbox"/> Actual	<input type="checkbox"/> Force account <input type="checkbox"/> Contract <i>If contract is checked, provide name of hauler:</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Grinding <input type="checkbox"/> Air curtain burning <input type="checkbox"/> Open burning <input type="checkbox"/> Compacting <input type="checkbox"/> Mulching <input type="checkbox"/> Chipping <i>If air curtain or open burning are selected, upload a copy of the permit authorizing burning at this site</i>	cubic yards tons

6. FINAL DISPOSAL SITES - DETAILED DEBRIS REMOVAL INFORMATION

The Applicant must complete this section for each final disposal site used. Create a new row for each type of debris reduced or disposed of at the site.

		Debris Loading/Hauling Information			Debris Reduction Information				Debris Disposal Information	
Final Site Name or ID	Temporary sites from which debris was routed	Loading method/ Equipment type	Type of labor used to load/haul debris to site	Quantity of debris hauled to site	On-site debris reduction	Reduction method	Quantity reduced	Reduction price per unit	Total reduction cost	Disposal method

<input type="checkbox"/> auto-populate list of sites from Final Disposal Site Table]	<input type="checkbox"/> auto-populate list of sites from TDSRS Table] <input type="checkbox"/> None	<input type="checkbox"/> Trucks with solid tailgate <input type="checkbox"/> Trucks without solid tailgate. <input type="checkbox"/> Hand-loaded.	cubic yards tons <input type="checkbox"/> Estimated <input type="checkbox"/> Actual	<input type="checkbox"/> Force account <input type="checkbox"/> Contract If contract is checked, provide name of hauler:	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Grinding <input type="checkbox"/> Air curtain burning <input type="checkbox"/> Open burning <input type="checkbox"/> Compacting <input type="checkbox"/> Mulching <input type="checkbox"/> Chipping <i>If air curtain or open burning are selected, upload a copy of the permit authorizing burning at this site</i>	cubic yards tons	\$___ per cubic yard <input type="checkbox"/> ton	<input type="checkbox"/> system calculated	<input type="checkbox"/> Landfill <input type="checkbox"/> Spreading <input type="checkbox"/> Dumpster <input type="checkbox"/> Burying (including ash harrowing) <input type="checkbox"/> Supplied to public <input type="checkbox"/> Recycled <input type="checkbox"/> Other
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You have completed this survey. Please complete the EHP Survey for this project, then return to Section III.

Environmental and Historic Preservation Survey

Environmental and Historic Preservation (EHP) Survey

In accordance with the Public Assistance Program and Policy Guidance, the Applicant must comply with all applicable federal, state, and local laws; must provide all documentation requested to allow FEMA to ensure projects comply with Federal Environmental and Historic Preservation (EHP) laws, implementing regulations, and Executive Orders (EOs); and must comply with any EHP compliance conditions placed on the grant. For additional information on EHP requirements, statues and EOs see the Public Assistance Program and Policy Guidance v4. If the Applicant starts this work prior to FEMA's completion of the EHP review, it jeopardizes PA funding for the entire project (See Stafford Act § 316, 41 U.S.C. § 5159; 2 C.F.R. § 200.300.)

Instructions: Please complete Part 1 of this schedule. Additionally, if any of the following activities were reported in Part 1, or indicated in other areas of this application, Applicants must answer the corresponding question(s):

- Part 2: Temporary Debris Staging and Reduction Sites
- Part 3: Ground Disturbance
- Part 4: Work in or Near Cemetery
- Part 5: Threatened or Endangered Species
- Part 6: Hazardous Materials
- Part 7: Work Within 200 feet of Water or Wetland
- Part 8: Invasive Species
- Part 9: Historic District or Building, Structure, or Object over 45 Years Old

1. ACTIVITY-SPECIFIC WORK INFORMATION

Answer the following questions about the work site(s) and debris removal, staging, and disposal activities:

	No	Yes	Unsure
Did or will any removal, staging, or disposing of debris require ground disturbing activities (trenching, bulldozing, excavating, scraping, plowing, digging, etc.)?			
Did or will the work involve the removal, staging, or disposing of debris in or adjacent to a cemetery?			
Did or will any removal, staging, or disposing of debris (be) performed near threatened or endangered species or critical habitat?			
Did or will any removal, staging, or disposal of debris occur within 200 feet of a waterway, body of water, or wetland?			
Did or will any debris removal, staging, or disposal occur within or adjacent to either a locally designated or National Register of Historic Places-listed property or historic district OR affect a building, structure, or object older than 45 years? A structure is a functional construction made for purposes other than creating human shelter. Examples of structures that may be affected include bridges, culverts, canals, ships, roads, locomotives, etc. An object is a construction that is primarily artistic in nature or relatively small in scale. Although it may be, by nature or design, moveable, an object is associated with a specific setting or environment. Examples of objects that may be affected include monuments, statues, fountains, etc.			

2. TEMPORARY DEBRIS STAGING AND REDUCTION SITES

What surface does the site have?

- Paved
- Gravel
- Grass
- Other

Is this a pre-approved temporary site or a new location?

Pre-approved

New

Has there been coordination with any regulatory agencies for sites, such as the State Historic Preservation Office (SHPO), relevant State, local, Territorial, or Tribal (SLTT) agencies, or local floodplain administrator?

Yes. *Upload permit, authorization, or documentation of coordination.*

No. *Please initiate coordination with the SHPO and State Environmental Regulatory Department and submit all documentation pertaining to this coordination, to include a permit, if necessary*

Unsure. *Please initiate coordination with the SHPO and State Environmental Regulatory Department and submit all documentation pertaining to this coordination, to include a permit, if necessary*

3. GROUND DISTURBANCE

Create a new entry for each distinct area of ground disturbance, including all stump extractions.

Did or will the ground disturbance occur on previously undisturbed areas or outside of an existing footprint or right of way?

Yes

No

Please describe the ground disturbing activities (trenching, bulldozing, excavating, scraping, plowing, digging etc.)

What are the GPS coordinates (decimal degrees with six decimal places) of the ground disturbance?

Latitude:

Longitude:

What are or will be the dimensions of the ground disturbance at each site?

Length: feet inches

Width: feet inches

Depth: feet inches

Did or will the ground disturbance involve the removal of any existing non-debris trees or vegetation?

Yes. *Please describe*

No

4. WORK IN OR ADJACENT TO A CEMETERY

What is the name of the cemetery?

What are the GPS coordinates (decimal degrees with six decimal places) of the cemetery?

Latitude:

Longitude:

What is the approximate age of the cemetery?

Were or might there be any impacts to the cemetery (damage to headstones, disturbed ground etc.)?

Damage to headstones

Damage to fences, walls, and/or buildings

Disturbed ground

Other. *Please describe:* _____

What was or will be the method of debris removal (by hand, with equipment, etc.)? *Please describe:*

Was there or will there be coordination with, or a permit obtained from, the State or Tribal Historic Preservation Office?

No

Yes. *Please upload applicable permits or documentation of correspondence with said agency.*

5. THREATENED OR ENDANGERED SPECIES

Is the work near species or habitat?

Species

Habitat

Which species (if known)?

What are the GPS coordinates (decimal degrees with six decimal places) of the work site(s) that are near the endangered or threatened species?

Latitude:

Longitude:

Did or will the Applicant coordinate with any regulatory agencies?

No

Yes

Please check the relevant agencies:

U.S. Fish and Wildlife Service (USFWS). *The U.S. Fish and Wildlife Service works with federally listed threatened and endangered species, migratory birds, bald and golden eagles, and works in Coastal Barrier Resource System areas, and in or near waterways or wetlands.*

National Marine Fisheries Service (NMFS). *The National Marine Fisheries Services works with federally listed threatened and endangered species, in essential fish habitat, and in National Marine Sanctuaries.*

U.S. Army Corps of Engineers (USACE). *The U.S. Army Corps of Engineers works in waters of the United States and conducts work involving dredging or discharging dredged materials or fill in waterways or wetlands.*

Other. *Please list agency:*

Please upload applicable permits or documentation of correspondence with all selected agencies.

6. HAZARDOUS MATERIALS

Are any of the following hazardous materials included in debris disposal operations? Select all that apply.

- Asbestos containing products (sealants, insulation, tile, etc.)
- Chemical, pesticide or fuel storage tanks (above or below ground)
- Glycol and/or antifreeze
- Lead based paints, solder, flashing
- Mercury containing waste (mercury switches, fluorescent bulbs, thermostats, etc.)
- Oil, fuel (gasoline, diesel, kerosene, propane), and/or hydraulics
- Pesticides/herbicides/rodenticides
- PCB containing materials (transformers, caulking, etc.)
- Solvents (thinners, cleaners, varnishes, and adhesives)
- Swimming pool maintenance supplies (chlorine products, muriatic acid, etc.)
- Other. *Please describe:*

For all checked boxes, please upload applicable permits, waste manifests, notification of proper storage, and/or any required facility-specific Emergency Response Plans for spills, safety, and proper handling.

Did or will the Applicant coordinate with a regulatory agency?

No

Yes

Which agency?

Environmental Protection Agency (EPA). EPA work can involve underground injection, and work with the potential to increase contamination of sole source aquifers.

State, Local, or Tribal Agency. *Please list agency:*

Other. *Please list agency:*

Please upload all applicable permits or documentation of correspondence with the regulatory agencies.

Was any oil or hazardous materials release reported to state environmental agencies under spill or cleanup requirements?

Yes. What is the case or site number: _____ Please upload documentation of correspondence with the environmental agency.

No

7. WORK WITHIN 200 FEET OF A WATERWAY, BODY OF WATER, OR WETLAND

Debris removal from waterways usually requires coordination with the U.S. Army Corps of Engineers (USACE) for

the use of a Nationwide permit and with the National Marine Fishery Service (NMFS) and U.S. Fish and Wildlife Service (USFWS) to ensure compliance with Section 7 of the Endangered Species Act (ESA) (Additional information can be found in the Public Assistance Program and Policy Guide section on Waterways)

Was or will any equipment (e.g., machinery or vehicles) be placed in water?

- No
 Yes

Were or are staging areas being used for the equipment?

- No
 Yes

What are the GPS coordinates (decimal degrees with six decimal places) of the staging area?

Latitude:

Longitude:

Were or will temporary access roads (be) constructed?

- No
 Yes

What are the GPS coordinates (decimal degrees with six decimal places) of the access road(s)?

Starting point: Latitude:

Longitude:

Ending point: Latitude:

Longitude:

Did or will the work involve dredging of materials?

- No
 Yes

What is the method of dredging?

- Barge
 Floatation Device
 Land
 Other

What are the GPS coordinates (decimal degrees with six decimal places) of the dredging location boundaries?

Latitude:

Longitude:

Did or will the Applicant coordinate with any regulatory agencies?

- No
 Yes

Which agencies? Select all that apply.

- U.S. Environmental Protection Agency (EPA). *The EPA work can involve underground injection, and work with the potential to increase contamination of sole source aquifers.*
- U.S. Army Corps of Engineers (USACE). *The U.S. Army Corps of Engineers works in waters of the United States, and conducts work involving dredging or discharging dredged materials or fill in waterways or wetlands.*
- U.S. Fish and Wildlife Service (USFWS). *The U.S. Fish and Wildlife Service works with federally listed threatened and endangered species, migratory birds, bald and golden eagles, and works in Coastal Barrier Resource System areas, and in or near waterways or wetlands.*
- U.S. Coast Guard
- National Marine Fisheries Service (NMFS). *The National Marine Fisheries Services works with federally listed threatened and endangered species, in essential fish habitat, and in National Marine Sanctuaries.*
- State, Local, Territorial, or Tribal Agency. *Please list agency*
- Other. *Please list agency:*

Please upload applicable permits or documentation of correspondence with each relevant agency.

8. INVASIVE SPECIES

Did or will the project scope include collection of vegetative debris within an invasive species quarantine area?

An invasive species is "an alien species whose introduction does or is likely to cause economic or environmental harm or harm to human health" as per *Executive Order 13112:1*. Quarantine areas are established where an invasive species has been located in an effort to slow the spread to new areas. These state and federal regulations prohibit the movement of regulated items outside of quarantine areas. These restrictions apply to everyone who moves debris within a quarantine area including private citizens, tree care companies, loggers, mulch providers, municipal tree crews and wood product companies. It is important for the Applicant to understand the restrictions of the quarantine when moving debris within and (even times outside) of quarantined area to avoid fines or penalties. To learn more about compliance agreements, certificates, permits, please contact your State/Local Authority and local waste management official to locate approved final debris locations associated with the invasive species in your area.

- No
- Yes. *Please name the quarantine area:*

How was or will the debris (be) disposed of?

Was or will the debris (be) disposed of according to quarantine requirements?

- No. Please explain why quarantine requirements were not met:
- Yes
- Unsure

How was or will the debris (be) disposed of?

Was or will the debris (be) disposed of according to quarantine requirements?

- No. Please explain why quarantine requirements were not met:
- Yes
- Unsure

Did or will the Applicant coordinate with any federal state/local waste management regulatory agencies?

- No
- Yes. *Please upload applicable compliance agreements, certificates, permits and/or documentation of correspondence with federal/state/local waste management regulatory officials.*

9. WORK IN OR NEAR A HISTORIC DISTRICT OR BUILDING/STRUCTURE/OBJECT OVER 45 YEARS

Which of the below were or will (be) affected by the work (e.g. have its historic characteristics altered):

- Historic district
- Historic building, structure, or object over 45 years old. *What is the year built?* _____
- Other. *Please describe and provide the year built:* _____

What specific debris removal activities occurred or will occur in or near a historic district, or affected or will affect a building, structure or object over 45 years old? Please describe:

What are the GPS coordinates (decimal degrees with six decimal places) of where the work occurred or will occur?

Latitude:
Longitude:

Was there or will there be coordination with, or a permit obtained from, the State or Tribal Historic Preservation Office?

- No
- Yes. *Please upload applicable permits or documentation of correspondence with said agency.*

You have completed this Survey. Return to Section II.

Private Property Debris Removal Survey

Work Survey, Debris Removed from Private Property

Instructions: Please complete this survey if the activities reported in Section II of the Project Application include debris removal from private property (roads and residential properties). Removal of debris from commercial properties, such as industrial parks, golf courses, cemeteries, apartments, condominiums, and trailer parks is generally ineligible because commercial enterprises are expected to retain insurance that covers debris removal. For

more information on these requirements, see the Public Assistance Program and Policy Guide, Debris Removal from Private Property.

1. GENERAL ELIGIBILITY

Did the Applicant receive FEMA approval for each identified private road or private property?

Yes. *Please provide the letter(s) of request and approval(s).*

No.

2. PRIVATE ROADS

Applicants should consider obtaining FEMA approval prior to starting debris removal from private roads. FEMA approval is required to receive PA funding.

Does the public have unrestricted access to the road(s)?

Unrestricted access is defined as no locks, gates, or guards, and no signs discouraging public use (e.g., "No trespassing" signs).

Yes

No

Are the road(s) used frequently by the public?

Yes

No

Describe how debris removal is in the public interest:

Please upload the determination made by the State, Territorial, Tribal, county, or municipal government's public health authority or other public entity that has legal authority that disaster-generated debris on private property constitutes an immediate threat to life, public health, or safety, or to the economic recovery of the community at large. This document should explain the basis for the determination.

3. PRIVATE PROPERTIES

Applicants should consider obtaining FEMA approval prior to starting debris removal from private residential properties. FEMA approval is required to receive PA funding.

Was or is the debris located in open areas accessible to the public (e.g., in a yard with no fence barrier next to a public sidewalk), located in maintained areas, or creating a health and safety hazard (such as a rodent infestation)?

"Maintained areas" refers to land that is not natural or unimproved (such as heavily wooded or unused areas). See the Public Assistance and Program Policy Guide, Debris Removal.

No

Yes. *Please describe:*

What was or is the volume of debris? (select one)

cubic feet

cubic yards

tons

Estimated

Actual

What was or is the height of debris? feet

How many houses or blocks had or have large volumes of debris?

houses

blocks

How much of the jurisdiction's population was or is affected, either in absolute numbers or a percentage?

Please describe how debris removal is in the public interest:

Please upload the determination made by the State, Territorial, Tribal, county, or municipal government's public health authority or other public entity that has legal authority that disaster-generated debris on private property constitutes an immediate threat to life, public health, or safety, or to the economic recovery of the community at large. This document should explain the basis

for the determination.

4. LEGAL AUTHORITY AND DOCUMENTATION

What is the applicable source of legal authority and responsibility?

- Law
- Ordinance
- Code
- Other. *Please describe:*

Please provide a written statement from an authorized Applicant official that includes the following:

- certifies the Applicant has legal authority and responsibility to remove debris from private property;
- cites all applicable sources of authority (law, ordinance, code, contract, etc.); and
- indemnifies the United States for any claim arising from the debris removal.

You have completed this survey. Please next complete the appropriate work survey for this project.

Cost Schedules

FEMA collects detailed cost information for the activities reported in Section II of the Project Application on cost schedules. The Applicant is only required to complete one cost schedule, depending on the status of the activities conducted and the total cost of the project, as reported in Section III of the Project Application. The cost schedules are listed below and presented in the rest of this section. Grants Portal will only display the cost schedule required for each Project Application.

Schedule A – Expedited Funding Request ([Click here to jump to schedule.](#))

Applicants requesting expedited funding from the Recipient and FEMA will complete cost schedule A. Schedule A consists of a general eligibility section in which the Applicant must report how the reported activities constitute an immediate threat and an immediate need for funding. Additionally, the Applicant must report project costs and deductions to justify the amount of the funding request. Additional information can be found in the Public Assistance Program and Policy Guide section on *Expedited Projects for Emergency Work*.

Schedule B – Completed Work Costs (for Large Projects) ([Click here to jump to schedule.](#))

Schedule B should be completed for projects; 1) on which all work has been completed; and 2) equal or exceed the [Large Project Threshold](#).

Schedule C – In-Progress Work Estimate (for Large Projects) ([Click here to jump to schedule.](#))

Schedule C should be completed for projects that; 1) have work yet to be completed; and 2) equal or exceed the [Large Project Threshold](#).

For projects with work to be completed, a detailed scope of work to address Emergency Work is often unknown and therefore, difficult to estimate in advance. If the Applicant provides sufficient information, FEMA may process Emergency Work Projects based on estimates. Additional information can be found in the Public Assistance Program and Policy Guide section on *Estimating Emergency Work Projects with Work to be Completed* for more information.

Schedule EZ – Small Project Costs ([Click here to jump to schedule.](#))

Small projects have total project costs below the [Large Project Threshold](#) regardless of the work status.

For Small Projects with all work completed, FEMA may accept certification in lieu of documentation and process the projects based on estimated costs even if all work is completed. However, except for the scenarios listed in the [Public Assistance Program and Policy Guide](#) section on *Small Projects*, Small Project estimates are not subsequently adjusted to reflect actual costs. The Applicant must still retain documentation for Net Small Project Overrun appeals and audits.

Schedule A – Expedited Funding Request

Schedule A – Expedited Funding

Please complete this schedule if the Applicant is 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 the Large Project Threshold.

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 reported in Section II: Because expedited funding is awarded based on reduced documentation requirements, FEMA funds these projects for specific time periods.

Start date: _____ (MM/DD/YY)

Designated Time Period:

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

2. PROJECT COST & COST ELIGIBILITY

Please select the resources necessary to complete the activities reported in Section II of the Project Application. For each resource selected, please provide the cost and/or other information requested to enable FEMA to develop or validate a cost estimate.

<input type="checkbox"/> Contracts	Cost \$
Please enter the total cost of contracts and upload copies of the request for proposals, bid documents, or signed contracts with the application. 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). Contacts include any leased properties.	
<input type="checkbox"/> Labor <i>Including the Applicant's own staff (Force Account labor), mutual aid, prison labor, or National Guard.</i>	Cost \$[auto-filled from rows below]
<input type="checkbox"/> Cost for Applicant's own staff (force account labor)	\$
<input type="checkbox"/> Cost for mutual aid labor <i>Please provide the written mutual aid agreement.</i>	\$
<input type="checkbox"/> Cost for prison labor	\$
<input type="checkbox"/> Cost for National Guard	\$
Please enter the total cost of labor and provide a copy of the calculation. If not available, please provide the following (attach a list if necessary): <ul style="list-style-type: none"> • Number of personnel: • Average hours per day: • Average days per week: • Average pay rate: • Lodging and per diem: 	
<input type="checkbox"/> Equipment <i>Including Applicant-owned, purchased, or rented equipment.</i>	Cost \$[auto-filled from rows below]
<input type="checkbox"/> Owned <i>Please provide the following (attach a list if necessary):</i> <ul style="list-style-type: none"> • Number and types of equipment used: • Average hours used per day: • Average days per week: • Average hourly rate: 	\$
<input type="checkbox"/> Purchased <i>Please enter the purchase price.</i>	\$
<input type="checkbox"/> Rented <i>Please provide the rental agreement and enter the rental price. Include the amount of fuel</i>	\$

<i>used, if not included in rental cost</i>	
<input type="checkbox"/> Materials and Supplies	Cost \$
Please enter the total cost of materials and supplies and provide the following (attach a list if necessary): <ul style="list-style-type: none"> • Inventory records / Amount of materials and supplies, by type • Purchase or stock replenishment cost 	
<input type="checkbox"/> Other Costs <i>Including other eligible expenses not listed above.</i>	Cost \$
<input type="checkbox"/> Travel costs <i>Please provide a travel policy.</i>	\$
<input type="checkbox"/> Meals and incidentals costs <i>Please provide a meal/per diem policy. If no policy is available, explain why meals were provided:</i>	\$
<input type="checkbox"/> Miscellaneous costs (describe): Please describe what the costs were incurred for: Please also provide invoices or receipts. <i>Other costs may include travel costs (including meals and incidentals), utilities and other expenses directly tied to the performance of eligible work.</i>	\$
Please enter the total cost and provide any additional documentation to substantiate these costs. Please provide high-level information to substantiate costs:	
GROSS COST <i>Please add together costs of contracts, labor, equipment, materials and other costs (note: this will be automated in the Grants Portal system).</i>	\$(auto-filled)
3. DEDUCTIONS <i>Please select the credits available to offset costs of activities reported in Section II. For each selected, please provide the deduction or other information FEMA can use to estimate the deduction.</i>	
<input type="checkbox"/> Insurance Proceeds	Deduction \$
Please enter the actual or anticipated insurance proceeds covered under the Applicant's insurance policy.	
<input type="checkbox"/> Other Funding Sources	Deduction \$
<input type="checkbox"/> Other federal awards <i>Please describe:</i>	\$
<input type="checkbox"/> Non-federal grants and cash donations <i>Please describe:</i>	\$
<input type="checkbox"/> Third-party liability proceeds <i>Please describe:</i>	\$
Please enter the total amount of proceeds or payments received or expected from another source for the same work claimed in this Project Application.	
NET COST <i>Please subtract all proceed deductions from the Gross Cost (note: this will be automated in the Grants Portal system).</i>	\$(auto-filled)
You have completed this Schedule. Please return to Section IV.	

Schedule B – Large, Completed Work Projects

Schedule B – Completed Work Costs

Instructions: Please complete this schedule if the Applicant (1) has completed the activities claimed in this Project Application, (2) has documentation available to support the actual costs, and (3) the cost of the activities is greater than or equal to the Large Project Threshold.

4. PROJECT COST & COST ELIGIBILITY

Please select the resources necessary to complete the activities reported in Section II of the Project Application. For each resource selected, please provide the cost and/or other information requested to enable FEMA to develop or validate a cost estimate.

<input type="checkbox"/> Contracts	Cost \$
<p>Please enter the total cost of contracts. To calculate the total cost, complete FEMA Public Assistance Category A Contracts Report (available in Grants Portal). Contracts include any leased properties. Please also provide the following:</p> <ul style="list-style-type: none"> • 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) 	
<input type="checkbox"/> Labor <i>Including the Applicant's own staff (Force Account labor), mutual aid, prison labor, or National Guard.</i>	Cost \$(auto-filled from rows below)
<input type="checkbox"/> Cost for Applicant's own staff (force account labor) <i>Please provide labor pay policy (documentation must cover each employee type used, for example part time, full time, and temporary).</i>	\$
<input type="checkbox"/> Cost for mutual aid labor <i>Please provide the written mutual aid agreement.</i>	\$
<input type="checkbox"/> Cost for prison labor <i>Please provide prison labor pay policy and pay rate.</i>	\$
<input type="checkbox"/> Cost for National Guard	\$
<p>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.</p> <p>Please also provide:</p> <ul style="list-style-type: none"> • Justification for any standby time claimed. • Justification for use of personnel who are overqualified (e.g., professional engineers) to monitor debris removal • Timesheets. Please provide either (1) a summary list of all 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 used to select the representative sample. Be sure to redact any Personally Identifiable Information (PII) from timesheets. PII includes Social Security Numbers, home addresses, non-work phone numbers, and other information that could be used to identify individuals. • Daily logs or activity reports. 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 <p>Please describe any labor that was not Applicant's own staff, mutual aid, prison labor, or National Guard:</p>	

<input type="checkbox"/> Equipment <i>Including Applicant-owned, purchased, or rented equipment.</i>	Cost [\$[auto-filled from rows below]]
<input type="checkbox"/> Owned <i>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).</i>	\$
<input type="checkbox"/> Purchased <i>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.</i>	\$
<input type="checkbox"/> Rented <i>Please provide rental agreement, invoices or receipts, and a rental vs. purchase cost comparison. Include the amount of fuel used, if not included in rental cost.</i>	\$
<p>Please enter the total cost of equipment by type. 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. Please also answer the following question:</p> <p>What was the basis of the rate used in the equipment summary? Please select all that apply.</p> <p><input type="checkbox"/> FEMA's Schedule of Equipment Rates.</p> <p><input type="checkbox"/> Applicant's Equipment Rates. FEMA uses the lesser of either the Applicant's local rate or FEMA's rate.</p> <p><input type="checkbox"/> State, tribal, or territorial Rates. Rates established by state, tribes, or territories used in day-to-day operations.</p> <p><i>If applicant provides no established equipment rates, FEMA reimburses the equipment costs based on FEMA rates.</i></p>	
<input type="checkbox"/> Materials and Supplies Please enter the total cost of materials and supplies. To calculate the total cost, complete FEMA Form 009-0-124 Materials Summary Record or provide all information contained therein.	Cost [\$[auto-filled from rows below]]
<input type="checkbox"/> From stock <i>Please provide cost documentation such as original invoices or other historical cost records, inventory records, and—if available—supporting documentation such as daily logs.</i>	\$
<input type="checkbox"/> Purchased <i>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.</i>	\$
<input type="checkbox"/> Travel costs <i>Please provide a travel policy.</i>	\$
<input type="checkbox"/> Meals and incidentals costs <i>Please provide a meal/per diem policy. If no policy is available, explain why meals were provided:</i>	\$
<input type="checkbox"/> Miscellaneous costs (describe): Please describe what the costs were incurred for: Please also provide invoices or receipts.	\$
Please enter the total cost and provide any additional documentation to substantiate these costs. Please provide high-level information to substantiate costs:	
GROSS COST <i>Please add together costs of contracts, labor, equipment, materials and other costs (note: this will be automated in the Grants Portal system).</i>	[\$[auto-filled]]
5. DEDUCTIONS <i>Please select the credits available to offset costs of activities reported in Section II. For each selected, please provide the deduction or other information FEMA can use to estimate the deduction.</i>	
<input type="checkbox"/> Insurance Proceeds	Deduction

		\$
Please enter the actual or anticipated insurance proceeds covered under the Applicant's insurance policy.		
<input type="checkbox"/> Salvage Value Please enter the total salvage value of purchased equipment and supplies (if greater than \$5,000).	Deduction \$	
<input type="checkbox"/> Other Funding Sources	Deduction \$	
<input type="checkbox"/> Other federal awards <i>Please describe:</i>	\$	
<input type="checkbox"/> Non-federal grants and cash donations <i>Please describe:</i>	\$	
<input type="checkbox"/> Third-party liability proceeds <i>Please describe:</i>	\$	
Please enter the total amount of proceeds or payments received or expected from another source for the same work claimed in this Project Application, such as debris recycling.		
NET COST <i>Please subtract all proceed deductions from the Gross Cost (note: this will be automated in the Grants Portal system).</i>	\$[auto-filled]	
You have completed this Schedule. Please return to Section IV.		

Schedule C – In-Progress Work Estimate

Schedule C – In-Progress Work Estimated Cost

Instructions: Please 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 greater than or equal to the Large Project Threshold.

6. BUDGET ESTIMATE

Please attach an itemized estimate

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.

What is the basis for the 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.
- Other. *Please describe:*

7. PROJECT COST & COST ELIGIBILITY

Please select the resources necessary to complete the activities reported in Section II of the Project Application. For each resource selected, please provide the cost and/or other information requested to enable FEMA to develop or validate a cost estimate.

<input type="checkbox"/> Contracts	Completed Cost \$	+	Future Cost \$	=	Total Cost \$
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Please enter the completed cost of contracts. If no contracts-related costs are complete enter 0. To calculate the completed cost, complete FEMA Public Assistance Category A Contracts Report (available in Grants Portal). Contracts include any leased properties.

For completed costs, please also provide the following:

- 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)

Is the estimate based on awarded contracts?

- Yes. Please complete the FEMA Public Assistance Category A Contracts Report (available in Grants Portal) 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 will be reasonable (for example, requests for proposals, bids, selection process, or justification for non-competitive procurement)
- No. Please provide:
- Cost or price analysis (for projected contracts above \$250,000, the federal simplified acquisition threshold)
 - The Applicant’s procurement policy

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

<input type="checkbox"/> Labor <i>Including the Applicant’s own staff (Force Account labor), mutual aid, prison labor, or National Guard.</i>	Completed Cost \$[auto-filled]	+	Future Cost \$[auto-filled]	=	Total Cost \$[auto-filled]
<input type="checkbox"/> Cost for Applicant’s own staff (force account labor) <i>Please provide labor pay policy (documentation must cover each employee type used, for example part time, full time, and temporary). See Public Assistance Program and Policy Guide, Applicant (Force Account) Labor.</i>	Completed Cost \$	+	Future Cost \$	=	Total Cost \$[auto-filled]
<input type="checkbox"/> Cost for mutual aid labor <i>Please provide the written mutual aid agreement.</i>	Completed Cost \$	+	Future Cost \$	=	Total Cost \$[auto-filled]
<input type="checkbox"/> Cost for prison labor <i>Please provide prison labor pay policy and pay rate.</i>	Completed Cost \$	+	Future Cost \$	=	Total Cost \$[auto-filled]
<input type="checkbox"/> Cost for National Guard	Completed Cost \$	+	Future Cost \$	=	Total Cost \$[auto-filled]

Please enter the completed costs of labor. If no labor-related costs are complete enter 0. To calculate the completed cost, 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 therein.

Please also provide:

- Justification for any standby time claimed.
- Justification for use of personnel who are overqualified (e.g., professional engineers) to monitor debris removal.

- Timesheets. Please provide either (1) a summary list of all 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 used to select the representative sample. Be sure to redact any Personally Identifiable Information (PII) from timesheets. PII includes Social Security Numbers, home addresses, non-work phone numbers, and other information that could be used to identify individuals.
- Daily logs or activity reports. 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 describe any labor that was not Applicant’s own staff, mutual aid, prison labor, or National Guard: 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:

- Labor pay policy. Policy must cover each employee type used, for example part time, full time, and temporary.
- National Guard pay policy. (required for National Guard)
- Mutual aid agreement. (required for mutual aid labor)

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

<input type="checkbox"/> Equipment <i>Including Applicant-owned, purchased, or rented equipment.</i>	Completed Cost \$[auto-filled]	+	Future Cost \$[auto-filled]	=	Total Cost \$[auto-filled]
<input type="checkbox"/> Owned <i>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).</i>	Completed Cost \$	+	Future Cost \$	=	Total Cost \$[auto-filled]
<input type="checkbox"/> Purchased <i>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.</i>	Completed Cost \$	+	Future Cost \$	=	Total Cost \$[auto-filled]
<input type="checkbox"/> Rented <i>Please provide rental agreement, invoices or receipts, and a rental vs. purchase cost comparison. Include the amount of fuel used, if not included in rental cost.</i>	Completed Cost \$	+	Future Cost \$	=	Total Cost \$[auto-filled]

Please enter the completed cost of equipment. If no equipment-related costs are complete enter 0. To calculate the completed 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. Please also answer the following questions:

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. FEMA uses the lesser of either the Applicant’s local rate or FEMA’s rate.
- State, tribal, or territorial, or Tribal Rates. Rates established by state, tribal, or territories used in day-to-day operations. 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.

<input type="checkbox"/> Materials and Supplies	Completed Cost \$[auto-filled]	+	Future Cost \$[auto-filled]	=	Total Cost \$[auto-filled]
<input type="checkbox"/> From Stock <i>Please provide cost documentation such as original invoices or other historical cost records, inventory records, and—if available—supporting documentation such as daily logs.</i>	Completed Cost \$	+	Future Cost \$	=	Total Cost \$[auto-filled]
<input type="checkbox"/> Purchased <i>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.</i>	Completed Cost \$	+	Future Cost \$	=	Total Cost \$[auto-filled]
<input type="checkbox"/> Other <i>Including other eligible expenses not listed above.</i>	Completed Cost \$[auto-filled]	+	Future Cost \$[auto-filled]	=	Total Cost \$[auto-filled]
<input type="checkbox"/> Travel costs Please provide a travel policy.	Completed Cost \$		Future Cost \$		Total Cost \$[auto-filled]
<input type="checkbox"/> Meals and incidentals costs Please provide a meal/per diem policy. If no policy is available, explain why meals were provided:	Completed Cost \$		Future Cost \$		Total Cost \$[auto-filled]
<input type="checkbox"/> Miscellaneous costs (describe): Please describe what the costs were incurred for: Please also provide invoices or receipts.	Completed Cost \$		Future Cost \$		Total Cost \$[auto-filled]
Project COST <i>Please add together costs of contracts, labor, equipment, materials and other costs (note: this will be automated in the Grants Portal system).</i>	\$[auto-filled]				
8. DEDUCTIONS					
<i>Please select the credits available to offset costs of activities reported in Section II. For each selected, please provide the deduction or other information FEMA can use to estimate the deduction.</i>					
<input type="checkbox"/> Insurance Proceeds <i>Please enter the actual or anticipated insurance proceeds covered under the Applicant's Insurance policy.</i>	Completed Deduction \$	+	Future Deduction \$	=	Total Deduction \$[auto-filled]
<input type="checkbox"/> Other Funding Sources <i>Please enter the actual or anticipated insurance proceeds covered under the Applicant's Insurance policy.</i>	Completed Deduction \$[auto-filled]	+	Future Deduction \$[auto-filled]	=	Total Deduction \$[auto-filled]
<input type="checkbox"/> Other federal awards <i>Please describe:</i>	Completed Deduction \$	+	Future Deduction \$	=	Total Deduction \$[auto-filled]
<input type="checkbox"/> Non-federal grants and cash donations <i>Please describe:</i>	Completed Deduction \$	+	Future Deduction \$	=	Total Deduction \$[auto-filled]

<input type="checkbox"/> Third-party liability proceeds <i>Please describe:</i>	Completed Deduction \$	+ Future Deduction \$	= Total Deduction \$[auto-filled]
Please enter the total amount of proceeds or payments received or expected from another source for the same work claimed in this Project Application, such as debris recycling.			
NET COST <i>Please subtract all proceed deductions from the Gross Cost (note: this will be automated in the Grants Portal system).</i>			\$[auto-filled]
You have completed this Schedule. Please return to Section IV.			

Schedule EZ – Small Projects

Schedule EZ – Small Project Costs

Instructions: Please complete this schedule if the total project cost is less than the [Large Project Threshold](#) and provide the costs of the activities reported in Section II.

9. BUDGET ESTIMATE

This section of Grants Portal is used to capture small projects which may be estimated or actual costs. Estimated cost information is presented first and actual cost information is presented last.

For Small Projects, FEMA does not adjust estimated costs to the actual incurred amount. FEMA may accept certification in lieu of documentation and may process the projects based on estimated costs even if all work is completed. However, with exception of the scenarios listed in the [Public Assistance Simplified Procedures Policy](#), Small Project estimates are not subsequently adjusted to reflect actual costs. The Applicant must still retain documentation for Net Small Project Overrun appeals and audits.

Estimated Cost Summary

Please attach an itemized estimate

The 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) and include the basis of the estimate. See Section III document requirements for additional information. Develop the estimate using the standard procedures the Applicant would use absent federal funding.

What is the basis for 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.

*Please describe the other basis for estimate**

Actual Cost Summary

For completed work activities the Applicant may provide an overall cost summary. This summary must include each of the following separately listed, if applicable:

- Total Employee straight-time hours and cost;
- Total employee overtime hours and cost;
- List of purchased materials, supplies, and equipment broken out by type with total cost for each;
- Rented equipment cost with total number of days or hours used;
- Total employee-owned equipment usage hours and cost broken out by equipment type and;
- Total cost for each contractor.

10. PROJECT COST

Please select the resources necessary to complete the activities being claimed on this project. For each resource selected, please provide the additional cost details requested.

<input type="checkbox"/> Contracts	Completed Cost \$	+	Future Cost \$	=	Total Cost \$
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Please enter the cost of contracts from the Applicant's estimate.

Is the estimate based on awarded contracts?

- Yes. Complete the contract section for each contract.
 No.

Contracts Section

This section must be completed for all awarded contracts

Name of contractor	Contract Start Date	Contract End Date
Amount requested for funding the project application?	Total Contract Award	

Was the contract awarded through a competitive bidding process?

- Yes.
 No. Please upload the applicant's procurement policy; procurement documents like proposals, bids, selection process; contracts, change orders, or summary of invoices.

Which of the following conditions apply to the noncompetitive procurement?

- Only available through one source. *Please describe.*
 A public exigency or emergency would not allow a delay resulting from competitive solicitation. *Please describe the specific conditions and circumstances that clearly illustrate why competitive procurement would cause unacceptable delay in addressing the public exigency or emergency.*
 Is this only for work specifically related to the exigent or emergency circumstances?
 Yes. How long does the Applicant anticipate the exigency or emergency circumstances to continue? MM/DD/YYYY Please describe.
 No.
 FEMA or the Recipient authorized a noncompetitive proposal. *Please upload written correspondence.*
 After solicitation of several sources, competition was determined inadequate. *Please describe.*
 Other

Please selected the type of contract?

- Fixed price
 Time and materials. *Please describe why no other contract type was suitable?*
 Does the contract have a ceiling price that the contractor exceeds at its own risk?
 Yes
 No
 Did the Applicant maintain a high-degree of oversight to obtain reasonable assurance that the contractor is using efficient methods and effective cost controls.
 Yes. Please upload documentation to substantiate such as daily or weekly logs, records of performance meetings.
 No.
 Cost-plus % of cost or percentage of construction.
 Is the payment of the contract on a predetermined percentage rate?
 Yes
 Was the predetermined percentage rate applied to actual performance costs?
 Yes
 Was the contractor's total payment amount uncertain at the time of contracting?
 Yes
 Did the contractor's payment increase commensurately with increased performance costs?
 No
 Other. *Please describe.*

<input type="checkbox"/> Labor <i>Including the Applicant's own staff (Force Account labor), mutual aid, prison labor, or National Guard.</i>	Completed Cost \$[auto-filled]	+	Future Cost \$[auto-filled]	=	Total Cost \$[auto-filled]
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<p><i>This must include each of the following separately listed if applicable:</i></p> <ul style="list-style-type: none"> • Total employee straight-time hours and cost; • Total employee overtime hours and costs; 					
<input type="checkbox"/> Cost for Applicant's own staff (force account labor)	Completed Cost \$	+	Future Cost \$	=	Total Cost \$[auto-filled]
<input type="checkbox"/> Cost for mutual aid labor	Completed Cost \$	+	Future Cost \$	=	Total Cost \$[auto-filled]
<input type="checkbox"/> Cost for prison labor	Completed Cost \$	+	Future Cost \$	=	Total Cost \$[auto-filled]
<input type="checkbox"/> Cost for National Guard	Completed Cost \$	+	Future Cost \$	=	Total Cost \$[auto-filled]
<p>Please also provide:</p> <ul style="list-style-type: none"> • Justification for any standby time claimed • Justification for use of personnel who are overqualified (e.g., professional engineers) to monitor debris removal 					
<input type="checkbox"/> Equipment <i>Including Applicant-owned, purchased, or rented equipment.</i> For rented equipment, please provide a rental vs. purchase cost comparison, include the amount of fuel used, if not included in rental cost. For purchased equipment, please provide a rental versus purchase cost comparison, please also provide all information requested of contracts above, as applicable.	Completed Cost \$	+	Future Cost \$	=	Total Cost \$[auto-filled]
<input type="checkbox"/> Materials and Supplies Please enter the total cost of materials and supplies from your estimate. Please enter the estimated future cost of materials and supplies. To calculate the future cost, please use the Applicants standard procedures the Applicant would use to create a budget estimate. Please add the completed costs to the future costs and enter result as the total cost.	Completed Cost \$	+	Future Cost \$	=	Total Cost \$[auto-filled]
<input type="checkbox"/> Other Costs <i>Including other eligible expenses not listed above.</i>	Completed Cost \$	+	Future Cost \$	=	Total Cost \$[auto-filled]
<input type="checkbox"/> Travel costs Please provide a travel policy.	Completed Cost \$	+	Future Cost \$	=	Total Cost \$[auto-filled]
<input type="checkbox"/> Meals and incidentals costs	Completed Cost \$	+	Future Cost \$	=	Total Cost \$[auto-filled]
<input type="checkbox"/> Miscellaneous costs Please describe what the cost were incurred for:	Completed Cost \$	+	Future Cost \$	=	Total Cost \$[auto-filled]
GROSS COST Please add together costs of contracts, labor, equipment, materials and other costs (note: this will be automated in the Grants Portal system).					\$[auto-filled]
11. DEDUCTIONS Please select the credits available to offset costs of activities reported in Section II. For each selected,					

<i>please provide the deduction or other information FEMA can use to estimate the deduction.</i>					
<input type="checkbox"/> Insurance Proceeds <i>Please enter the actual or anticipated insurance proceeds covered under the Applicant's Insurance policy.</i>	Completed Deduction \$	+	Future Deduction \$	=	Total Deduction \$[auto-filled]
<input type="checkbox"/> Salvage Value <i>Please enter the total salvage values of purchased equipment if greater than \$5,000</i>	Completed Deduction \$[auto-filled]	+	Future Deduction \$[auto-filled]	=	Total Deduction \$[auto-filled]
<input type="checkbox"/> Other Funding Sources	Completed Deduction \$[auto-filled]	+	Future Deduction \$[auto-filled]	=	Total Deduction \$[auto-filled]
<input type="checkbox"/> Other federal awards <i>Please describe:</i>	Completed Deduction \$	+	Future Deduction \$	=	Total Deduction \$[auto-filled]
<input type="checkbox"/> Non-federal grants and cash donations <i>Please describe:</i>	Completed Deduction \$	+	Future Deduction \$	=	Total Deduction \$[auto-filled]
<input type="checkbox"/> Third-party liability proceeds <i>Please describe:</i>	Completed Deduction \$	+	Future Deduction \$	=	Total Deduction \$[auto-filled]
NET COST Please subtract all proceed deductions from the Gross Cost (note: this will be automated in the Grants Portal system).					\$[auto-filled]
<i>The Applicant has completed this Schedule. Please return to Section IV.</i>					