

# Category B Streamlined Project Application Reference Guide

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**FEMA**

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# CHAPTER 1: OVERVIEW

FEMA is developing and introducing **Streamlined Project Applications** to simplify the application process for Public Assistance (PA) funding. Streamlined project applications request information and documentation to justify activities claimed for reimbursement and are completed and submitted online in [Public Assistance Grants Portal](#) at [grantee.fema.gov](http://grantee.fema.gov). Prior to submitting a project application, Applicants must submit and receive approval of a Request for Public Assistance.

## How to Use this Reference Guide

This document is a reference guide that Applicants may use when completing a streamlined project application for Emergency Protective Measures (Category B) funding requests. The reference guide is intended to inform Applicants, Recipients and FEMA staff on what information FEMA requires from Applicants if they seek reimbursement for Category B emergency protective measure activities.

This chapter (Chapter 1) summarizes the purpose and applicability of the Category B streamlined 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. See FEMA's *Applicant Quick Guide: Completing and Submitting a Streamlined Project Application* for instructions on completing the project application online in Grants Portal.

## Emergency Protective Measures (Category B)

The Category B streamlined project application is the formal request for Emergency Protective Measures (Category B) funding under the Public Assistance program. FEMA may provide funding to eligible Applicants for costs related to emergency protective measures. Emergency protective measures are eligible if the measures eliminate or lessen immediate threats to lives, public health or safety; or eliminate or lessen immediate threats of significant additional damage to improved public or private property in a cost-effective manner. Eligible Applicants submit funding requests to the Recipient and FEMA through the Public Assistance Grants Portal. FEMA provides funding through Recipients to eligible Applicants.

## What information is required?

Applicants will need the following information about their activities and costs to complete the project application:

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

**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.

## How does the Applicant complete the project application?

Applicants will complete and submit the project application online in Grants Portal. FEMA does not accept paper submissions of this project application. This reference guide is being provided to Applicants and Recipients in paper form to provide guidance on what information FEMA will require from Applicants if they seek reimbursement for emergency protective measure activities.

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

- [Section I – Project Application Information](#)
- [Section II – Scope of Work](#)
- [Section III – Cost and Work Status Information](#)
- [Section IV – Project 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.

If any activities with additional eligibility or regulatory requirements are claimed, the Applicant completes the appropriate **work survey(s)**. Surveys may be required based on specific activities to address work with environmental and historic preservation concerns, work on private property, non-congregate sheltering due to COVID-19 and the use of temporary facilities. Answers in Section II and Section III determine if the Applicant needs to complete one or more of the following work surveys:

- [Large Project Eligibility Survey](#)
- [Environmental and Historic Preservation \(EHP\) Survey](#)
- [Private Property Survey](#)
- [Temporary Facility Survey](#)
- [Pandemic Sheltering Survey](#)

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

Cost		Between \$3,300 and \$131,100 <sup>1</sup>	Equal to or greater than \$131,100			
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
	EHP	X	X	X	X	X
	Private Property	If needed	If needed	If needed	If needed	If needed
	Temp. Facility	If needed	If needed	If needed	If needed	If needed
	Pandemic Shelter	If needed	If needed	If needed	If needed	If needed

## When to Submit Multiple Project Applications

FEMA will process each project application submitted as a separate funding request. Applicants may prefer to report all emergency protective measure activities on one project application. However, submitting a separate project application for distinct activities or time periods is advisable in certain scenarios.

**Following this guidance may reduce funding delays and maximize the Applicant’s administrative flexibilities to track costs.**

FEMA recommends that one project application be submitted for each of the following groups of activities:

- All emergency response activities (except those conducted on private property);
- All demolition conducted on private property;
- Any other emergency protective measures conducted on private property;
- All emergency protective measures that involve facility construction or repairs;
- Each individual temporary facility; and
- All donated resources for Emergency Work.

Additionally, the following unique activities or conditions may warrant a separate project application:

- Certain activities (e.g., ground disturbance, hazardous materials, modifications to buildings, or new construction) may require FEMA to complete a more in-depth environmental or historic preservation review. For these activities, the Applicant should submit one project application for activities with

<sup>1</sup> 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 <https://www.fema.gov/public-assistance-indicator-and-project-thresholds>.

environmental or historic preservation considerations and another project application with its remaining activities. See the Public Assistance Program and Policy Guide (PAPPG) for detailed requirements on *Environmental and Historic Preservation*.

- 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 to receive an award of 50% of the total cost based on limited documentation;<sup>2</sup> 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.<sup>3</sup>
- Non-congregate sheltering during the COVID-19 public health emergency. FEMA will provide flexibility to applicants to take measures to safely conduct non-congregate sheltering activities through December 31, 2020 in the event of a Stafford Act declaration. See FEMA Policy 104-009-18 *Emergency Non-Congregate Sheltering during the COVID-19 Public Health Emergency (Interim)* for more information.

## Public Assistance Funding Considerations

**Public Assistance funding is subject to a cost share:** The assistance FEMA provides through its Public Assistance program is subject to a cost share. The Federal share is not less than 75 percent of eligible costs (i.e., state and local share is not greater than 25 percent). The Federal cost share may be increased in limited circumstances if warranted. The Recipient determines how much of the non-Federal share the Applicant must fund.

**Public Assistance cannot duplicate funding from another Federal source:** Some activities may be eligible for funding through both FEMA and other Federal agency funding sources. If the Applicant receives funds from another Federal agency for the same costs as Public Assistance funding, it is a duplication of benefits. FEMA cannot duplicate funds provided by another Federal agency. The Applicant should not request funding for activities where the costs have been or will be claimed from another Federal funding source.<sup>4</sup>

**Some activities may be completed through direct Federal assistance:** Some eligible activities may be completed directly by the Federal Government rather than provided as financial assistance to Applicants to complete those activities. If an Applicant does not have the capacity to directly complete the activity or

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<sup>2</sup> Applicants should use Schedule A of the project application to request expedited funding. FEMA may provide the remaining 50% of funds through a project amendment, which will require the Applicant to provide documentation to support expenditures of the entire claimed cost, including the first 50%. Because expedited funding is awarded based on reduced documentation requirements, FEMA will only fund these projects for specific time periods.

<sup>3</sup> 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.

<sup>4</sup> Including any costs that have been or will be claimed through another funding source will delay the Recipient's and FEMA's processing of this funding request. If FEMA or the Recipient later determines the Applicant requested funding for activities where costs were funded by another Federal agency, FEMA may de-obligate all funding until the Applicant can specifically demonstrate that duplicate funding was not provided. If another Federal agency has *denied* a funding request, the Applicant may submit the funding request to the Recipient and FEMA for consideration.

oversee activity completion through contract or mutual aid, the Applicant may request that FEMA or another Federal agency directly conduct the activity. Applicants seeking direct Federal assistance should not use this project application but instead request assistance from the FEMA Regional Administrator through the Recipient's emergency manager.

**For more Public Assistance guidance:** FEMA guidance that defines activities and associated costs that are eligible for Public Assistance funding can be found in [Public Assistance \(PA\) fact sheets, job aids, and frequently asked questions \(FAQs\)](#) which provide general overviews of the PA process and program eligibility.

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# CHAPTER 2: CATEGORY B STREAMLINED PROJECT APPLICATION

The Category B streamlined project application is the formal request for Emergency Protective Measures (Category B) funding under the Public Assistance program. The streamlined project application enables Applicants with Category B activities only to apply directly without relying on FEMA or Recipient staff and reduces documentation requirements for projects below the large project threshold (for fiscal year 2020, the threshold is \$131,100).

This chapter presents the contents of the following parts of the project application: 1) Section I–IV, 2) work surveys and 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 streamlined 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 work activities conducted or to be conducted and answers basic questions about the locations and conditions of the work site(s). [Appendix A](#) of this reference guide provides descriptions of eligible activities that may be funded as emergency protective measures.

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

The Applicant describes the current status of the work and the costs associated with completing the work (or anticipated costs for completion).

**Section IV – Project 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.

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## Section I

### Section I – Project Application Information

Instructions: Applicants must complete this section and should refer to the Public Assistance Grant Portal for the Declaration Number and FEMA PA Code. The Applicant must assign a unique title and number for each project application. This title and number can help the Applicant connect this project application to their accounting or other systems. Any documents attached to this project application should include the project application number and title.

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: Applicants must 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 in 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 provide a brief description of the activities the Applicant conducted or will conduct:

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

*It is advisable in certain scenarios to submit a separate project application for distinct activities or time periods. Refer to the Category B Streamlined Project Application Reference Guide and the Public Assistance Program and Policy Guide for guidance on how to logically organize activities into projects. Following this guidance may reduce funding delays and maximize the Applicant's administrative flexibilities to track costs.*

*An activity is eligible for Public Assistance funding if the measures eliminates or lessens immediate threats to lives, public health or safety, or eliminates or lessens immediate threats of significant additional damage to improve public or private property in a cost-effective manner.*

#### Protecting public health and safety

- Animal control services
- Childcare not associated with sheltering
- Dissemination of information to the public
- Distribution of commodities for the general public. *Please select all that apply:*
  - Food, water, or ice
  - Personal hygiene items
  - Cots, blankets
  - Tarps, plastic sheeting for roof damage

- Generators
- Other commodities
- Emergency operations center (EOC) operations
- Evacuation
- Firefighting
- Increased cost of operating a facility or providing a service. *Please select all that apply:*
  - Generators
  - Water testing and/or treatment
  - Fuel
  - Other. *Please describe:*
- Medical care and transport
- Providing temporary power to facilities using temporary generators
- Safety inspections
- Saving animals that are eligible for replacement
- Search and rescue to locate survivors, household pets, and service animals requiring assistance
- Searching to locate and recover human remains
- Security, law enforcement, barricading, and patrolling
- Snow-related activities

**Activities with Environmental and Historic Preservation (EHP) considerations**

*Activities in this section may have environmental or historic preservation considerations and require the Applicant to complete additional questions below and relevant questions in the Environmental and Historic Preservation (EHP) Survey.*

- Animal carcass removal
- Demolition of private structures
- Emergency access activities. *Please select all that apply:*
  - Debris clearance from public property
  - Debris clearance from private property
  - Emergency repairs to an access route
- Flood fighting. *Please select all that apply:*
  - Emergency pumping
  - Sandbagging
- Hazardous material removal
- Mosquito abatement
- Pre-positioning or movement of supplies, equipment, or other resources
- Residential electrical meter repair
- Sheltering. *Please select all that apply:*
  - Non-congregate sheltering during COVID-19 public health emergency
  - Congregate
    - Non-congregate
    - Congregate
  - Host-state or host-tribe
    - Non-congregate
    - Congregate
- Storage of human remains or mass mortuary services
- Temporary relocation of essential services
- Other activities to protect public health and safety. *Please describe:*

**Protecting improved property**

*Improved property means a structure, facility or item of equipment which was built, constructed or manufactured. Land used for agricultural purposes is not improved property (44 C.F.R. § 206.221(d)). Activities in this section may have environmental or historic preservation considerations and require the Applicant to complete additional questions below*

and relevant questions in the Environmental and Historic Preservation (EHP) Survey.

- Buttrressing, shoring, or bracing facilities to stabilize them or prevent collapse
- Constructing emergency berms or temporary levees to provide protection from floodwaters or landslides
- Emergency repairs necessary to prevent further damage to infrastructure
- Emergency slope stabilization
- Extraction/clearance of water and mud, silt, or other debris from eligible facilities
- Mold remediation
- Removal and storage of contents from eligible facilities
- Other activities to protect improved property. *Please describe:*

**In order to complete the activities reported above, did or will the Applicant need to complete any of the following?**

*Additional details, including those related to eligibility, will be available in the Grants Portal version of the application and is also provided in the section pertaining to additional eligibility questions of the Category B Streamlined Project Application Reference Guide and the Public Assistance Program and Policy Guide.*

	Yes	No	Unsure
Purchasing land or buildings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Purchasing meals for emergency workers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Purchasing supplies or equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using donated resources for emergency protective measures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Answer the following questions about the work site and the proposed work:**

*The following questions apply if one or more of the activities that may have Environmental and Historic Preservation considerations were selected above. If the Applicant selects yes or unsure, it will require the completion of Environmental and Historic Preservation Survey questions. Additional details, including those related to eligibility, will be available in the Grants Portal version of the application and is also provided in the section pertaining to EHP eligibility of the Category B Streamlined Project Application Reference Guide and the Public Assistance Program and Policy Guide.*

	Yes	No	Unsure
Did or will the work involve the temporary staging of equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did or will the work involve the construction of a temporary access road?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were or are there threatened or endangered species in or near the work site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did or will any work be on or near undeveloped or undisturbed areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were or are there hazardous materials at or adjacent to the work site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did or will any ground disturbance activities be required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did or will the work be performed on a facility constructed 45 or more years ago; a facility listed on a local, state, and/or national register; or a facility that is a locally registered landmark?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did or will the work involve debris disposal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did or will the Applicant be performing any work in or within 200 feet of a waterway and/or body of water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did or will the Applicant be performing work on a beach or coastal facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did or will fill or borrow material be needed for site preparation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**2. LOCATIONS**

**Please select the locations where the activities reported in Section II were or will be conducted:**

- Jurisdiction-wide

*In general, the Applicant only has legal responsibility to conduct Emergency Work activities within its jurisdiction. If the Applicant conducts Emergency Work activities outside its jurisdiction, it must demonstrate its legal basis and responsibility to conduct those activities.*

- Geographic area(s). Please attach a list of all areas.

*For tribal Applicants, Tribal governments do not always have geographical boundaries, and some have boundaries that cross State lines. Therefore, declarations do not usually define specific designated geographical areas for Tribal governments. For Tribal governments, FEMA determines eligibility based on legal responsibility and whether the work is*

*directly related to the declared incident.*

- Specific sites. Please attach a list of all addresses or GPS coordinates in decimal degrees with six decimal points (latitude: XX.XXXXXX; longitude: XX.XXXXXX).

*Please provide the Address or GPS coordinates in decimal degrees with six decimal points of the damaged facility. For facilities more than 200 feet in length, please provide start and stop coordinates. For systems that span geographical districts or areas, list the district or area and upload a map of damage locations.*

**Did or will any of the activities reported in Section II require access to private property?**

*Leasing a private facility is not considered accessing a private property.*

- Yes. Please identify and describe the activities taking place on private property:  
 No

*In limited circumstances, FEMA may determine that emergency protective measures conducted on private property are eligible under the PA Program, see Public Assistance Program and Policy Guide for detailed requirements on Emergency Protective Measures on Private Property. FEMA may request additional information to demonstrate the Applicant's legal authority and responsibility to enter private property, the basis for the determination that a threat exists to the general public in that community, and copies of the rights-of-entry and agreements to indemnify and hold harmless the Federal Government.*

*Conducting activities on private property is the legal responsibility of the property owner and generally ineligible for PA funding. In rare cases, FEMA may provide PA funding for specific, limited activities. In such cases, at a minimum, the Applicant must have legal authority to conduct the activity. To determine whether a state, local, territorial or tribal government has legal authority to conduct activities on private property, FEMA reviews the Applicant's legal basis and specific authority to conduct the activities.*

**Is the work, site, or facility under the authority of another Federal agency?**

- Yes. Please select the agency:
- Department of Energy (DOE)
  - Environmental Protection Agency (EPA)
  - Federal Aviation Administration (FAA)
  - Federal Highway Administration (FHWA)
  - Federal Transit Administration (FTA)
  - Housing and Urban Development (HUD)
  - U.S. Army Corps of Engineers (USACE)
  - U.S. Coast Guard
  - U.S. Department of Agriculture (USDA) – Natural Resource Conservation Service (NRCS)
  - U.S. Department of Agriculture (USDA) – Farm Service Agency (FSA)
  - Other agency. Please name the agency:
- No  
 Unsure. Please explain:

***Continue to Section III – Cost and Work Status Information***

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**Section III – Cost and Work Status Information**

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

**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 be receiving proceeds from insurance carrier
- No, insurance funding is unavailable or was denied

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

**What is the approximate total net cost for activities reported in Section II?**

*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**

**What is the status of the work activities being claimed in this project?**

*This question should be answered once to describe all the activities reported in this project (i.e. the earliest start date and the latest end date). If FEMA’s eligibility criteria for certain activities are limited to specific time periods, FEMA will ask for the time period that a particular activity was or will be conducted.*

**Has the work started?**

- Yes. Start date: \_\_\_\_\_ (MM/DD/YY)

**Has the work been completed?**

- Yes. End date: \_\_\_\_\_ (MM/DD/YY)
- No. Anticipated end date: \_\_\_\_\_ (MM/DD/YY)
- No

**Optional: Request Expedited Funding**

*An Applicant may request approval for expedited funding from the Recipient and FEMA if they have an immediate need for funding to continue life-saving emergency protective measures. Applicants will be required to return any funds that were not spent in compliance with the program’s terms and conditions. In general, Applicants who have never received FEMA Public Assistance funding and do not have significant experience with Federal grant requirements should avoid expedited funding or, at a minimum, discuss expedited funding with their Recipient emergency management office prior to requesting expedited funding. Expedited funding is only available for activities completed during specific time periods.*

**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

**3. CERTIFICATION**

**It is important to know that upon submittal your project application becomes a legal document. The Recipient or FEMA may use external sources to verify the accuracy of the information you enter. It is a violation of Federal law to intentionally make false statements or hide information when applying for Public Assistance. This can carry severe criminal and civil penalties including a fine of up to \$250,000, imprisonment, or both. (18 U.S.C. §§ 287, 1001, 1040, and 3571).**

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

*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.*

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**Section IV**

Section IV – Project Acknowledgements and Certifications		
<b>1. PREPARER CERTIFICATION</b>		
Instructions: If Applicant used external support to develop this Application, this section must be completed.		
<b>Did a consultant prepare this project application on behalf of the Applicant?</b>		
<input type="checkbox"/> No <input type="checkbox"/> Yes. Please provide the following information and obtain the preparer’s signature.		
<b>Preparer’s Company or Firm Name</b>	<b>Preparer’s Company or Firm EIN</b>	
<b>Preparer’s Company or Firm Address</b>		
<p>By signing below, I certify all information provided in this project application is true and correct based on all information of which I have any knowledge. I understand that causing the Applicant to make false certification or statements or conceal any information in an attempt to obtain disaster aid is a violation of Federal laws, which carry severe criminal and civil penalties, including a fine of up to \$250,000, imprisonment, or both (18 U.S.C. Part 287, 1001, 1040 and 3571).</p>		
<b>Preparer’s Name</b>	<b>Preparer’s Title</b>	<b>Preparer’s Signature</b>
<b>2. APPLICANT ACKNOWLEDGEMENTS</b>		
Instructions: Applicants must complete this section to acknowledge their acceptance of Environmental and Historic Preservation compliance and documentation requirements.		
<b><u>ENVIRONMENTAL AND HISTORIC PRESERVATION COMPLIANCE ACKNOWLEDGEMENT</u></b>		
In accordance with the Public Assistance Program and Policy Guide, the Applicant acknowledges that they are required to comply with applicable Federal, state, and local laws; must provide all documentation requested to allow FEMA to ensure project applications comply with Federal Environmental and Historic Preservation (EHP) laws, implementing regulations, and executive orders (EOs); and must comply with any EHP compliance conditions placed on the grant.		
<b><u>DOCUMENTATION REQUIREMENT ACKNOWLEDGEMENT</u></b>		
In accordance with 2 C.F.R. §200.333 as well as state and local record retention requirements, the Applicant acknowledges the requirement to maintain all documentation that supports this project application in its own files. This documentation will be required if the Applicant submits an appeal for additional funding, as well as in the case of any audits.		
<b>Applicant Authorized Representative</b>	<b>Title</b>	<b>Signature</b>
<b>3. APPLICANT CERTIFICATIONS</b>		
Instructions: Applicants must complete this section to certify that the activities and costs reported in this project application comply with applicable federal, state, tribal, territorial, and local laws and regulations.		

**I Certify the following:**

**GENERAL CERTIFICATIONS**

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

- Directly related to the declared incident;
- Located within the designated disaster area; and
- The legal responsibility of Applicant.

**OTHER FEDERAL AGENCY BENEFITS CERTIFICATIONS**

**Has the Applicant applied for or received any funding for emergency protective measures 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 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 used to meet FEMA’s non-federal cost share requirement.

- Yes. *Please list other programs:*
- No

**If yes, has the Applicant applied for or received any funding from other Federal program for the costs reported in Section III?**

- No
- Yes, but the other Federal program as not yet approved the funding.  
*The Applicant must inform FEMA if funding is approved or awarded for the same costs in this project application. If the Applicant no longer wants to use Public Assistance funding for these costs, it should withdraw or amend the project accordingly to prevent a duplication of benefits.*
- Yes, but the other Federal program has conclusively denied the funding. Please attach denial.

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

Applicant Authorized Representative	Title	Signature
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**ACTIVITY CERTIFICATIONS**

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

- Eliminate or lessen immediate threats to life, public health, and safety; or
- Eliminate or lessen immediate threats of significant additional damage to improved public or private property in a cost-effective manner.

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

**COST CERTIFICATIONS**

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

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

application.

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

- Informed FEMA of all insurance proceeds; or
- Did not have insurance coverage in place for the claimed costs at the time of the declaration.

If claiming contract costs: The Applicant complied with Federal, Recipient, and Applicant procurement requirements, per 2 C.F.R. § 200.317-200.326.

If claiming equipment costs: The Applicant complied with all FEMA policies regarding equipment rates in accordance with the Public Assistance Program and Policy Guide.

If claiming labor costs: The Applicant complied with all FEMA policies regarding labor in accordance with the Public Assistance Program and Policy Guide.

If claiming material costs: The Applicant complied with all FEMA policies regarding material costs in accordance with the Public Assistance Program and Policy Guide.

### **INSURANCE CERTIFICATIONS**

As required by Stafford Act § 312, 42 U.S.C. § 5155, and 2 C.F.R. §200.406 and in accordance with the terms laid out in the Public Assistance Program and Policy Guide, the Applicant has either: (a) Provided FEMA with insurance documentation; or (b) Did not have insurance coverage in place at the time of the declared incident. As required by Stafford Act § 311, 42 U.S.C. § 5154, 44 C.F.R. §§ 206.251-253, and in accordance with the terms laid out in the Public Assistance Program and Policy Guide.

**It is important to know that upon submittal your project application becomes a legal document. The Recipient or FEMA may use external sources to verify the accuracy of the information you enter. It is a violation of Federal law to intentionally makes false statements or hide information when applying for Public Assistance. This can carry severe criminal and civil penalties including a fine of up to \$250,000, imprisonment, or both. (18 U.S.C. §§ 287, 1001, 1040, and 3571). I certify that all information I have provided regarding the project application is true and correct to the best of my knowledge. I understand that, if I intentionally make false statements or conceal any information in an attempt to obtain Public Assistance, it is a violation of Federal laws, which carry severe criminal and civil penalties.**

Applicant Authorized Representative	Title	Signature
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*This project application has been successfully completed. Thank you.*

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



## 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 Eligibility Survey**      [\(Click here to jump to survey.\)](#)

A set of questions required when total claimed costs on the project application exceed the large project threshold (for fiscal year 2020, the threshold is \$131,100). 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.

### **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 activities reported in Section II. The activities that require the EHP Survey are noted in the project application and presented in the section of this reference guide, [Activities Protecting Public Health and Safety with Environmental and Historic Preservation Considerations](#). 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 activities conducted on private property. In limited circumstances, FEMA may determine that emergency protective measures conducted on private property are eligible under the PA Program. 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. This survey is required for Small and Large Projects. See the Public Assistance Program and Policy Guide section on *Emergency Protective Measures on Private Property* for more information.

### **Temporary Facility Survey**      [\(Click here to jump to survey.\)](#)

A set of questions required when claiming costs for activities related to temporary relocation and/or temporary facilities. If the Applicant provides essential community services at a facility that is unsafe, inaccessible, or destroyed as a result of the incident, temporary relocation of these services to another facility is eligible. Essential community services are those services of a governmental nature that are necessary to save lives, protect property and the public, and preserve the proper function and health of the community at large. These services differ from the list of eligible PNP essential social services. FEMA evaluates the criticality of the service and safety of the facility to determine the need for temporary relocation. FEMA does not incorporate funds from temporary facilities into fixed cost projects. This survey is required for Small and Large Projects. See the Public Assistance Program and Policy Guide section on *Temporary Relocation of Essential Services* for more information.

### **Pandemic Sheltering Survey**      [\(Click here to jump to survey.\)](#)

A set of questions required when claiming costs for providing non-congregate sheltering related to the ongoing COVID-19 declaration.

## Large Project Eligibility Survey

### Large Project Eligibility Survey

Instructions: The Applicant must complete Part 1 of this schedule if the total net cost reported in Section III is greater than or equal to the Large Project Threshold (\$131,100 for disaster occurring in fiscal year 2020). Additionally, if any of the following activities were reported in Section II, Applicants must answer the corresponding question(s):

- Part 2. Animal carcass removal
- Part 3. Animal control services
- Part 4. Buttressing, shoring, or bracing facilities to stabilize them or prevent collapse
- Part 5. Childcare not associated with sheltering
- Part 6. Constructing emergency berms or temporary levees to provide protection from floodwaters or landslides
- Part 7. Demolition
- Part 8. Dissemination of information to the public
- Part 9. Distribution of commodities for the general public
- Part 10. Emergency access on public property
- Part 11. Emergency operations center (EOC) operations
- Part 12. Emergency repairs necessary to prevent further damage to infrastructure
- Part 13. Emergency slope stabilization
- Part 14. Evacuation
- Part 15. Extraction/clearance of water and mud, silt, or other debris from eligible facilities
- Part 16. Firefighting
- Part 17. Flood fighting
- Part 18. Hazardous material removal
- Part 19. Increased cost of operating a facility or providing a service
- Part 20. Medical care and transport
- Part 21. Mold remediation
- Part 22. Mosquito abatement
- Part 23. Pre-positioning or movement of supplies, equipment, or other resources
- Part 24. Purchase of meals for emergency workers
- Part 25. Removal and storage of contents for eligible facilities
- Part 26. Safety inspections
- Part 27. Saving animals that are eligible for replacement
- Part 28. Search and rescue to locate survivors, household pets, and service animals requiring assistance
- Part 29. Searching to locate and recover human remains
- Part 30. Security, law enforcement, barricading, and patrolling
- Part 31. Sheltering – Congregate
- Part 32. Sheltering – Host state or host tribe
- Part 33. Sheltering – Non-congregate
- Part 34. Snow-related activities
- Part 35. Other activities to protect public health and safety
- Part 36. Other activities to protect improved property

#### 1. GENERAL ELIGIBILITY

**Are all activities reported in Section II being conducted to address an immediate threat to life, public health, or safety caused by the declared incident; or to eliminate or lessen immediate threats of significant additional damage to improved public or private property in a cost-effective manner?**

Yes

No. *Please explain:*

**Is the Applicant legally responsible for conducting 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 the Applicant's legal basis for conducting those activities:*  
*An Applicant may select this option if the Applicant was requested or certified to act on behalf of another entity (State, Tribe, Territory, or Local jurisdiction). The Applicant should work through that entity to submit a claim. FEMA provides PA funding through that government entity as the eligible Applicant.*

*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 emergency protective measures within its jurisdiction. If an Applicant conducts emergency protective measures 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.*

**2. ANIMAL CARCASS REMOVAL**

**When did or will the activities start and end?**

Activities started \_\_\_\_\_ and completed \_\_\_\_\_ (or  are ongoing; MM/DD/YY)

**Please describe the immediate threat to life, public health, or safety:**

**Please describe the activities conducted to remove and dispose of animal carcasses:**

**Check here if the Applicant will provide documentation to support/substantiate the immediate threat.**

*FEMA may require certification from the State, local, Territorial, or Tribal government health department, U.S. Department of Health and Human Services (HHS), or the U.S. Department of Agriculture (USDA) that a threat to public health and safety exists. FEMA does not provide PA funding when another Federal agency has authority to provide assistance for carcass removal and disposal. When few in number, smaller animal carcasses (e.g., rodents, skunks, or possums) do not usually pose an immediate threat to public health or safety. Removal and disposal of these carcasses is ineligible. See the Public Assistance Program and Policy Guide for detailed requirements on animal carcass removal.*

**3. ANIMAL CONTROL**

**When did or will the activities start and end?**

Activities started \_\_\_\_\_ and completed \_\_\_\_\_ (or  are ongoing; MM/DD/YY)

**Please describe the immediate threat to life, public health, or safety:**

**Please describe the activities conducted or to be conducted:**

*Include the number and type of animals.*

**Check here if the Applicant will provide documentation to support/substantiate the immediate threat.**

**4. BUTTRESSING, SHORING, OR BRACING FACILITIES TO PREVENT COLLAPSE**

**When did or will the activities start and end?**

Activities started \_\_\_\_\_ and completed \_\_\_\_\_ (or  are ongoing; MM/DD/YY)

**Please describe the immediate threat to improved property:**

**Please describe the work to stabilize the facilities in detail:**

*The description should include quantities, dimensions, and material types used in the work.*

**Check here if the Applicant will provide documentation to support/substantiate the immediate threat.**

*Emergency protective measures to protect improved property are eligible if the activities eliminate or lessen [immediate threats](#) of significant additional damage to improved public or private property through measures which are cost effective.*

**5. CHILDCARE**

**When did or will the activities start and end?**

Activities started \_\_\_\_\_ and completed \_\_\_\_\_ (or  are ongoing; MM/DD/YY)

**Please describe the immediate threat to life, public health, or safety:**

**Please describe the activities conducted or to be conducted:**

**Check here if the Applicant will provide documentation to support/substantiate the immediate threat.**

*FEMA may provide PA funding for the cost of childcare services that the eligible Applicant provides to other survivors, and beyond the period of emergency sheltering, with certification that temporary childcare is necessary to meet immediate threats to life, public health and safety, or property.*

**6. CONSTRUCTING EMERGENCY BERMS OR TEMPORARY LEVEES TO PROVIDE PROTECTION FROM FLOODWATERS OR LANDSLIDES**

**When did or will the activities start and end?**

Activities started \_\_\_\_\_ and completed \_\_\_\_\_ (or  are ongoing; MM/DD/YY)

**Please describe the immediate threat to improved property that necessitated emergency berms:**

*Include a brief description of the improved property the berm(s) will protect.*

**Please describe the work to construct the temporary berms in detail:**

*The description should include quantities, dimensions, and material types used in the work.*

Please provide documentation that the beach has eroded to a point where flooding from a 5-year storm could damage improved property. The documentation must demonstrate that still water level plus wave runup elevation as determined by computer modeling for a 5-year storm exceeds the post-incident elevation of the primary dune.

Please provide documentation demonstrating that the construction of an emergency berm is the most cost-effective method for protecting improved property.

**Did or will the Applicant include dune grass in the construction of emergency berms?**

Yes

*Please provide documentation to include proof that dune grass is required by permit and is an established, enforced, uniform practice that applies to the construction of all emergency berms within the Applicant's jurisdiction, regardless of the circumstance.*

No

**Check here if the Applicant will provide documentation to support/substantiate the immediate threat.**

*If a natural or engineered beach has eroded to a point where flooding from a 5-year storm could damage improved property, cost-effective emergency protective measures on the beach that protect the improved property against damage from that 5-year storm are eligible. Eligible measures typically include the construction of emergency sand berms to protect against additional damage from a 5-year storm. Emergency sand berms are not intended to permanently restore the beach; they are intended only to provide protection from immediate threats. See the Public Assistance Program and Policy Guide for detailed requirements on emergency berms on beaches.*

### 7. DEMOLITION

**When did or will the activities start and end?**

Activities started \_\_\_\_\_ and completed \_\_\_\_\_ (or  are ongoing; MM/DD/YY)

**Please describe the immediate threat to improved property:**

**Please describe the activities conducted or to be conducted:**

Check here if the Applicant will provide documentation to support/substantiate the immediate threat.

### 8. DISSEMINATION OF INFORMATION TO THE PUBLIC

**When did or will the activities start and end?**

Activities started \_\_\_\_\_ and completed \_\_\_\_\_ (or  are ongoing; MM/DD/YY)

**Please describe the immediate threat to life, public health, or safety:**

**What information did or will the Applicant disseminate?**

Check here if the Applicant will provide documentation to support/substantiate the immediate threat.

### 9. DISTRIBUTION OF COMMODITIES

**When did or will the activities start and end?**

Activities started \_\_\_\_\_ and completed \_\_\_\_\_ (or  are ongoing; MM/DD/YY)

**Which of the following work was or will be conducted?**

- Purchasing or packaging. *Please describe:*
- Acquiring distribution or storage space. *Please describe:*
- Delivery or distribution. *Please describe:*
- Other. *Please describe:*

**Please describe the immediate threat to life, public health, or safety:**

Check here if the Applicant will provide documentation to support/substantiate the immediate threat.

*Purchasing and packaging life-saving and life-sustaining commodities and providing them to the impacted community are eligible. See the Public Assistance Program and Policy Guide for detailed requirements.*

### 10. EMERGENCY ACCESS ON PUBLIC PROPERTY

**When did or will the activities start and end?**

Activities started \_\_\_\_\_ and completed \_\_\_\_\_ (or  are ongoing; MM/DD/YY)

**Please describe how the debris clearance or emergency repairs were or are necessary to provide access to an essential community service or to a community with survivors:**

Provide documentation and/or information to substantiate that it was the only route.

**Please describe the activities conducted or to be conducted:**

Check here if the Applicant will provide documentation to support/substantiate the immediate threat.

*Debris clearance is the clearance of debris to allow passage only. It does not include hauling or disposing of the debris. Debris clearance is often referred to as "cut and toss" or "push". Debris removal includes hauling and disposing of debris at a temporary or final disposal site. Debris Removal is Category A.*

### 11. EMERGENCY OPERATIONS CENTER (EOC) OPERATIONS

**When did or will the activities start and end?**

Activities started \_\_\_\_\_ and completed \_\_\_\_\_ (or  are ongoing; MM/DD/YY)

**Please describe the immediate threat to life, public health, safety, or improved property:**

**Please describe the activities conducted:**

Check here if the Applicant will provide documentation to support/substantiate the immediate threat.

*The Applicant may use its EOC to direct and coordinate resources and response activities for a period of time. Response activities conducted at EOCs are eligible provided they are associated with eligible work.*

### 12. EMERGENCY REPAIRS NECESSARY TO PREVENT FURTHER DAMAGE TO INFRASTRUCTURE

**When did or will the activities start and end?**

Activities started \_\_\_\_\_ and completed \_\_\_\_\_ (or  are ongoing; MM/DD/YY)

**Please describe the immediate threat to improved property that necessitated emergency repairs:**

**Please describe the work in detail:**

*The description should include quantities, dimensions, and material types used in the work.*

**What is the name and address of the facility requiring emergency repairs?**

*If the facility has been submitted to Public Assistance as part of a permanent work project, please include the damage line item number.*

Check here if the Applicant will provide documentation to support/substantiate the immediate threat.

### 13. EMERGENCY SLOPE STABILIZATION

**When did or will the activities start and end?**

Activities started \_\_\_\_\_ and completed \_\_\_\_\_ (or  are ongoing; MM/DD/YY)

**Please describe the immediate threat to improved property:**

**Please describe the work to stabilize the slope in detail:**

*The description should include quantities, dimensions, and material types used in the work.*

*FEMA only provides PA funding for the least costly option necessary to alleviate the threat. FEMA limits eligible stabilization measures to the area of the immediate threat, not the entire slope. Work must be reasonable relative to the*

size and scope of the area of instability.

**Is the stabilization the least costly option available necessary to alleviate the threat?**

Yes. Please provide supporting documentation

No

**Please describe the purpose of the work to stabilize the road above the slope or to protect property below the slope:**

Check here if the Applicant will provide documentation to support/substantiate the claim.

#### 14. EVACUATION

**When did or will the activities start and end?**

Activities started \_\_\_\_\_ and completed \_\_\_\_\_ (or  are ongoing; MM/DD/YY)

**Please describe the immediate threat to life, public health, or safety:**

**Please describe the activities conducted:**

Check here if the Applicant will provide documentation to support/substantiate the immediate threat.

*FEMA does not provide PA funding for ambulance services that are covered by private insurance, Medicare, Medicaid, or a pre-existing private payment agreement. See the Public Assistance Program and Policy Guide for detailed requirements on Evacuation.*

#### 15. EXTRACTION/CLEARANCE OF WATER AND MUD, SILT, OR OTHER DEBRIS FROM ELIGIBLE FACILITIES

**When did or will the activities start and end?**

Activities started \_\_\_\_\_ and completed \_\_\_\_\_ (or  are ongoing; MM/DD/YY)

**Please describe the immediate threat of significant additional damage to improved property:**

**Please describe the activities conducted:**

Check here if the Applicant will provide documentation to support/substantiate the immediate threat.

*Emergency protective measures to protect improved property are eligible if the activities eliminate or lessen [immediate threats](#) of significant additional damage to improved public or private property through measures which are cost effective. If this work is only necessary to restore the facility, it is not considered emergency work.*

#### 16. FIREFIGHTING

**When did or will the activities start and end?**

Activities started \_\_\_\_\_ and completed \_\_\_\_\_ (or  are ongoing; MM/DD/YY)

**Please describe the immediate threat to life, public health, or safety:**

**Please describe the activities conducted:**

Check here if the Applicant will provide documentation to support/substantiate the immediate threat.

#### 17. FLOOD FIGHTING

**When did or will the activities start and end?**

Activities started \_\_\_\_\_ and completed \_\_\_\_\_ (or  are ongoing; MM/DD/YY)

**Please describe the immediate threat to life, public health and safety, or improved property:**

**Please describe the activities conducted. *Please select all that apply:***

- Sandbagging
- Emergency pumping
- De-watering behind a levee

*Dewatering agricultural and natural areas behind levees and other water control structures is ineligible.*

- Increasing the height of a levee
- Other. *Please describe other flood fighting activities conducted:*

**When did flood waters begin to recede?** \_\_\_\_\_ (MM/DD/YY)

**Check here if the Applicant will provide documentation to support/substantiate the immediate threat.**

**18. HAZARDOUS MATERIAL REMOVAL**

**When did or will the activities start and end?**

Activities started \_\_\_\_\_ and completed \_\_\_\_\_ (or  are ongoing; MM/DD/YY)

**Please describe the immediate threat to lives, public health and safety or improved property:**

**Please describe the activities conducted:**

**Check here if the Applicant will provide documentation to support/substantiate the immediate threat.**

**19. INCREASED COST OF OPERATING A FACILITY OR PROVIDING A SERVICE**

**When did or will the activities start and end?**

Activities started \_\_\_\_\_ and completed \_\_\_\_\_ (or  are ongoing; MM/DD/YY)

*Increased costs are only eligible for a limited timeframe based on the emergency or exigency of the circumstances.*

**Please describe the immediate threat to lives, public health and safety or improved property:**

**Please describe the activities conducted. Include the increased costs or the service being provided:**

Please provide documentation to demonstrate that costs are greater than those incurred prior to the incident.

**Did or will the Applicant use any of the following?**

- Generators
- Water Testing/Treatment
- Fuel
- Other. *Please describe:*

**Check here if the Applicant will provide documentation to support/substantiate the immediate threat.**

**20. MEDICAL CARE AND TRANSPORT**

**When did or will the activities start and end?**



Activities started \_\_\_\_\_ and completed \_\_\_\_\_ (or  are ongoing; MM/DD/YY)

**Please describe the immediate threat to life, public health, or safety:**

**Please describe the activities conducted:**

*When the emergency medical delivery system within a declared area is destroyed, severely compromised or overwhelmed, FEMA may fund extraordinary costs associated with operating emergency rooms and with providing temporary facilities for emergency medical care of survivors. Costs associated with emergency medical care should be customary for the emergency medical services provided. Costs are eligible for up to 30 days from the declaration date unless extended by FEMA.*

**Did or will the Applicant conduct long-term medical treatment?**

*Long-term medical treatment is ineligible.*

- Yes  
 No

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

- Yes  
 No

*FEMA does not provide Public Assistance funding for costs underwritten by private insurance, Medicare, Medicaid, or a pre-existing private payment agreement. The Applicant must provide documentation on a patient-by-patient basis verifying that insurance coverage or any other source funding including private insurance, Medicaid, or Medicare, has been pursued and does not exist for the costs associated with emergency medical care and emergency medical evacuations.*

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

Check here if the Applicant will provide documentation to support/substantiate the immediate threat.

*It is important that private non-profit and government medical care providers, as well as any other Applicant completing Emergency Medical Care activities, take caution to capture and document these cost deductions in Schedule B or C. If clear documentation is not available to show how medical payments are deducted and not duplicated, the Applicant may not receive funding for otherwise eligible activities. See the Public Assistance Program and Policy Guide for detailed requirements on medical care.*

## 21. MOLD REMEDIATION

**When did or will the activities start and end?**

Activities started \_\_\_\_\_ and completed \_\_\_\_\_ (or  are ongoing; MM/DD/YY)

**Please describe the immediate threat to life, public health, or safety or improved property:**

**Please describe the activities conducted:**

**Did or will the Applicant conduct mold sampling?**

- No  
 Yes

**Was the sampling conducted by an indoor environmental professional not employed by the remediation company?**

FEMA only provides PA funding for mold sampling performed by an indoor environmental professional.

- Yes
- No

**Was the presence of mold found during pre-remediation sampling?**

*Pre-remediation mold sampling is only eligible when the sampling reveals the presence of mold.*

- Yes
- No

**Did or will the Applicant take steps to prevent the spread of mold in a reasonable time after the incident?**

- Yes
- No. *Please describe any extenuating circumstances that prevented the Applicant from addressing the spread of mold:*

**Did the facility have pre-existing water infiltration conditions?**

- Yes. *Please describe:*
- No

**Check here if the Applicant will provide documentation to support/substantiate the immediate threat.**

**22. MOSQUITO ABATEMENT**

**When did or will the activities start and end?**

Activities started \_\_\_\_\_ and completed \_\_\_\_\_ (or  are ongoing; MM/DD/YY)

**Please confirm which of the following exits:**

- Evidence of higher levels of disease transmitting mosquitoes in the impacted area following the incident.
- Evidence of a significant number of disease-carrying mosquitoes in the area due to the increase in incident-related standing water.
- Evidence of the potential for disease transmission and human exposure to disease carrying mosquitoes based on the detection of arboviral diseases in sentinel organisms (poultry, wild birds, mosquito pools) in the impacted area prior to the incident, discovered during surveillance as part of mosquito abatement activities, or reported human cases in which transmission occurred prior to the incident.
- A determination that a significant increase in the mosquito population and/or the change of biting mosquito species poses a threat to emergency workers who are required to work out-of-doors, thereby significantly hampering response and recovery efforts. Such evidence may include an abnormal rise in landing rates or trap counts, significant changes in species composition or estimate of infection rates, when compared to pre-incident surveillance results.
- Verification from medical facilities within the affected area that an increase in the general public's exposure to mosquitoes has directly resulted in secondary infections, especially among those with weakened immune systems such as the elderly, the very young, or the sick. This may occur when increased numbers of residents in impacted areas with extended power outages are forced to open buildings for air circulation.

**Please describe the activities conducted:**

**Check here if the Applicant will provide documentation to support/substantiate the immediate threat.**

*Mosquito abatement measures may be eligible when a government public health official validates in writing that a mosquito population poses a specific health threat. FEMA consults with the Centers for Disease Control (CDC) to*

determine the eligibility of mosquito abatement activities. FEMA only provides PA funding for the increased cost of mosquito abatement. This is the amount that exceeds the average amount based on the last 3 years of expenses for the same period. See the Public Assistance Program and Policy Guide for detailed requirements.

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

**When did or will the activities start and end?**

Activities started \_\_\_\_\_ and completed \_\_\_\_\_ (or  are ongoing; MM/DD/YY)

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

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

**Were any of the resources pre-positioned outside the declared area?**

No

Yes

**Describe the location and how they are related to emergency work:**

**Please provide the GPS coordinates (decimal degrees with five decimal places):**

Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

**Was a staging site used?**

Yes. *Please describe the location:*

**Please provide the GPS coordinates (decimal degrees with five decimal places):**

Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

No

*See the Public Assistance Program and Policy Guide for detailed requirements on Pre-positioning resources.*

### 24. PURCHASE OF MEALS FOR EMERGENCY WORKERS

**Why are meals for emergency workers being claimed? Please select all that apply.**

A labor policy or written agreement requires the provision of meals

Conditions constituted a level of severity that requires employees to work abnormal, extended work hours without a reasonable amount of time to provide for their own meals. *Please describe:*

Food or water was or is not reasonably available for employees to purchase. *Please describe:*

Other reasons. *Please describe:*

**Please check here to confirm that meals were provided in accordance with the following FEMA policy:**

No meals claimed for reimbursement were provided:

- To individuals receiving a per diem
- At a restaurant
- For individual meals

*See the Public Assistance Program and Policy Guide for detailed requirements on meals.*

### 25. REMOVAL AND STORAGE OF CONTENTS FROM ELIGIBLE FACILITIES

**When did or will the activities start and end?**

Activities started \_\_\_\_\_ and completed \_\_\_\_\_ (or  are ongoing; MM/DD/YY)

**Please describe the immediate threat that necessitated removal of contents:**

**Please describe the activities conducted. Select all that apply.**

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

Check here if the Applicant will provide documentation to support/substantiate the claim.

### 26. SAFETY INSPECTIONS

**When did or will the activities start and end?**

Activities started \_\_\_\_\_ and completed \_\_\_\_\_ (or  are ongoing; MM/DD/YY)

**Please describe the immediate threat that necessitated safety inspections:**

**Please describe the purpose of the safety inspections:**

Check here if the Applicant will provide documentation to support/substantiate the claim.

*The specific purpose of the inspection must be to determine whether the facility is safe for entry, occupancy, and lawful use. The Applicant must clearly substantiate that the purpose of the inspection was for safety and not to assess damage. See the Public Assistance Program and Policy Guide for detailed requirements on safety inspections.*

### 27. SAVING ANIMALS THAT ARE ELIGIBLE FOR REPLACEMENT

**When did or will the activities start and end?**

Activities started \_\_\_\_\_ and completed \_\_\_\_\_ (or  are ongoing; MM/DD/YY)

**Please describe the activities conducted:**

*Include the number of animals by type.*

**What is the name of the location where were the animals housed or exhibited?**

**Provide the GPS coordinates (decimal degrees with five decimal places):**

Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

Check here if the Applicant will provide documentation to support/substantiate the claim.

### 28. SEARCH AND RESCUE TO LOCATE SURVIVORS, HOUSEHOLD PETS, AND SERVICE ANIMALS REQUIRING ASSISTANCE

**When did or will the activities start and end?**

Activities started \_\_\_\_\_ and completed \_\_\_\_\_ (or  are ongoing; MM/DD/YY)

**Please describe the immediate threat that necessitated search and rescue:**

**Please describe the activities conducted:**

Check here if the Applicant will provide documentation to support/substantiate the claim.

### 29. SEARCHING TO LOCATE AND RECOVER HUMAN REMAINS

**When did or will the activities start and end?**

Activities started \_\_\_\_\_ and completed \_\_\_\_\_ (or  are ongoing; MM/DD/YY)

**Please describe the immediate threat to life, public health, or safety:**

**Please describe the activities conducted:**

**Is the Applicant claiming costs for storage?**

- Yes. *Please describe:*  
 No

**Is the Applicant claiming mass mortuary services?**

- Yes. *Please describe:*  
 No

Check here if the Applicant will provide documentation to support/substantiate the claim.

### 30. SECURITY, LAW ENFORCEMENT, BARRICADING, AND PATROLLING

**When did or will the activities start and end?**

Activities started \_\_\_\_\_ and completed \_\_\_\_\_ (or  are ongoing; MM/DD/YY)

**Please describe the immediate threat to life, public health, or safety:**

**Please describe the activities conducted:**

*Include the areas where activities occurred.*

Check here if the Applicant will provide documentation to support/substantiate the claim.

### 31. SHELTERING - CONGREGATE

*Please complete this information for each shelter.*

**When did or will the activities start and end?**

Activities started \_\_\_\_\_ and completed \_\_\_\_\_ (or  are ongoing; MM/DD/YY)

**Please provide the address of facility:**

**What type of facility is the sheltering provided?**

- School  
 Church  
 Community center  
 Other. *Please describe the facility type:*

**Please describe the sheltering operations:**

**How many staff are or will be used to conduct sheltering activities?**

*Please provide staff numbers by type.*

**Please provide the number of shelterees by type (e.g., pets, service animals, assistance animals, infants, children, adults):**

Check here if the Applicant will provide documentation to support/substantiate the immediate threat.

*See the Public Assistance Program and Policy Guide for detailed requirements on sheltering.*

### 32. SHELTERING - HOST STATE OR HOST TRIBE

**When did or will the activities start and end?**

Activities started \_\_\_\_\_ and completed \_\_\_\_\_ (or  are ongoing; MM/DD/YY)

**Did or will the Applicant conduct evacuation operations and activities:**

- Yes. *Please describe:*
- No

**Please provide the address of facility:**

**What type of facility is the sheltering provided?**

- School
- Church
- Community center
- Other. *Please describe the facility type:*

**Please describe the sheltering activities:**

**How many staff are or will be used to conduct sheltering activities?**

*Please provide staff numbers by type.*

**Please provide the number of shelterees by type (e.g., pets, service animals, assistance animals, infants, children, adults):**

- Check here if the Applicant will provide documentation to support/substantiate the claim.

*See the Public Assistance Program and Policy Guide for detailed requirements on sheltering.*

**33. SHELTERING - NON-CONGREGATE**

[Replaced by pandemic sheltering survey until December, 31, 2020]

**34. SNOW-RELATED ACTIVITIES**

**What [48 or 72]-hour period(s) did the Applicant designate for snow-related activities?**

Activities started \_\_\_\_\_ and completed \_\_\_\_\_ (MM/DD/YY hh:mm)

**Did or will the Applicant request different time periods for multiple locations?**

- Yes. *Please complete for each unique geographical area:*

**Geographical area:**

**Time period:**

Activities started \_\_\_\_\_ and completed \_\_\_\_\_ (MM/DD/YY hh:mm)

- No

**Please describe the immediate threat to life, public health, or safety:**

**Please describe the activities conducted. Select all that apply.**

- Snow removal
- Snow dumps
- De-icing
- Salting
- Sanding of roads and other eligible facilities
- Other. *Please describe the other snow-related activities:*

- Check here if the Applicant will provide documentation to support/substantiate the claim.

**35. OTHER ACTIVITIES TO PROTECT PUBLIC HEALTH AND SAFETY**

**When did or will the activities start and end?**

Activities started \_\_\_\_\_ and completed \_\_\_\_\_ (or  are ongoing; MM/DD/YY)

**Please describe the immediate threat to life, public health, or safety:**

**Please describe the activities conducted:**

Check here if the Applicant will provide documentation to support/substantiate the claim.

**36. OTHER ACTIVITIES TO PROTECT IMPROVED PROPERTY**

**When did or will the activities start and end?**

Activities started \_\_\_\_\_ and completed \_\_\_\_\_ (or  are ongoing; MM/DD/YY)

**Please describe the immediate threat to improved property:**

**Please describe the work in detail:**

*The description should include quantities, dimensions, and material types used in the work.*

Check here if the Applicant will provide documentation to support/substantiate the claim.

*Emergency protective measures to protect improved property are eligible if the activities eliminate or lessen immediate threats of significant additional damage to improved public or private property through measures which are cost effective.*

***You have completed this Survey. Return to the project application summary.***

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## Environmental and Historic Preservation Survey

### Environmental and Historic Preservation (EHP) Survey

In accordance with the Public Assistance Program and Policy Guidance, the Applicant will comply with applicable Federal, state, and local laws; will 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 will comply with any EHP compliance conditions placed on the grant. For additional information on EHP requirements, statutes and EOs, and Public Assistance Program and Policy Guidance v4 Appendix A. 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: The Applicant must complete Part 1 and Part 20 of this schedule. Additionally, if any of the following activities were reported in Section II, Applicants must answer the corresponding question(s):

- Part 2. Work at or near an undeveloped site
- Part 3. Storage of human remains or mass mortuary services
- Part 4. Demolition of private structures
- Part 5. Animal carcass disposal
- Part 6. Debris disposal
- Part 7. Temporary access road construction
- Part 8. Temporary staging of equipment
- Part 9. Work on historic facilities or facilities 45 years or older
- Part 10. Sandbagging
- Part 11. Beaches or coastal facilities
- Part 12. Threatened or endangered species
- Part 13. Hazardous materials
- Part 14. Mosquito abatement
- Part 15. Flood fighting activities
- Part 16. Ground disturbance
- Part 17. Use of fill or borrow material
- Part 18. Temporary facilities – renovation or construction
- Part 19. Work within 200 ft of water

#### 1. ACTIVITY-SPECIFIC WORK INFORMATION

Answer the following questions about the work site and the proposed work.

##### Are any of the following environmental issues associated with the work?

- Conservation Area or Wildlife Refuge
- Non-Attainment Area (Clean Air Act)
- Underground storage tanks
- Old gas stations or other potential toxic substance generators like dry cleaning facilities, laboratories, landfills, dumps, industrial sites
- Brownfield or Superfund sites
- Fuel or oil spills
- Work in wetlands
- Work in a mapped flood hazard area
- Other. *Please describe:*
- No
- Unsure if any apply. *Please describe:*

##### Did or will any activities result in permanent alterations (i.e., a beach berm or a levee that isn't removed after the emergency is over)?

- Yes. *Please describe:*
- No



Unsure. *Please describe:*

## 2. WORK AT OR NEAR AN UNDEVELOPED SITE

Provide the GPS coordinates for *each site* (decimal degrees with five decimal places):

Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

## 3. STORAGE OF HUMAN REMAINS OR MASS MORTUARY SERVICES

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

Please provide the GPS coordinates for each site (decimal degrees with five decimal places):

Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

## 4. DEMOLITION OF PRIVATE STRUCTURES

What year was the building built? \_\_\_\_\_

Is the date approximate or exact?

Approximate

Exact

Please provide the GPS coordinates for each facility (decimal degrees with five decimal places):

Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

What will be done with the slab or basement?

Removed

Filled

Left in place

Other. *Please describe:*

Will utilities be removed or capped?

Yes. *Please describe:*

No

Unsure. *Please describe:*

## 5. ANIMAL CARCASS DISPOSAL

Does another Federal agency have authority to provide assistance for carcass removal and disposal?

Yes. Please select which agencies:

Environmental Protection Agency

Department of Health and Human Services

Department of Agriculture

Other. Please list the agency:

No

Describe the removal and disposal activities:

Please provide the GPS coordinates for each facility (decimal degrees with five decimal places):

Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

## 6. DEBRIS DISPOSAL

*Note: these questions are not required for clearance or cut and toss.*

What is or was the type of debris? Select all that apply.

Vegetative

Construction and demolition

Hazardous materials

- Large appliances
- Electronics
- Sand, soil, or mud
- Other. *Please describe:*

**Who is or was responsible for debris removal?**

- Contractor. Please provide contractor name:
- Other non-contracted resources

**Please provide the GPS coordinates for the final disposal locations (decimal degrees with five decimal places):**

Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

**Is this location an existing debris disposal site?**

- Yes
- No

*This activity will constitute a ground disturbance.*

**Is this location a permitted site or otherwise in compliance with your Recipient's debris disposal protocols?**

- Yes
- No

**Was there or will there need to be any temporary staging of debris?**

- Yes

**Provide GPS location for the debris staging locations (decimal degrees with five decimal places):**

Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

- No

**Was there or will there be burning of vegetative debris?**

- Yes

**What was or will be the method of ash disposal?**

- Disposing in a landfill
- Spreading
- Burying
- Other. *Please describe:*

- No

**7. TEMPORARY ACCESS ROAD CONSTRUCTION**

**Provide the start and stop GPS coordinates of the road (decimal degrees with five decimal places):**

Start Latitude: \_\_\_\_\_ Start Longitude: \_\_\_\_\_  
 Stop Latitude: \_\_\_\_\_ Stop Longitude: \_\_\_\_\_

**8. TEMPORARY STAGING OF EQUIPMENT**

**Provide the GPS coordinates of the staging locations (decimal degrees with five decimal places):**

Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

**For each site, what surface does each staging area have?**

- Paved
- Gravel
- Grass field

Other. Please describe:

## 9. WORK ON HISTORIC FACILITIES OR FACILITIES 45 YEARS OR OLDER

Section 106 of the National Historic Preservation Act (NHPA) requires FEMA to consider the effects an undertaking will have on historic properties and provide the Advisory Council on Historic Preservation the opportunity to comment on the effects of the undertaking (see 16 U.S.C. § 470f.) Historic properties include buildings or groups of buildings (districts), structures, objects, landscapes, archaeological sites, and traditional cultural properties included in, or eligible for inclusion in, the National Register of Historic Places (see [www.nps.gov/subjects/nationalregister/index.htm](http://www.nps.gov/subjects/nationalregister/index.htm)).

**Did or will you perform any cleaning or mold remediation?**

No

Yes

Enter work completion date: \_\_\_\_\_ (or  unknown)

**Select the method(s) of cleaning:**

Wet vacuum

Damp wipe

High efficiency particulate vacuum

Discard

Chemical cleansers. *What chemicals?*

**What surfaces were or will be treated?**

**Do or did sheetrock, ceiling tiles, or plaster need to be removed?**

Yes

No

**Describe the water damaged materials:**

**Was or will power washing be performed?**

Yes. Please list the pounds per square inch (PSI) needed to be used:

No

**Were or will all damaged elements be repaired in-kind?**

*"In-kind" means repair or replacement that matches in all physical and visual aspects including material, size, profile, color, and texture.*

Yes

No. Please describe the changes:

**What type of modifications were or will be made? Please check all that apply.**

Interior installation. *Please describe the changes:*

Exterior modifications. *Please describe the changes:*

Unsure. *Please explain:*

**Were there any previous major renovations to the exterior or interior?**

Yes. Please list the dates of any previous renovations: \_\_\_\_\_

No

Unsure. *Please explain:*

Provide photos of all sides of the damaged facility or structure.

## 10. SANDBAGGING

**Provide the GPS coordinates of the sand borrow sources (decimal degrees with five decimal places):**

Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

**What method of disposal was or will be used?**

- Landfill
- Gravel pit
- Spreading
- Other. *Please describe:*

**Provide the GPS coordinates of the final disposal location (decimal degrees with five decimal places):**

Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

### 11. BEACHES OR COASTAL FACILITIES

**Provide a general description of the work:**

**Was there or will there be any coordination with any regulatory agencies?**

- No
- Yes. *Please note the relevant agencies:*
  - U.S. Army Corps of Engineers (USACE)
  - U.S. Fish and Wildlife Services (Endangered Species)
  - State, Local, or Tribal Agency. *Please list:*
  - Other. *Please list the agency:*

**Has an Emergency Exemption been issued by a state or federal agency for repair work associated with this disaster?**

- Yes
- No

**Did or will the project involve installation of sheet piling, piers, seawalls, or revetments?**

- Yes
- No

### 12. THREATENED OR ENDANGERED SPECIES

*Endangered Species Act: The Endangered Species Act (ESA) requires Federal agencies to use their authorities to conserve federally listed threatened and endangered species (listed species) and critical habitats. FEMA must also consult with the U.S. Fish and Wildlife Service (USFWS) and the National Oceanic and Atmospheric Administration's (NOAA's) National Marine Fisheries Service (NMFS), also known as NOAA Fisheries, to ensure that proposed projects will not jeopardize the continued existence of any listed species or result in the destruction or adverse modification of critical habitat for listed species. See 16 U.S.C. § 1536, Endangered Species Act Section 7 for additional information.*

*Bald and Golden Eagle Protection Act: The Bald and Golden Eagle Protection Act prohibits any person from pursuing, capturing, killing, wounding, disturbing, or otherwise taking bald eagles or golden eagles, including their parts (e.g., feathers), nests, or eggs, unless authorized by a permit from the USFWS. The prohibition on disturbance applies to nests and previously used nest sites when eagles are not present if, were an eagle to return, such alterations would lead to injury, death or nest abandonment.*

*Executive Order 13112, Invasive Species: EO 13112, Invasive Species, requires agencies to use their programs and authorities to help prevent the introduction, establishment, and spread of invasive species; respond to invasive species outbreaks; restore native species in areas invaded by invasive species; promote public education related to invasive species control; and avoid authorizing, funding, or carrying out activities that promote the introduction, establishment, or spread of invasive species.*

**What species?**

**Was there or will there be any coordination with any regulatory agencies?**

- Yes. *Please note the relevant agencies:*
  - U.S. Army Corps of Engineers (USACE)

- U.S. Fish and Wildlife Service
  - Environmental Protection Agency (EPA)
  - U.S. Coast Guard
  - National Oceanic and Atmospheric Administration (NOAA)
  - Other. *Please list the agency:*
- No

### 13. HAZARDOUS MATERIALS

**Are any of the following hazardous materials at or adjacent to the work site?**

- 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, and/or hydraulics
- PCB containing materials (transformers, caulking, etc.)
- Pesticides
- Solvents (thinners, cleaners, varnishes, and adhesives)
- Other. *Please describe:*

**If one or more hazardous materials is selected above, will the Applicant be disposing of the hazardous material?**

- No
- Yes

**Who is transporting it?**

**Provide the GPS coordinates of the final disposal location (decimal degrees with five decimal places):**

Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

**Was there or will there be coordination with a regulatory agency?**

- No
- Yes. *Please list which agency:*
  - Environmental Protection Agency (EPA)
  - State, Local, or Tribal Agency. *Please list the agency:*
  - Other. *Please list the agency:*

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

- Yes. *Please include the case or site number:*
- No

### 14. MOSQUITO ABATEMENT

**What abatement measures were or will be used?**

- Chemical application

**What chemicals were or will be used:**

**What was or will be the method of application?**

- Ground
- Aerial

Other. *Please describe:*

**What are the dates and times of application?** \_\_\_\_\_

**Provide the GPS coordinates (decimal degrees with five decimal places) for the application areas:**

Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

Breeding habitat removal or alteration (modification of potential breeding habitat to make it unsuitable for breeding or to facilitate larval control)

**Please select the following strategies that were or will be implemented:**

Draining or removing standing water in close proximity to homes, schools, sheltering facilities, and/or businesses

Increased dewatering through the pumping of existing drainage systems

Dissemination of information (e.g., flyers, public service announcements, newspaper campaigns, etc.) to direct residents to remove the mosquito breeding habitat(s)

Other. *Please describe:*

### 15. FLOOD FIGHTING ACTIVITIES

**Did or will the Applicant conduct any of the following activities? Please select all that apply.**

Blockage Removal from Drainage Systems

Emergency Pumping

Deployment of Flood Barriers/Panels

Other. *Please describe:*

**Provide the GPS coordinates (decimal degrees with five decimal places) for the application areas:**

Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

**Was there or will there be coordination with a regulatory agency?**

No

Yes. *Please list which agency:*

Army Corps of Engineers (USACE)

Other. *Please list the agency:*

### 16. GROUND DISTURBANCE

**Provide the GPS coordinates (decimal degrees with five decimal places) of the ground disturbance:**

Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

**What are or will be the dimensions (length, width, depth) of the ground disturbance?**

Length: \_\_\_\_\_

Width: \_\_\_\_\_

Depth: \_\_\_\_\_

**Was or will the ground disturbance occur outside of an existing footprint or previously disturbed right-of-way?**

Yes

No

**Did or will vegetation need to be removed or cleared?**

Yes

Please provide the GPS coordinates (decimal degrees with five decimal places):

Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

No

**Did or will trees need to be removed?**

Yes

**Provide the GPS coordinates (decimal degrees with five decimal places):**

Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

**Number of trees:**

**Diameter of trees (approximate):**

**Units:**

**What method of removal was or will be used?**

Flush cut

Involved stump removal

Other. *Please describe:*

No

**Did or will stumps need to be removed?**

Yes

**What method of removal was or will be used?**

Ground in place

Pulled out

Other. *Please describe:*

No

## 17. USE OF FILL OR BORROW MATERIAL

**What is the quantity of fill?**

**What are the units?**

Cubic yards

Tons

Other. *Please describe:*

**What is the type of fill and borrow material?**

Soil

Sand

Gravel

Rock

Other material. *Please describe:*

**What is the source of the fill and borrow material?**

Commercial. *Please provide name of vendor:*

Private

Municipal

Other location. *Please describe:*

**Provide the GPS coordinates (decimal degrees with five decimal places) of the fill and borrow sources:**

Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

## 18. TEMPORARY FACILITIES – RENOVATION OR CONSTRUCTION

**Please describe the work in detail or attach plans or other documentation describing the work:**

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

**Did or will the activity occur entirely within an already-developed area?**

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

- Yes
- No

**Did or will the activity require the construction of a concrete or asphalt pad?**

- No
- Yes

**Provide the GPS coordinates (decimal degrees with five decimal places):**

Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

**Dimensions (length, width, depth):** \_\_\_\_\_ **Units:** \_\_\_\_\_

**Was or will the pad be removed after it is no longer needed for emergency response?**

- Yes. *Please describe planned demolition activities:*
- No

**Is the temporary facility located in a floodplain?**

- Yes. *Please list the dates of any previous renovations:* \_\_\_\_\_
- No
- Unsure. *Please explain:*

### 19. WORK WITHIN 200 FT OF WATER

**Was there or will there be coordination with any regulatory agencies?**

- No
- Yes. *Please list which agency:*
  - Army Corps of Engineers (USACE)
  - State, Local, or Tribal Agency. *Please list the agency:*
  - Other. *Please list the agency:*

**Did or will the work involve dredging?**

- No
- Yes

**What is the method of dredging?**

- From a barge
- From a flotation device
- From land
- Other. *Please describe:*

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

Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

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

- Yes
- No

### 20. SUPPORTING DOCUMENTATION

To facilitate the EHP review, please upload any additional documents that you would like to include which may assist in EHP in making compliance determinations (e.g. photos, additional permits, environmental assessments, etc.).

Examples of supporting documents, please upload all as applicable:

- Site map showing the location of all proposed or completed areas where the Applicant will conduct or has



conducted site work or construction and the extent of ground disturbance (including staging areas, access roads, parking, landscaping, grading or utilities; as well as geographical coordinates in latitude, longitude to six decimal degrees)

- Construction dates and photographs of all facilities in the project area
- Photographs of the site(s)
- Copies of permits and correspondence with regulatory agencies, including but not limited to:
  - State, Territorial, or Tribal Historic Preservation Officer (SHPO and/or THPO) (historic properties)
  - U.S. Army Corps of Engineers (work in waters of the United States, work involving dredging or discharging dredged materials or fill in waterways or wetlands)
  - U.S. Fish and Wildlife Service (federally listed threatened and endangered species, migratory birds, bald and golden eagles, work in Coastal Barrier Resource System areas, work in or near waterways or wetlands)
  - National Marine Fisheries Service (federally listed threatened and endangered species, work in in essential fish habitat, work in National Marine Sanctuaries)
  - Environmental Protection Agency (work involving underground injection, work with the potential to increase contamination of sole source aquifers)
  - State, Territorial, or Tribal environmental agencies (permits for burning, staging, or disposing of debris)
- Environmental assessments

***You have completed this Survey. Return to the project application summary.***

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

### Activities on Privately-Owned Property Survey

Instructions: Applicants must complete this survey if the activities reported in Section II of the project application includes activities conducted on private property.

In limited circumstances, FEMA may determine that emergency protective measures conducted on private property are eligible under the PA Program if the immediate threat is widespread, affecting numerous homes and businesses such that it is a threat to the health and safety of the general public. See the Public Assistance Program and Policy Guide for more information about Emergency Protective Measures on Private Property. 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.

#### 21. GENERAL ELIGIBILITY

Please select all the activities that were or will be conducted on private property:

Please describe how the activities address an immediate threat to the general public:

Please provide the following support documentation for each activity:

- A detailed explanation documenting the Applicant’s legal authority and responsibility to enter private property;
- The basis for the determination that a threat exists to the general public; and
- Copies of the rights-of-entry and agreements to indemnify and hold harmless the Federal government.

#### 22. DEMOLITION OF PRIVATE STRUCTURES

*Emergency demolition of structures located on private property may be eligible when partial or complete collapse is imminent, and that collapse poses an immediate threat to the general public. See the Public Assistance Policy and Program Guide for more information on the demolition of private structures.*

**When did or will the activities start and end?**

Activities started \_\_\_\_\_ and completed \_\_\_\_\_ (or  are ongoing; MM/DD/YY)

**Please list the facilities that were or will be demolished:**

*Include addresses or GPS coordinates for each facility.*

**Please describe the condition of each structure:**

*Include a description of the facility’s imminent, partial, or complete collapse, and evidence that the collapse poses an immediate threat to the general public.*

**Please describe why restricting public access (e.g., by building a fence) is or was not sufficient or feasible:**

*In some instances, restricting public access to an unsafe structure and the surrounding area, such as securing the area with a fence, is sufficient to alleviate the immediate threat and is more cost-effective than demolition. In these cases, demolition is ineligible*

**Was the private structure condemned prior to the incident?**

*If a structure is condemned prior to the incident, emergency protective measures related to that structure are ineligible.*

- Yes
- No

**Did or will the Applicant conduct demolition on commercial properties?**

- Yes  
*This activity requires pre-approval from FEMA.*
- No

Demolition of structures owned by commercial enterprises, including businesses, apartments, condominiums, and mobile homes in commercial trailer parks, are generally ineligible as it is expected that the commercial enterprises retain insurance that cover the cost of demolition. In very limited, extraordinary circumstances, FEMA may provide an exception. In such cases, the Applicant must submit a request to FEMA and receive approval before conducting the demolition. The request should include documentation demonstrating the following:

- Applicant's legal authority to conduct demolition (reference the specific ordinance or power);
- Applicant's right to enter private property;
- Agreements to indemnify and hold harmless the Federal government;
- Demolition is cost-effective; and
- Basis for the determination that the requested demolition is in the public interest.

The Applicant must demonstrate that the demolition is required because specific structures endanger the public, including a determination from a public official. See the Public Assistance Policy and Program Guide for detailed requirements on Debris Removal from Private Property.

**Did or will the Applicant conduct any of the following activities as part of the demolition?**

- Capping wells
- Pumping and capping septic tanks
- Filling open below-grade structures, such as basements and swimming pools
- Testing for hazardous materials
- Securing utilities
- Obtaining permits and licenses

*Fees for permits, licenses, and titles issued directly by the Applicant are ineligible unless the Applicant demonstrates that the fees are above and beyond its normal administrative costs.*

- Performing title searches

**23. RESIDENTIAL ELECTRICAL METER REPAIR**

*In rare cases, to reduce the number of survivors needing shelter, FEMA may provide limited PA funding to a state, local, tribal, or territorial government to repair residential electrical meters. Only residential properties are eligible. Commercial properties, including apartment complexes, are ineligible. See the Public Assistance Policy and Program Guide for detailed requirements on Residential Electrical Meter repair.*

**Has the work started?**

- Yes. Start date: \_\_\_\_\_ (MM/DD/YY)

**Has the work been completed?**

- 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)

*Eligible residential electrical meters repair work is limited to that completed within 30 days from the declaration date unless extended by FEMA.*

**Did or will the Applicant issue a finding of an immediate threat to safety due to loss of power caused by damaged meters or weather heads?**

- Yes. Please provide documentation of the finding.
- No

**Did the Applicant request participation in the FEMA PA Residential Electrical Meter Repair Program as described in the Public Assistance Policy and Program Guide?**

- Yes. Please provide documentation of the approved request.
- No

**Did the Applicant receive FEMA approval for each identified property?**

- Yes. Please provide documentation of the approved request.
- No

**Did the Applicant obtain a signed right-of-entry from each residential property owner?**

- Yes. Please provide documentation of the signed right-of-entry consent.
- No

In addition, the Applicant must:

- Contract with licensed electricians to perform electrical meter repair, and
- Coordinate the work with the property owner, the power company, and the contracted electricians.

**24. EMERGENCY ACCESS**

*There are times when an incident causes damage or debris blockage to access routes to an essential community service, or to a community with survivors. If the extent of damage or blockage makes these areas inaccessible, work related to providing access is eligible. This includes clearing debris from or conducting emergency repairs to an access facility, such as a road or bridge. Eligible work is limited to that necessary for the access to remain passable. See the PAPPG for more information on emergency access.*

**Which of the following activities were conducted to provide access to an essential community service or a community with survivors?**

- Emergency repairs
- Debris clearance

*Debris clearance (often called push or cut and toss) is the clearance of debris to allow passage only. It does not include hauling or disposing of the debris.*

**Please describe how damage or debris blockage impedes emergency access to an essential community service or a community with survivors:**

**Please describe how emergency repairs or debris clearance were necessary to provide access to an essential community service or a community with survivors:**

***You have completed this Survey. Return to the project application summary.***

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

### Temporary Facility Survey

Instructions: Applicants must complete this survey if the activities reported in Section II of the project application include the set-up or operation of a temporary facility. The Applicant must submit the information in this survey for each temporary facility.

For more information on these requirements, see the Public Assistance Program and Policy Guide v.4 Chapter II. V. Temporary Relocation of Essential Services.

#### 25. FACILITY INFORMATION

**What is the name of the facility where the services are temporarily being relocated?**

**What dates were or will the temporary facility be used?**

Start date: \_\_\_\_\_ End date: \_\_\_\_\_

**Please describe the temporary facility:**

**Please provide the GPS coordinates (decimal degrees with five decimal places):**

Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

Please upload photos of the temporary facility. See guidelines on how to properly photograph the facility.

**Is or will the temporary facility be accessible to and usable by disabled persons, as required by the Americans with Disabilities Act?**

- Yes, the existing facility is in compliance with the Americans with Disabilities Act (ADA), and no alterations were or will be required to make the facility ADA-compliant
- Yes, the Applicant has made or will make all required alterations to ensure that the facility is in compliance with the Americans with Disabilities Act
- No

**Please describe why compliance is not applicable to this facility:**

*For additional information on the Americans with Disabilities Act, see Public Assistance Program and Policy Guide for Accessibility for Individuals with Disabilities.*

#### 26. GENERAL ELIGIBILITY

**Is the temporary facility for relocation of essential services?**

Yes. Please select the services provided at the facility from the list below:

- Education
  - Safe rooms for temporary school

*This requires prior approval from FEMA. Please see the Public Assistance Program and Policy Guide section on Safe Rooms for Temporary School Facilities for additional guidance and the documentation requirements. For additional guidance, the Applicant may also refer to Safe Rooms for Tornadoes and Hurricanes.*

- Election and polling
- Emergency, including police, fire, and rescue
- Homeless and domestic violence shelters
- Emergency medical care
- Prison
- Utility

- Services provided in administrative and support facilities essential to the provision of an essential community service
- Other facilities that provide public health and safety services of a governmental nature. *Please describe:*

No

*Facilities that do not provide essential community services are ineligible for temporary relocation. Please see Public Assistance Program and Policy Guide for detailed requirements on Temporary Relocation of Essential Services for additional information.*

**Which of the following apply to the damaged facility?**

*Facilities that do not provide essential community services are ineligible for temporary relocation. Please see Public Assistance Program and Policy Guide for detailed requirements on Temporary Relocation of Essential Services for additional information.*

- The facility cannot be occupied safely, and restoration cannot be completed without suspending operations of the facility
- The facility is not damaged but lacks a critical utility or operational item such as potable water, electricity, or road access
- The facility can be made usable with the performance of emergency protective measures or minor repairs  
*This facility is may not be eligible for temporary relocation. Please consult with FEMA staff.*

**Please indicate how the Applicant did or will establish the temporary facility.**

- Rent a facility
- Purchase a facility. Please provide documentation to support the purchase price.
- Construct a new facility
- Modify/expand an existing facility

**What method(s) of work did or will the Applicant use to establish the temporary facility:**

- Repurposing or reusing an existing facility

*For the purposes of this project application, repurposing and reusing are defined as making changes to an existing facility that do not involve construction, demolition, or ground disturbance.*

**Please provide year built: \_\_\_\_\_**

**Is this date approximate or exact?**

- Approximate
- Exact

**Is the temporary use the same as the most recent use of the facility?**

- Yes
- No. *Please describe the temporary use and the most recent use of the facility:*

- Renovating an existing facility

*For the purposes of this project application, renovation is defined as making changes to an existing facility that involve construction, demolition, or ground disturbance. Please upload photos of the temporary facility. See guidelines on how to properly photograph the facility.*

- Placing prefabricated facilities on a site (e.g., tents, RVs, trailers, and rigid body inflatable shelters. Anything that could cause ground disturbance should be reported.)
- Constructing new facility

***You have completed this survey. Return to the project application summary.***

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

## Non-Congregate Sheltering During COVID-19 Public Health Emergency

Instructions: Applicants must complete this survey if the activities reported in Section II of the project application includes non-congregate sheltering. In accordance with FEMA Policy 104-009-18 Emergency Non-Congregate Sheltering during the COVID-19 Public Health Emergency (Interim), FEMA will provide flexibility to applicants to take measures to safely conduct non-congregate sheltering activities through December 31, 2020 in the event of a Stafford Act declaration.

### 1. GENERAL

**When did or will the sheltering activities start and end?**

Activities started \_\_\_\_\_ and completed \_\_\_\_\_ (or  are ongoing; MM/DD/YY)

*FEMA may provide funding for a warning event (e.g., hurricane pre-landfall sheltering) for an initial six days prior to the beginning of the incident period to begin setting up and operating shelters. For no or short-notice incidents (e.g., tornados, earthquakes, wildland fires), cost eligibility would be commensurate with the onset of the incident period. FEMA limits non-congregate sheltering activities to that which is reasonable and necessary to address the needs of the incident (usually no more than 30 days).*

**What type(s) of sheltering facility is being or will be used?**

- Hotel/Motel
- College/University Dormitory
- Conference/Retreat Center
- Other. *Please describe the facility type:*

**Please describe the sheltering operations:**

*During the COVID-19 public health emergency, eligible activities include temperature scanning, disinfecting a facility, and installation of temporary physical barriers.*

**Did or will the Applicant provide other services (e.g. feeding, cleaning and disinfecting the shelter, linens, and animal crates, shelter safety and security)?**

- Yes. *Please describe the services:*
- No

**Were any services provided by a third party under agreement or contract to the applicant?**

- Yes. *Please describe the services:*
- No

**What type of staff are being or will be used to conduct sheltering activities?**

*Please provide staff numbers by type.*

- Medical staff
- Personal assistance service staff
- Veterinary and animal care staff
- Public Information Officer
- Social workers
- Food service workers
- Custodial and facilities staff
- Other staff. *Please describe other staff:*

**Please describe any materials or supplies that were or will be purchased for social-distancing:**

During the COVID-19 public health emergency, eligible supplies include personal protective equipment (PPE), face masks, and temporary physical barriers. Supplies and material purchases must be reported as part of costs claimed on this project to be reimbursed.

**Are the non-congregate sheltering activities completed?**

- No
- Yes. The Applicant must provide sufficient documentation to establish eligibility, including the following information:
  - Specific need for each individual sheltered
  - Length of stay for each individual sheltered
  - Number of sheltered individuals by age groups 0-2, 3-6, 7-12, 13-17, 18-21, 22-65, and 66+
  - If applicable, number of meals provided for each individual sheltered
  - If applicable, number of individuals with access or functional needs sheltered
  - If applicable, number of household pets sheltered
  - If applicable, number of assistance and service animals sheltered
  - If applicable, type of shelter provided for animals as stand-alone, co-located, co-habitational
  - Description of services provided to sheltered individuals.

***You have completed this Survey. Return to the project application summary.***

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



## Cost Schedules

FEMA collects detailed cost information for the activities reported in Section II of the streamlined 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. Please refer to the Public Assistance Program and Policy Guide section on *Expedited Projects for Emergency Work* for more information.

### **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) meet or exceed the [Large Project Threshold](#) (\$131,100 for fiscal year 2020).

For projects with completed work, the Applicant must submit documentation for the project within 90 days of the Recovery Scoping Meeting or within 90 days of the work completion date, whichever is later, regardless of whether the project has been obligated. FEMA makes its eligibility determination and processes the project based on the documentation received within the 90-day deadline. Please refer to the Public Assistance Program and Policy Guide section on *Costs for Projects with All Work Completed* for more information.

### **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) meet or exceed the [Large Project Threshold](#) (\$131,100 for fiscal year 2020).

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. Additionally, emergency response activities do not generally have established unit pricing and include many variables that may impact pricing. If the Applicant provides sufficient information, FEMA may process Emergency Work Projects based on estimates. Please refer to 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 are those whose total project costs fall below the [Large Project Threshold](#) (\$131,100 for fiscal year 2020), 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

Instructions: The Applicant must complete this schedule if requesting expedited funding in Section III of the project application. Expedited funding is only available if the total net cost for the request is greater than or equal to the Large Project Threshold (\$131,100 for fiscal year 2020).

#### 1. GENERAL ELIGIBILITY

Please explain why there is an immediate need for funding:

Please provide the project start date: \_\_\_\_\_ (MM/DD/YY)

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:

Please describe how the activities reported in Section II address an immediate threat to life, public health, or safety:

*If it is not clear that a direct threat to life, public health, or safety exists, or that the activity is necessary to cope with the threat, FEMA may request documentation to demonstrate that the Applicant conducted the activities at the direction or guidance of public health officials. See the Public Assistance Program and Policy Guide for detailed requirements on Emergency Work Eligibility.*

#### 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.

**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).

*FEMA provides funding for contract costs based on the terms of the contract if the Applicant meets federal procurement and contracting requirements. See the Public Assistance Program and Policy Guide for detailed requirements on Procurement and Contracting Requirements. The federal procurement under grant rules are found at [2 C.F.R. §§ 200.317-200.326](#). Different sets of procurement rules apply depending on whether you are a state or a non-state entity. For additional information see FEMA's [Procurement Under Grants Public Assistance Policy](#).*

**Labor**

Cost  
\$

*Including the Applicant's own staff (Force Account labor), mutual aid, prison labor, or National Guard.*

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

- Applicant's own staff. Please provide labor pay policy (documentation must cover each employee type used, for example, part time, full time, temporary).
  - Budgeted Employee Labor. If checked, please include itemization of eligible overtime hours.

*Budgeted employees are permanent employee or part-time or seasonal employee working during normal hours or*

season of employment. See the Public Assistance Program and Policy Guide for more information on Eligibility Criteria Based on Type of Employee and Work Performed.

Overtime. Please enter the total overtime cost here: \$

Unbudgeted Employee Labor. Please include itemization of eligible straight and overtime hours.

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

Straight time. Please enter the total straight time cost here: \$

Overtime. Please enter the total overtime cost here: \$

Please enter the Straight time and Overtime costs of labor and provide a copy of the calculation. If not available, please provide the following (attach a list if necessary):

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

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

Budgeted Employee Hours	Overtime	Straight Time
Permanent employee	<input checked="" type="checkbox"/>	
Part-time or seasonal employee working during normal hours or season of employment	<input checked="" type="checkbox"/>	
Unbudgeted Employee Hours	Overtime	Straight Time
Reassigned employee funded from external source	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Essential employee called back from furlough	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Temporary employee hired to perform eligible work	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Part-time or season employee working outside normal hours or season of employment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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

Mutual aid. Please provide written mutual aid agreement. Cost \$

Prison labor. Please provide prison labor pay policy and pay rate. Cost \$

National Guard. Please provide National Guard pay policy. Cost \$

*The Governor may activate National Guard personnel to State Active Duty in response to an incident. Labor costs and per diem, if applicable, are eligible for State Active Duty personnel performing eligible work. Both straight-time and overtime are eligible, including fringe benefits.*

*The U.S. Department of Defense funds National Guard personnel activated under Full-Time National Guard Duty (Title 32) or Active Duty (Title 10). Therefore, Title 32 and Title 10 personnel costs, and any other costs funded by the U.S. Department of Defense, such as training, are ineligible.*

Other. Please describe: \_\_\_\_\_ Cost \$

**Equipment**

*Including Applicant-owned, purchased, or rented equipment.*

**Cost**  
**\$**

Owned	\$
Purchased	\$
Rented	\$

Please enter the total cost of equipment. If Applicant's own equipment, provide the following (attach a list if necessary):

- Number and types of equipment used
- Average hours used per day
- Average days per week
- Average hourly rate

If purchased, enter the purchase price. If rented, provide the rental agreement and enter the rental price.

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

<input type="checkbox"/> <b>Materials and Supplies</b>	<b>Cost</b> \$
--	-------------------

Please enter the total cost of materials and supplies and provide the following (attach a list if necessary):

- Inventory records / Amount of materials and supplies, by type
- Purchase or stock replenishment cost

*The cost of materials and supplies is eligible if (1) the materials or supplies were purchased and justifiably needed to effectively address the described threats or (2) the materials or supplies were taken from an Applicant's stock and used to address threats caused by the specified hazard or threat. The Applicant needs to track items taken from stock with inventory withdrawal and usage records. FEMA will also consider escalation of costs (such as due to shortages) or exigent circumstances in evaluating cost reasonableness. See the Public Assistance Program and Policy Guide for detailed requirements.*

<input type="checkbox"/> <b>Other Costs</b>	<b>Cost</b> \$
---	-------------------

*Including other eligible expenses not listed above.*

Please enter the total cost and provide any additional documentation to substantiate these costs.

**Please provide high-level information to substantiate costs:**

*Other costs must be directly tied to the performance of eligible work. Not all costs incurred as a result of the incident are eligible. See the Public Assistance Program and Policy Guide for detailed requirements.*

<b>GROSS COST</b>	\$
-------------------	----

*Please add together costs of contracts, labor, equipment, materials and other costs (note: this will be automated in the Grants Portal system).*

**3. DEDUCTIONS**

*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.*

<input type="checkbox"/> <b>Insurance Proceeds</b>	<b>Deduction</b> \$
--	------------------------

Please enter the actual or anticipated insurance proceeds covered under the Applicant's insurance policy.

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

<input type="checkbox"/> <b>Medical Payments</b>	<b>Deduction</b> \$
--	------------------------

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

*FEMA cannot provide funding for emergency medical care costs if they are covered by another source, including private insurance, Medicare, Medicaid, or a pre-existing private payment agreement. It is important that private non-profit and government medical care providers, as well as any other Applicant completing emergency medical care activities, take caution to capture and document these cost deductions. If clear documentation is not available to show how medical payments are deducted and not duplicated, the Applicant may not receive funding for otherwise eligible activities.*

**Other Funding Sources**

**Deduction**  
**\$**

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

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

- Non-Federal funding sources. *Please describe:*
- Federal funding sources. *Please describe:*

*See the Public Assistance Program and Policy Guide for detailed requirements for Federal, Non-Federal and Other Funding Sources.*

**NET COST**

*Please subtract all proceed deductions from the Gross Cost (note: this will be automated in the Grants Portal system).*

**\$**

***You have completed this schedule. Return to the project application summary.***

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

## Schedule B – Large, Completed Work Projects

### Schedule B – Completed Work Costs

Instructions: Applicants must 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 (\$131,100 for fiscal year 2020).

#### 1. PROJECT COST & COST ELIGIBILITY

Please select the resources necessary to complete the activities reported in Section II. For each resource selected, please provide the cost and requested information.

##### Contracts

Cost  
\$

Please enter the total cost of contracts for this project application.

Please also provide the following:

- FEMA Public Assistance Contracts Report (available in Grants Portal)
- 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)

FEMA provides funding for contract costs based on the terms of the contract if the Applicant meets federal procurement and contracting requirements. See the *Public Assistance Program and Policy Guide* for detailed requirements on Procurement and Contracting Requirements. The federal procurement under grant rules are found at [2 C.F.R. §§ 200.317-200.326](#). Different sets of procurement rules apply depending on whether the Applicant is a state or a non-state entity. For additional information see FEMA's [Procurement Under Grants Public Assistance Policy](#).

##### Labor

Cost  
\$

Including the Applicant's own staff (Force Account labor), mutual aid, prison labor, or National Guard.

**Which of the following types of labor is the Applicant claiming for the activities reported in Section II?**

- Applicant's own staff. Please provide labor pay policy (documentation must cover each employee type used, for example part time, full time, and temporary).
  - Budgeted Employee Labor. Please include itemization of eligible overtime hours.
 

*Budgeted employees are permanent employee or part-time or seasonal employee working during normal hours or season of employment. See the Public Assistance Program and Policy Guide for more information on Eligibility Criteria Based on Type of Employee and Work Performed.*

    - Overtime. Please enter the total overtime cost here: \$
  - Unbudgeted Employee Labor. Please include itemization of eligible straight and overtime hours.
 

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

    - Straight time. Please enter the total straight time cost here: \$
    - Overtime. Please enter the total overtime cost here: \$

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 therein.

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

Budgeted Employee Hours	Overtime	Straight Time
Permanent employee	<input checked="" type="checkbox"/>	
Part-time or seasonal employee working during normal hours or season of employment	<input checked="" type="checkbox"/>	
Unbudgeted Employee Hours	Overtime	Straight Time
Reassigned employee funded from external source	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Essential employee called back from furlough	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Temporary employee hired to perform eligible work	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Part-time or season employee working outside normal hours or season of employment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

- Mutual aid. Please provide written mutual aid agreement. Cost \$
- Prison labor. Please provide prison labor pay policy and pay rate. Cost \$
- National Guard. Please provide National Guard pay policy. Cost \$

*The Governor may activate National Guard personnel to State Active Duty in response to an incident. Labor costs and per diem, if applicable, are eligible for State Active Duty personnel performing eligible work. Both straight-time and overtime are eligible, including fringe benefits.*

*The U.S. Department of Defense funds National Guard personnel activated under Full-Time National Guard Duty (Title 32) or Active Duty (Title 10). Therefore, Title 32 and Title 10 personnel costs, and any other costs funded by the U.S. Department of Defense, such as training, are ineligible.*

- Other. Please describe: \_\_\_\_\_ Cost \$

Please also provide:

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

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

<input type="checkbox"/> <b>Equipment</b> Including Applicant-owned, purchased, or rented equipment.	<b>Cost</b>
	\$
	Owned \$
	Purchased \$
	Rented \$

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

**Which of the following types of equipment costs is the Applicant claiming for the activities reported in Section II?**

- Applicant owned

*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).*

- Purchased

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.

Rented

Please provide rental agreement, invoices or receipts, and a rental vs. purchase cost comparison.

**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, Territorial, or Tribal Rates

Rates established by State, Territories, or Tribes used in day-to-day operations.

If applicant provides no established equipment rates, FEMA reimburses the equipment costs based on FEMA rates.

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

**Materials and Supplies**

**Cost**  
\$

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.

**How did the Applicant acquire the materials or supplies?**

From stock

Please provide cost documentation such as original invoices or other historical cost records, inventory records, and—if available—supporting documentation such as daily logs.

Purchased

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.

The cost of materials and supplies is eligible if (1) the materials or supplies were purchased and justifiably needed to effectively address the described threats or (2) the materials or supplies were taken from an Applicant's stock and used to address threats caused by the specified hazard or threat. The Applicant needs to track items taken from stock with inventory withdrawal and usage records. FEMA will also consider escalation of costs (such as due to shortages) or exigent circumstances in evaluating cost reasonableness. See the Public Assistance Program and Policy Guide for detailed requirements.

**Other Costs**

Including other eligible expenses not listed above.

**Cost**  
\$

Please enter the total cost.

**Please describe the costs:**

Please also provide invoices or receipts. If claiming travel expenses, please provide a travel policy.

Other costs may include travel costs, utilities and other expenses directly tied to the performance of eligible work. Not all costs incurred as a result of the incident are eligible. See the Public Assistance Program and Policy Guide for detailed requirements on Ineligible Costs.

**GROSS COST**

Please add together costs of contracts, labor, equipment, materials and other costs (note: this will

\$



<i>be automated in the Grants Portal system).</i>	
<b>2. DEDUCTIONS</b>	
<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"/> <b>Insurance Proceeds</b>	<b>Deduction</b> \$
Please enter the actual or anticipated insurance proceeds covered under the Applicant's insurance policy.	
<i>FEMA cannot provide funding that duplicates insurance proceeds. FEMA requires the Applicant to take reasonable efforts to pursue claims to recover insurance proceeds that the Applicant is entitled to receive from its insurer(s). See FEMA's Public Assistance Policy on Insurance.</i>	
<input type="checkbox"/> <b>Salvage Values</b>	<b>Deduction</b> \$
Please enter the total salvage value of purchased equipment and supplies (if greater than \$5,000).	
<i>When purchased equipment, supplies, or materials are no longer needed for federally funded projects, FEMA reduces eligible funding by the fair market value of each piece of equipment valued at \$5,000 or more and unused residual supplies and materials that total \$5,000 or more. If the Applicant acquires or improves real property with funds, disposition and reporting requirements apply. FEMA adjusts the Project to capture salvage values upon receipt of the information and no later than closeout. See the Public Assistance Program and Policy Guide for detailed requirements on Disposition of Purchased Equipment and Supplies.</i>	
<input type="checkbox"/> <b>Medical Payments</b>	<b>Deduction</b> \$
Please enter the total amount of medical payments received or expected from for-profit entities, Medicare, Medicaid, or a pre-existing private payment agreement.	
<i>FEMA cannot provide funding for emergency medical care costs if they are covered by another source, including private insurance, Medicare, Medicaid, or a pre-existing private payment agreement. <u>It is important that private non-profit and government medical care providers, as well as any other Applicant completing emergency medical care activities, take caution to capture and document these cost deductions.</u> If clear documentation is not available to show how medical payments are deducted and not duplicated, the Applicant may not receive funding for otherwise eligible activities.</i>	
<input type="checkbox"/> <b>Other Funding Sources</b>	<b>Deduction</b> \$
Please enter the total amount of proceeds or payments received or expected from another source for the same work claimed in this project application.	
<b>Which of the following additional funding sources is the Applicant reporting?</b>	
<input type="checkbox"/> Non-Federal funding sources. <i>Please describe:</i>	
<input type="checkbox"/> Federal funding sources. <i>Please describe:</i>	
<i>See the Public Assistance Program and Policy Guide for detailed requirements for Federal, Non-Federal and Other Funding Sources.</i>	
<b>NET COST</b>	<b>\$</b>
<i>Please subtract all proceed deductions from the Gross Cost (note: this will be automated in the Grants Portal system).</i>	
<b><i>You have completed this Schedule. Return to the project application summary.</i></b>	

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

## Schedule C – In-Progress Work Estimate

### Schedule C – In-Progress Work Estimate

Instructions: Applicants must complete this schedule if the Applicant (1) has not started or is in the process of completing the activities reported in Section II and (2) the cost of the activities reported in Section II is greater than or equal to the Large Project Threshold (\$131,100 for fiscal year 2020).

#### 1. BUDGET ESTIMATE

Please attach an itemized budget estimate created using standard procedures the Applicant would use absent federal funding. 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 Applicant's cost estimate? Select all that apply.**

- Extrapolation of completed costs
- Historical unit costs
- Average costs for similar work in the area
- Published unit costs from national cost estimating database
- Contractor or vendor quotes
- Other. *Please describe:*

#### 2. PROJECT COST & COST ELIGIBILITY

Please select the resources necessary to complete the activities reported in Section II. For each resource selected, please provide the cost incurred to date and estimated future costs. Please also provide the other requested information.

<input type="checkbox"/> <b>Contracts</b>	<b>Completed Cost</b> \$	+	<b>Future Cost</b> \$	=	<b>Total Cost</b> \$
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Please enter the completed cost of contracts.

For completed costs, please also provide the following:

- FEMA Public Assistance Contracts Report (available in Grants Portal)
- 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)

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

**Is the estimate based on awarded contracts?**

Yes

Please complete the FEMA Public Assistance Category B 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 (note: this will be automatically

calculated in the Grants Portal version of the application).

FEMA provides funding for contract costs based on the terms of the contract if the Applicant meets federal procurement and contracting requirements. See the Public Assistance Program and Policy Guide for detailed Procurement and Contracting Requirements. The federal procurement under grant rules are found at [2 C.F.R. §§ 200.317-200.326](#). Different sets of procurement rules apply depending on whether the Applicant is a state or a non-state entity.

<input type="checkbox"/> <b>Labor</b> <i>Including the Applicant's own staff (Force Account labor), mutual aid, prison labor, or National Guard.</i>	<b>Completed Cost</b> \$	+	<b>Future Cost</b> \$	=	<b>Total Cost</b> \$
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**Which of the following types of labor is the Applicant claiming for the activities claimed on this project?**

- Applicant's own staff. Please provide labor pay policy (documentation must cover each employee type used, for example part time, full time, and temporary.
  - Budgeted Employee Labor. Please include itemization of eligible overtime hours.  
*Budgeted employees are permanent employee or part-time or seasonal employee working during normal hours or season of employment. See the Public Assistance Program and Policy Guide for more information on Eligibility Criteria Based on Type of Employee and Work Performed.*
    - Overtime. Please enter the total overtime cost here: \$
  - Unbudgeted Employee Labor. Please include itemization of eligible straight and overtime hours.  
*FEMA defines unbudgeted employees as employees who are: reassigned from external source, essential employee called back from furlough, temporary employee to hire work, or part-time or seasonal employee working outside normal hours of season of employment. See the Public Assistance Program and Policy Guide for more information on Eligibility Criteria Based on Type of Employee and Work Performed.*
    - Straight time. Please enter the total straight time cost here: \$
    - Overtime. Please enter the total overtime cost here: \$

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

Budgeted Employee Hours	Overtime	Straight Time
Permanent employee	☑	
Part-time or seasonal employee working during normal hours or season of employment	☑	
Unbudgeted Employee Hours	Overtime	Straight Time
Reassigned employee funded from external source	☑	☑
Essential employee called back from furlough	☑	☑
Temporary employee hired to perform eligible work	☑	☑
Part-time or season employee working outside normal hours or season of employment	☑	☑

- Mutual aid. Please provide written mutual aid agreement. Cost \$
- Prison labor. Please provide prison labor pay policy and pay rate. Cost \$
- National Guard. Please provide National Guard pay policy. Cost \$
- Other. *Please describe:*                      Cost \$

Please also provide:

- Justification for any standby time claimed.
- Timesheets. Please provide either (1) a summary list of all timesheets, which FEMA will sample and request copies of a limited number of timesheets; or (2) a sample set of timesheets and a detailed explanation of the sampling methodology used to select the representative sample.
- 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 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
- For National Guard labor, the National Guard pay policy
- For mutual aid labor, the mutual aid agreement

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

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

<input type="checkbox"/> <b>Equipment</b> <i>Including Applicant-owned, purchased, or rented equipment.</i>	<b>Completed Cost</b> \$	+	<b>Future Cost</b> \$	=	<b>Total Cost</b> \$
Owned					\$
Purchased					\$
Rented					\$

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.

**Which of the following types of equipment costs is the Applicant claiming for the activities reported in Section II?**

- Applicant owned  
*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).*
- Purchased  
*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.*
- Rented  
*Please provide rental agreement, invoices or receipts, and a rental vs. purchase cost comparison. Amount of fuel used, if not included in rental cost (may be submitted for rented equipment only).*

**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, Territorial, or Tribal Rates  
*Rates established by State, Territories, or Tribes used in day-to-day operations.*

If applicant provides no established equipment rates, FEMA reimburses the equipment costs based on FEMA rates.

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.

*FEMA provides funding for the use of Applicant-owned equipment based on hourly rates. If an Applicant does not have*

sufficient equipment to effectively respond to an incident, FEMA may provide funding for purchased or leased equipment. Costs are eligible if the Applicant performed an analysis of the cost of leasing versus purchasing the equipment. FEMA funds the least costly option. See the Public Assistance Program and Policy Guide for detailed requirements on Cost Eligibility.

<input type="checkbox"/> <b>Materials and Supplies</b>	<b>Completed Cost</b> \$	+	<b>Future Cost</b> \$	=	<b>Total Cost</b> \$
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Please enter the completed cost of materials and supplies. If no materials- or supplies-related costs are complete enter 0. To calculate the total cost, complete [FEMA Form 009-0-124 Materials Summary Record](#) or provide all information contained therein.

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.

**How did the Applicant acquire the materials or supplies?**

From stock

*Please provide cost documentation such as original invoices or other historical cost records, inventory records, and—if available—supporting documentation such as daily logs.*

Purchased

*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.*

Please provide the following information for the materials and supplies claimed:

- Invoices or other documents to validate claimed value (required)
- Who donated (required for donated resources)
- Location used (required)
- Quantities used, should include usage logs (required)

*The cost of materials and supplies is eligible if (1) the materials or supplies were purchased and justifiably needed to effectively address the described threats or (2) the materials or supplies were taken from an Applicant's stock and used to address threats caused by the specified hazard or threat. The Applicant needs to track items taken from stock with inventory withdrawal and usage records. FEMA will also consider escalation of costs (such as due to shortages) or exigent circumstances in evaluating cost reasonableness. See the Public Assistance Program and Policy Guide for detailed requirements.*

<input type="checkbox"/> <b>Other Costs</b> <i>Including other eligible expenses not listed above.</i>	<b>Completed Cost</b> \$	+	<b>Future Cost</b> \$	=	<b>Total Cost</b> \$
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Please enter the completed other costs. If no other costs are complete enter 0.

**Please describe the costs:**

Please also provide invoices or receipts. If claiming travel expenses, please provide a travel policy.

Please enter the estimated future other costs. 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.

*Other costs may include travel costs, utilities and other expenses directly tied to the performance of eligible work. Not all costs incurred as a result of the incident are eligible. See the Public Assistance Program and Policy Guide for detailed requirements on Ineligible Costs.*

<b>GROSS COST</b> <i>Please add together costs of contracts, labor, equipment, materials and other costs (note: this will be automated in the Grants Portal system).</i>		<b>\$</b>
<b>3. DEDUCTIONS</b> <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"/> <b>Insurance Proceeds</b>		<b>Deduction</b> <b>\$</b>
Please enter the actual or anticipated insurance proceeds covered under the Applicant's insurance policy.  <i>FEMA cannot provide funding that duplicates insurance proceeds. FEMA requires the Applicant to take reasonable efforts to pursue claims to recover insurance proceeds that the Applicant is entitled to receive from its insurer(s). See FEMA's Public Assistance Policy on Insurance.</i>		
<input type="checkbox"/> <b>Medical Payments</b>		<b>Deduction</b> <b>\$</b>
Please enter the total amount of medical payments received or expected from for-profit entities, Medicare, Medicaid, or a pre-existing private payment agreement.  <i>FEMA cannot provide funding for emergency medical care costs if they are covered by another source, including private insurance, Medicare, Medicaid, or a pre-existing private payment agreement. <u>It is important that private non-profit and government medical care providers, as well as any other Applicant completing emergency medical care activities, take caution to capture and document these cost deductions.</u> If clear documentation is not available to show how medical payments are deducted and not duplicated, the Applicant may not receive funding for otherwise eligible activities.</i>		
<input type="checkbox"/> <b>Other Funding Sources</b>		<b>Deduction</b> <b>\$</b>
Please enter the total amount of proceeds or payments received or expected from another source for the same work claimed in this project application.  <b>Which of the following additional funding sources is the Applicant reporting?</b> <input type="checkbox"/> Non-Federal funding sources. <i>Please describe:</i> <input type="checkbox"/> Federal funding sources. <i>Please describe:</i>  <i>See the Public Assistance Program and Policy Guide for detailed requirements for Federal, Non-Federal and Other Funding Sources.</i>		
<b>NET COST</b> <i>Please subtract all proceed deductions from the subtotal (note: this will be automated in the Grants Portal system).</i>		<b>\$</b>
<b><i>You have completed this Schedule. Return to the project application summary.</i></b>		

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

## Schedule EZ – Small Project Costs

### Schedule EZ – Small Project Costs

Instructions: Applicants must complete this schedule if the total project cost is less than the Large Project Threshold (\$131,100 for fiscal year 2020) and provide the costs of the activities reported in Section II.

#### 1. BUDGET ESTIMATE

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 [Chapter 12:I.A. 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.

If the activities are complete, please attach the corresponding summary records:

- [FEMA Form 009-0-123 Force Account Labor Summary](#)
- [FEMA Form 009-0-128 Applicants Benefit Calculation Worksheet](#)
- [FEMA Form 009-0-127 Force Account Equipment Summary](#)
- [FEMA Form 009-0-125 Rented Equipment Summary Record](#)
- [FEMA Form 009-0-124 Materials Summary Record](#)
- For contract work, FEMA Form Contract Work Summary Record or other form that contains similar information

If the activities are not started or still in progress, please attach an itemized budget estimate created using standard procedures the Applicant would use absent Federal funding. The itemized estimate needs to be broken down by the type and number of resources necessary to complete the work (contracts, labor, equipment, materials & supplies, and other costs). See Section III document requirements for additional information.

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

- Extrapolation of completed costs
- Historical unit costs
- Average costs for similar work in the area
- Published unit costs from national cost estimating database
- Contractor or vendor quotes
- Other. *Please describe:*

#### 2. PROJECT COST & COST ELIGIBILITY

Please select the resources necessary to complete the activities reported in Section II. For each resource selected, please provide the cost.

<input type="checkbox"/> <b>Contracts</b>	<b>Completed Cost</b> \$	+	<b>Future Cost</b> \$	=	<b>Total Cost</b> \$
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Please enter the total cost of contracts for this project application.

If claiming future costs, please enter the estimated future cost of contracts. To calculate the future cost, please use the procedures the Applicant would normally use to create a budget estimate.

Please add the completed costs to the future costs and enter result as the total cost (note: this will be automatically calculated in the Grants Portal version of the application).

FEMA provides funding for contract costs based on the terms of the contract if the Applicant meets federal procurement and contracting requirements. See the [Public Assistance Program and Policy Guide](#) for detailed requirements on Procurement and Contracting Requirements. The federal procurement under grant rules are found at [2 C.F.R. §§ 200.317-200.326](#). Different sets of procurement rules apply depending on whether the Applicant is a state or a non-state entity. For additional information see FEMA's [Procurement Under Grants Public Assistance Policy](#).

<input type="checkbox"/> <b>Labor</b> <i>Including the Applicant's own staff (Force Account labor), mutual aid, prison labor, or</i>	<b>Completed Cost</b> \$	+	<b>Future Cost</b> \$	=	<b>Total Cost</b> \$
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National Guard.

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

- Applicant's own staff. Please provide labor pay policy (documentation must cover each employee type used, for example part time, full time, and temporary).
  - Budgeted Employee Labor. Please include itemization of eligible overtime hours.
 

*Budgeted employees are permanent employee or part-time or seasonal employee working during normal hours or season of employment. See the Public Assistance Program and Policy Guide for more information on Eligibility Criteria Based on Type of Employee and Work Performed.*

    - Overtime. Please enter the total overtime cost here: \$
  - Unbudgeted Employee Labor. Please include itemization of eligible straight and overtime hours.
 

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

    - Straight time. Please enter the total straight time cost here: \$
    - Overtime. Please enter the total overtime cost here: \$

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

Budgeted Employee Hours	Overtime	Straight Time
Permanent employee	☑	
Part-time or seasonal employee working during normal hours or season of employment	☑	
Unbudgeted Employee Hours	Overtime	Straight Time
Reassigned employee funded from external source	☑	☑
Essential employee called back from furlough	☑	☑
Temporary employee hired to perform eligible work	☑	☑
Part-time or season employee working outside normal hours or season of employment	☑	☑

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

- Mutual aid. Please provide written mutual aid agreement. Cost \$
- Prison labor. Please provide prison labor pay policy and pay rate. Cost \$
- National Guard. Please provide National Guard pay policy. Cost \$
- Other. Please describe: Cost \$

<input type="checkbox"/> Equipment <i>Including Applicant-owned, purchased, or rented equipment.</i>	Completed Cost \$	+	Future Cost \$	=	Total Cost \$
Owned					\$
Purchased					\$
Rented					\$

Please enter the completed cost of equipment.

If claiming future costs, 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.

*The cost of materials and supplies is eligible if (1) the materials or supplies were purchased and justifiably needed to effectively address threats caused by the described threats or (2) the materials or supplies were taken from an Applicant's stock and used to address threats caused by the specified threat or hazard. The Applicant needs to track items taken from stock with inventory withdrawal and usage records. FEMA will also consider escalation of costs (such as due to shortages) or exigent circumstances in evaluating cost reasonableness. See the Public Assistance Program and Policy Guide for detailed requirements.*

<input type="checkbox"/> <b>Materials and Supplies</b>	<b>Completed Cost</b> \$	+	<b>Future Cost</b> \$	=	<b>Total Cost</b> \$
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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.

*The cost of materials and supplies is eligible if (1) the materials or supplies were purchased and justifiably needed to effectively address the described threats or (2) the materials or supplies were taken from an Applicant's stock and used to address threats caused by the specified hazard or threat. The Applicant needs to track items taken from stock with inventory withdrawal and usage records. FEMA will also consider escalation of costs (such as due to shortages) or exigent circumstances in evaluating cost reasonableness. See the Public Assistance Program and Policy Guide for detailed requirements.*

<input type="checkbox"/> <b>Other Costs</b> <i>Including other eligible expenses not listed above.</i>	<b>Completed Cost</b> \$	+	<b>Future Cost</b> \$	=	<b>Total Cost</b> \$
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Please enter the completed other costs.

Please enter the estimated future other costs. 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.

**Please describe the costs:**

*Other costs may include travel costs, utilities and other expenses directly tied to the performance of eligible work. Not all costs incurred as a result of the incident are eligible. See the Public Assistance Program and Policy Guide for detailed requirements on Ineligible Costs.*

<b>GROSS COST</b> <i>Please add together costs of contracts, labor, equipment, materials and other costs (note: this will be automated in the Grants Portal system).</i>	\$
---	----

**3. DEDUCTIONS**

*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.*

<input type="checkbox"/> <b>Insurance Proceeds</b>	<b>Deduction</b> \$
--	------------------------

Please enter the actual or anticipated insurance proceeds covered under the Applicant's insurance policy.

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

<input type="checkbox"/> <b>Salvage Values</b>	<b>Deduction</b> \$
--	------------------------

Please enter the total salvage value of purchased equipment and supplies, if greater than \$5,000, and answer additional questions in the Large Project Eligibility Survey.

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

**Medical Payments**

**Deduction**  
**\$**

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

*FEMA cannot provide funding for emergency medical care costs if they are covered by another source, including private insurance, Medicare, Medicaid, or a pre-existing private payment agreement. It is important that private non-profit and government medical care providers, as well as any other Applicant completing emergency medical care activities, take caution to capture and document these cost deductions. If clear documentation is not available to show how medical payments are deducted and not duplicated, the Applicant may not receive funding for otherwise eligible activities.*

**Other Funding Sources**

**Deduction**  
**\$**

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

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

- Non-Federal funding sources. *Please describe:*
- Federal funding sources. *Please describe:*

*See the Public Assistance Program and Policy Guide for detailed requirements for Federal, Non-Federal and Other Funding Sources.*

**NET COST**

*Please subtract all proceed deductions from the Gross Cost (note: this will be automated in the Grants Portal system).*

**\$**

***You have completed this Schedule. Return to the project application summary.***

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

# APPENDIX A: DESCRIPTIONS OF ACTIVITIES AND WORK

## Category B Activity Descriptions

In Section II of the streamlined project application, the Applicant must define the project scope of work, provide general eligibility information, and list the activities for which it is requesting FEMA funding. Activities that are eligible for funding as Category B emergency protective measures are separated into the following three groups:

1. Activities protecting public health and safety.
2. Activities protecting public health and safety with environmental and historic preservations (EHP) considerations.
3. Activities protecting improved property.

This section of the reference guide presents descriptions of activities in the three groups listed above. The descriptions in this section are also presented directly in the project application in Grants Portal. Additional information about eligible emergency protective measures can be found in the Public Assistance Program and Policy Guide (PAPPG).

### Activities Protecting Public Health and Safety

#### *Childcare Not Associated with Sheltering*

FEMA reimburses for the cost of providing licensed childcare services to support sheltered populations. This includes the cost of the labor, facility, supplies, and commodities. Additionally, FEMA may provide Public Assistance (PA) funding for the cost of childcare services that the eligible Applicant provides to other survivors, and beyond the period of emergency sheltering, with certification that temporary childcare is necessary to meet immediate threats to life, public health and safety, or property.

Childcare includes services such as:

- Day care for children; and
- Before- and after-school care.

Additional information can be found in the Public Assistance Program and Policy Guide section on *Childcare Services*. Selecting this option may require the completion of the Childcare Not Associated with Sheltering section of the Large Project Eligibility Survey.

#### *Dissemination of Information to the Public*

Dissemination of information to the public to provide warnings and guidance about health and safety hazards using various strategies, such as flyers, public service announcements, or newspaper campaigns.

Selecting this option may require the completion of the Dissemination of Information to the Public section of the Large Project Eligibility Survey.

#### *Distribution of Commodities for the General Public*

Purchasing and packaging lifesaving and life-sustaining commodities and providing them to the impacted community are eligible. If the Applicant selects this option, they will be required to list the commodities.

Additional information can be found in the Public Assistance Program and Policy Guide section on *Supplies and Commodities*. Selecting this option may require the completion of the Distribution of Commodities for the General Public section of the Large Project Eligibility.

### ***Emergency Operations Center (EOC) Operations***

The Applicant may use its Emergency Operations Center (EOC) to direct and coordinate resources and response activities for a period of time. Response activities conducted at EOCs are eligible provided they are associated with eligible work. Costs associated with operating the EOC are also eligible, including, but not limited to:

- Increased utility costs;
- Costs to lease a facility;
- Supply costs; and
- Meal costs.

Additional information can be found in the Public Assistance Program and Policy Guide section on *Emergency Operations Centers*. Selecting this option may require the completion of the Emergency Operations Center (EOC) Operations section of the Large Project Eligibility.

### ***Evacuation***

Transportation to evacuate (and subsequently return) survivors, household pets, service animals, assistance animals, luggage, and durable medical equipment is eligible.

Additional information can be found in the Public Assistance Program and Policy Guide section on *Evacuations*. Selecting this option may require the completion of the Evacuation section of the Large Project Eligibility Survey.

### ***Firefighting***

For example, the Applicant may be required to pay firefighter costs from portal-to-portal, which may result in paying for 24-hour shifts with periods of rest. FEMA will reimburse costs based on such requirements.

Selecting this option may require the completion of the Firefighting section of the Large Project Eligibility Survey.

### ***Increased Cost of Operating a Facility or Providing a Service***

Increased costs of operating a facility or providing a service are generally ineligible, even when directly related to the incident. However, certain additional costs are eligible if:

- The services are specifically related to eligible emergency actions to save lives or protect public health and safety or improved property;
- The costs are for a limited timeframe based on the emergency or exigency of the circumstances; and
- The Applicant tracks and documents the additional costs.

If the Applicant selects this option, it will be required to select one or more of the following options:

- Generators
- Water testing and/or treatment
- Fuel

- Other (selecting this option will require additional descriptive input from the Applicant)

Additional information can be found in the Public Assistance Program and Policy Guide section on *Increased Operating Costs*. Selecting this option may require the completion of the Increased Cost of Operating a Facility or Providing a Service section of the Large Project Eligibility Survey.

### ***Medical Care and Transport***

Eligible medical care includes, but is not limited to:

- Triage, and medically necessary tests and diagnosis;
- Treatment, stabilization, and monitoring;
- First-aid assessment and provision of first aid;
- A one-time 30-day supply of prescriptions for acute conditions or to replace maintenance prescriptions;
- Vaccinations for survivors and emergency workers to prevent outbreaks of infectious and communicable diseases;
- Durable medical equipment;
- Consumable medical supplies;
- Temporary facilities, such as tents or portable buildings for treatment of survivors;
- Leased or purchased equipment for use in temporary medical care facilities;
- Security for temporary medical care facilities; and
- Use of ambulances for distributing immunizations and setting up mobile medical units.

Additional information can be found in the Public Assistance Program and Policy Guide section on *Medical Care*. Selecting this option may require the completion of the Medical Care and Transport section of the Large Project Eligibility Survey.

### ***Safety Inspections***

Post-incident safety inspections for public and private facilities are eligible, as well as posting appropriate placards (e.g., "red-tagging" a building that is unsafe). The specific purpose of the inspection must be to determine whether the facility is safe for entry, occupancy, and lawful use.

Additional information can be found in the Public Assistance Program and Policy Guide section on *Safety Inspections*. Selecting this option may require the completion of the Safety Inspections section of the Large Project Eligibility Survey.

### ***Saving Animals that are Eligible for Replacement***

Eligible animals may include, but are not limited to:

- Police animals;
- Trained and certified rescue dogs;
- Animals in museums, zoos, or publicly owned nature centers;
- Fish in fish hatcheries;
- Taxidermy specimens (animals preserved and mounted in lifelike representations);
- Animals used by rehabilitation facilities as part of diagnosis or treatment; or
- Laboratory animals used in an active research program.

Please see FEMA Disaster Assistance Policy "Replacement of Animals Associated with Eligible Facilities" - DAP9524.9 for details. Additional information can be found in the Public Assistance Program and Policy Guide section on *Animals*. Selecting this option may require the completion of the Saving Animals That Are Eligible for Replacement section of the Large Project Eligibility Survey.

### ***Search and Rescue to Locate Survivors, Household Pets, and Service Animals Requiring Assistance***

FEMA may provide PA funding for labor costs related to intermittent standby time for staff conducting eligible search and rescue.

Selecting this option may require the completion of the Search and Rescue to Locate Survivors, Household Pets, And Service Animals Requiring Assistance section of the Large Project Eligibility Survey.

### ***Snow-Related Activities***

When the President declares an incident as a Snowstorm or specifically authorizes snow assistance in a declaration for a Severe Winter Storm, FEMA provides PA funding for impacts related to snow, but the assistance is limited.

Additional information can be found in the Public Assistance Program and Policy Guide sections on *Snow-Related Activities*. Selecting this option may require the completion of the Snow-Related Activities section of the Large Project Eligibility Survey.

## **Activities Protecting Public Health and Safety with Environmental and Historic Preservation Considerations**

If any activities in this section are reported, the Applicant will be required to answer additional questions for each activity. These additional questions are outlined in the Additional Environmental and Historic Preservation Questions section below.

### ***Animal Carcass Removal***

Removal and disposal of animal carcasses, including interim processing, is eligible. If the removal and disposal is conducted as part of the overall debris removal operations, the work may be funded as Category A.

FEMA may require certification from state, local, territorial and tribal government health departments, U.S. Department of Health and Human Services, or the U.S. Department of Agriculture that a threat to public health and safety exists.

Additional information can be found in the Public Assistance Program and Policy Guide section on *Animal Carcasses*. Selecting this option may require the completion of the Animal Carcass Removal section of the Large Project Eligibility Survey and will require the completion of the Animal Carcass Disposal section of the EHP Survey.

### ***Demolition of Private Structures***

Emergency demolition of structures located on private property may be eligible when partial or complete collapse is imminent, and the collapse poses an immediate threat to the general public.

In some instances, restricting public access to an unsafe structure and the surrounding area, such as securing the area with a fence, is sufficient to alleviate the immediate threat and is more cost-effective than demolition.

Additional information can be found in the Public Assistance Program and Policy Guide section on *Demolition of Private Structures*. Selecting this option may require the completion of the Demolition of Private Structures section of the Large Project Eligibility Survey and will require the completion of the Demolition of Private Structures section of the EHP Survey and the Private Property Survey.

FEMA usually reimburses demolition of a public structure as part of the Permanent Work project to replace the facility.

### ***Emergency Access Activities***

If the Applicant selects this option, it will be required to select at least one of the following options:

- Debris clearance from public property
- Debris clearance from private property
- Emergency repairs

Additional details for each option are provided below. Additional information can be found in the Public Assistance Program and Policy Guide section on *Emergency Access*.

#### **Debris Clearance from Public Property**

Debris clearance is the clearance of debris to allow passage only. It does not include hauling or disposing of the debris. Debris removal includes hauling and disposing at a temporary or final disposal site.

Selecting this option may require the completion of the Debris Clearance From Public Property section of the Large Project Eligibility Survey and may require the completion of the Debris Disposal section of the EHP Survey.

#### **Debris Clearance from Private Property**

Clearance of debris from private roads, including orphan roads, roads in gated communities, homeowner's association roads, etc. is in the public interest if the debris impairs emergency access by local emergency responders, ambulances, fire, and police. Eligible work is limited to that necessary for roads to remain passable but might include removal and disposal during the initial pass as necessary to ensure emergency access.

Selecting this option may require the completion of the Private Property Survey and may require the completion of the Debris Disposal section of the EHP Survey.

#### **Emergency Repairs**

If the extent of damage or blockage makes these areas inaccessible, work related to providing access is eligible.

- This includes clearing debris from, or conducting emergency repairs to, an access facility, such as a road or bridge.
- Eligible work is limited to that necessary for the access to remain passable

Selecting this option may require the completion of the Emergency Repairs Necessary to Prevent Further Damage to Infrastructure section of the Large Project Eligibility Survey.

### ***Flood Fighting***

Flood fighting activities are eligible if necessary to reduce an immediate threat to life, public health and safety, or improved property. These activities are eligible even if they are associated with a facility that is eligible for U.S. Army Corps of Engineers Rehabilitation and Inspection Program (USACE RIP), as USACE cannot reimburse the Applicant for flood fighting. However, they are ineligible if associated with flood control works under the specific authority of the Natural Resources Conservation Service (NRCS).

The repair of deliberate breaches made by the Applicant to accomplish dewatering is eligible as part of the Emergency Work project. Dewatering agricultural and natural areas behind levees and other water control structures is ineligible.

Additional information can be found in the Public Assistance Program and Policy Guide section on *Flood Fighting*. Selecting this option may require the completion of the Flood Fighting section of the Large Project Eligibility Survey.

### ***Hazardous Material Removal***

Removal and disposal of pollutants and hazardous substances are eligible. Eligible activities may include:

- Separation of hazardous materials from other debris;
- Specialized procedures for handling and disposing of hazardous materials;
- Control or stabilization of the hazardous materials;
- Pumping water contaminated with the hazardous material; and
- Clean-up and disposal of the hazardous material.

Testing for contaminants in water, air, or soil necessary to ensure elimination of the immediate threat is eligible. However, testing for the purpose of long-term clean-up actions is ineligible.

Additional information can be found in the Public Assistance Program and Policy Guide section on *Hazardous Materials*. Selecting this option may require the completion of the Hazardous Material Removal section of the Large Project Eligibility Survey and will require the completion of the Hazardous Materials section of the EHP Survey.

### ***Mosquito Abatement***

Mosquito abatement measures may be eligible when a state, local, territorial or tribal government public health official validates in writing that a mosquito population poses a specific health threat. FEMA consults with the Centers for Disease Control (CDC) to determine the eligibility of mosquito abatement activities. FEMA only provides PA funding for the increased cost of mosquito abatement. This is the amount that exceeds the average amount based on the last 3 years of expenses for the same period.

Additional information can be found in the Public Assistance Program and Policy Guide sections on *Mosquito Abatement*. Selecting this option may require the completion of the Mosquito Abatement section of the Large Project Eligibility Survey and will require the completion of the Mosquito Abatement section of the EHP Survey.

### ***Residential Electrical Meter Repair***

Only residential properties are eligible for this program. Commercial properties, including apartment complexes, are ineligible. Eligible work is limited to that associated with repairing damage to items otherwise installed and maintained by a homeowner's electrician, including the weather head, service



cable, and meter socket. FEMA does not provide PA funding for repair costs if it is not safe to restore power to the residence or if other impacts would restrict the dwelling from being habitable even after power restoration.

Additional information can be found in the Public Assistance Program and Policy Guide section on *Residential Electrical Meter Repair*. Selecting this option will require the completion of the Private Property Survey.

### *Sheltering*

FEMA provides PA funding for costs related to emergency sheltering for survivors. Eligible costs related to sheltering include, but are not limited to, shelter facility costs, shelter staff costs, shelter supplies and commodities, and shelter services, as necessary based on the type of shelter and the specific needs of the persons requiring temporary shelter. Sheltering and caring for household pets is only eligible while the pet owner is in an emergency shelter.

If the Applicant selects sheltering, it will also be required to select all relevant categories of sheltering:

- Non-congregate sheltering during COVID-19 public health emergency;
- Non-congregate sheltering;
- Congregate sheltering;
- Host-state or host-tribe non-congregate sheltering; or
- Host-state or host-tribe congregate sheltering.

Additional details for each option are provided below. Additional information can be found in the Public Assistance Program and Policy Guide section on *Sheltering*.

### *Non-Congregate Sheltering During COVID-19 Public Health Emergency*

The non-congregate sheltering must be at the direction of, and documented through, an official order signed by a state, local, tribal, or territorial public health official or be done in accordance with the direction or guidance of health officials by the appropriate state or local entities, in accordance with applicable state and local laws.

Please see <https://www.fema.gov/news-release/2020/03/31/coronavirus-covid-19-pandemic-non-congregate-sheltering> for additional information.

Selecting this option will require the completion of the Pandemic Sheltering Survey.

### *Non-Congregate Sheltering*

Generally, FEMA does not provide PA funding for emergency sheltering in non-congregate environments, which are locations where each individual or household has living space that offers some level of privacy (e.g., hotels, motels, casinos, dormitories, retreat camps, etc.). In limited circumstances, such as when congregate shelters are not available or sufficient, FEMA may reimburse costs related to emergency sheltering provided in non-congregate environments. FEMA's Assistant Administrator for Recovery has the authority to approve this policy exception. **The Applicant must submit a request for PA funding for costs related to emergency, non-congregate sheltering and obtain FEMA approval prior to sheltering survivors in non-congregate facilities.**

Selecting this option may require the completion of the Sheltering – Non-Congregate section of the Large Project Eligibility Survey.

### ***Congregate Sheltering***

FEMA refers to congregate shelters as those that occur in facilities with large open spaces, such as schools, churches, community centers, armories, or other similar facilities.

Selecting this option may require the completion of the Sheltering - Congregate section of the Large Project Eligibility Survey.

### ***Host-State or Host-Tribe Sheltering***

FEMA refers to congregate shelters as those that occur in facilities with large open spaces, such as schools, churches, community centers, armories, or other similar facilities.

Selecting this option may require the completion of the Sheltering – Host State/Host Tribe section of the Large Project Eligibility Survey. If the required Sheltering is non-congregate, the Sheltering – Non-Congregate section will also be required.

### ***Temporary Relocation of Essential Services***

If the Applicant provides essential community services at a facility that is unsafe, inaccessible, or destroyed as a result of the incident, temporary relocation of these services to another facility is eligible. Essential community services are those services of a governmental nature that are necessary to save lives, protect property and the public, and preserve the proper function and health of the community at large. FEMA evaluates the criticality of the service and safety of the facility to determine the need for temporary relocation. FEMA does not incorporate funds from temporary facilities into fixed cost projects.

Additional information can be found in the Public Assistance Program and Policy Guide section on *Temporary Relocation of Essential Services*. Selecting this option may require the completion of the Temporary Facilities Survey.

### ***Transporting and Pre-Positioning Resources***

Costs related to pre-positioning resources specifically for the declared incident are eligible if the resources are used in the performance of eligible Emergency Work. Additionally, costs related to pre-positioning resources outside of the declared area are eligible when related to conducting search and rescue, evacuation, sheltering, or providing emergency medical care during the evacuation period (such as ambulances, buses, and staff) provided the resources were ultimately used for the declared area.

Additional information can be found in the Public Assistance Program and Policy Guide section on *Pre-positioning Resources*. Selecting this option may require the completion of the Pre-Positioning or Movement of Supplies, Equipment, or Other Resources section of the Large Project Eligibility Survey.

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## Activities Protecting Improved Property

Improved property means a structure, facility, or item of equipment which was built, constructed, or manufactured. Land used for agricultural purposes is not improved property.

### *Clearance of Water and Mud, Silt, or Other Debris from Eligible Facilities to Address an Immediate Threat*

Eligible work includes extracting water and clearing mud, silt, or other accumulated debris from eligible facilities if the work is conducted expeditiously for the purpose of addressing an immediate threat.

Additional information can be found in the Public Assistance Program and Policy Guide appendix section on *Work Eligibility Considerations by Type of Facility*. Selecting this option may require the completion of the Extraction/Clearance of Water and Mud, Silt, or Other Debris from Eligible Facilities section of the Large Project Eligibility Survey and will require the completion of the EHP Survey.

### *Constructing Emergency Berms of Temporary Levees to Provide Protection from Floodwaters or Landslides*

If a natural or engineered beach has eroded to a point where flooding from a 5-year storm could damage improved property, cost-effective emergency protective measures on the beach that protect the improved property against damage from that 5-year storm are eligible. Eligible measures typically include the construction of emergency sand berms to protect against additional damage from a 5-year storm. Emergency sand berms are not intended to permanently restore the beach; they are intended only to provide protection from immediate threats.

Additional information can be found in the Public Assistance Program and Policy Guide section on *Emergency Repair or Stabilization*. Selecting this option may require the completion of the Constructing Emergency Berms or Temporary Levees to Provide Protection from Floodwaters or Landslides section of the Large Project Eligibility Survey and will require the completion of the EHP Survey.

### *Emergency Repairs Necessary to Prevent Further Damage to Infrastructure*

Emergency repair or stabilization of an eligible facility is eligible as Emergency Work if it eliminates or lessens an immediate threat. Work performed under an exigent circumstance that restores the pre-disaster design and function of the facility in accordance with codes and standards is Permanent Work, not Emergency Work.

Additional information can be found in the Public Assistance Program and Policy Guide section on *Emergency Repair or Stabilization*. Selecting this option will also require the completion of the Emergency Repairs Necessary to Prevent Further Damage to Infrastructure section of the EHP Survey.

### *Emergency Slope Stabilization*

If a landslide or other slope instability is triggered by the incident and poses an immediate threat to life, public health and safety, or improved public or private property, emergency protective measures to stabilize the slope may be eligible. FEMA only provides PA funding for the least costly option necessary to alleviate the threat. FEMA limits eligible stabilization measures to the area of the immediate threat, not the entire slope. Work must be reasonable relative to the size and scope of the area of instability.

Additional information can be found in the Public Assistance Program and Policy Guide section on *Slope Stabilization*. Selecting this option will also require the completion of the Emergency Slope Stabilization section of the EHP Survey.

## ***Mold Remediation***

Pre-remediation mold sampling is only eligible when the sampling reveals the presence of mold. Post-remediation sampling is eligible to confirm that remediation is complete. FEMA only provides PA funding for mold sampling performed by an indoor environmental professional, such as a Certified Industrial Hygienist, Certified Indoor Environmental Consultant, or Certified Microbial Consultant. FEMA considers technical evaluations performed by licensed professionals when determining the eligibility of mold remediation. For mold remediation to be eligible, mold must not be a result of poor facility maintenance or failure to take protective measures to prevent the spread of mold in a reasonable time after the incident. FEMA evaluates whether the facility had pre-existing water infiltration conditions when determining whether mold remediation is eligible.

Additional information can be found in the Public Assistance Program and Policy Guide section on *Mold Remediation*. Selecting this option may require the completion of the Mold Remediation section of the Large Project Eligibility Survey and will require the completion of the EHP Survey.

## ***Removal and Storage of Contents from Eligible Facilities***

The removal and storage of contents from eligible facilities may include furnishings, equipment, consumable supplies, files, records, research-related contents, animals, irreplaceable collections and individual objects, library books, and publications.

Additional information can be found in the Public Assistance Program and Policy Guide appendix section on *Work Eligibility Considerations by Type of Facility*. Selecting this option may require the completion of the Removal and Storage of Contents for Eligible Facilities section of the Large Project Eligibility Survey and will require the completion of the EHP Survey.

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## **Supplemental Activities to Conduct Emergency Protective Measures**

Applicants must answer additional questions about the following activities that may be conducted in conjunction with emergency protective measures. The purpose of these questions is to determine documentation requirements and to verify if additional information is needed from the work surveys.

### ***Purchasing Land or Buildings***

For land acquisition, FEMA limits PA funding to the necessary amount of land. For example, if the facility was located on 10 acres of land at the time of the incident, and FEMA determines that 10 acres is not necessary for the operation of the facility, FEMA limits PA funding to the necessary amount of land. In situations where the Applicant owns the facility, but not the land or the support facilities at the original location, the cost to purchase the land or build support facilities is ineligible.

Additional information can be found in the Public Assistance Program and Policy Guide section on *Relocation*.

### ***Purchasing Meals for Emergency Workers***

Provision of meals, including beverages and meal supplies, for employees and volunteers engaged in eligible Emergency Work, including those at EOCs, is eligible provided the individuals are not receiving per diem and one of the following circumstances apply:

- Meals are required based on a labor policy or written agreement that meets the cost eligibility requirements;
- Conditions constitute a level of severity that requires employees to work abnormal, extended work hours without a reasonable amount of time to provide for their own meals; or
- Food or water is not reasonably available for employees to purchase. FEMA only reimburses the cost of meals that are brought to the work location and purchased in a cost-effective and reasonable manner, such as bulk meals. FEMA does not reimburse costs related to group outings at restaurants or individual meals.

Additional information can be found in the Public Assistance Program and Policy Guide section on *Meals*. Selecting this option may require the completion of the Purchase of Meals for Emergency Workers section of the Large Project Eligibility Survey.

### ***Purchasing Supplies or Equipment***

Costs related to the Applicant purchasing supplies or using its own stock to perform Emergency Work are eligible. Examples include, but are not limited to, safety equipment, personal protective equipment, radios, power tools, sand, and tarps. Purchasing and packaging lifesaving and life-sustaining commodities and providing them to the impacted community are eligible.

Additional information can be found in the Public Assistance Program and Policy Guide section on *Supplies and Commodities*. Selecting this option may require the completion of the Purchase of Supplies and Equipment section of the Large Project Eligibility Survey.

### ***Using Donated Resources for Emergency Protective Measures***

FEMA does not provide PA funding for donated resources. However, FEMA allows the Applicant to use the value of donated resources (non-cash contributions of property or services) related to eligible Emergency Work to offset the non-Federal cost share of its eligible Emergency Work projects and Direct Federal Assistance (DFA).

Additional information can be found in the Public Assistance Program and Policy Guide section on *Donated Resources*.

## **Environmental and Historic Preservation Considerations**

If the Applicant reported any activities with Environmental and Historic Preservation (EHP) considerations, the Applicant must answer questions on work-related activities that may raise EHP considerations. The purpose of these questions is to determine which EHP information and documentation requirements apply to the project application. Based on the Applicant's answers, FEMA will limit the EHP requirements to those necessary to ensure project applications comply with Federal EHP laws, implementing regulations, and executive orders (EOs).

### ***Threatened or Endangered Species in or Near the Work Site***

Endangered Species Act: The Endangered Species Act (ESA) requires Federal agencies to use their authorities to conserve federally listed threatened and endangered species (listed species) and critical habitats. FEMA must also consult with the U.S. Fish and Wildlife Service (USFWS) and the National Oceanic and Atmospheric Administration's (NOAA's) National Marine Fisheries Service.

Additional information can be found in the Public Assistance Program and Policy Guide appendix section on *Environmental and Historic Preservation Compliance*. Selecting this option will also require the completion of the Threatened or Endangered Species section of the EHP Survey.

### ***Work on or Near Undeveloped or Undisturbed Areas***

Coastal Barrier Resources Act: The Coastal Barrier Resources Act (CBRA) established the John H. Chafee Coastal Barrier Resources System (CBRS), which consists of relatively undeveloped coastal barriers along the Atlantic, Gulf, Great Lakes, and Caribbean coasts. CBRA minimizes adverse impacts to these areas by restricting Federal assistance that encourages development within the CBRS. USFWS publishes maps designating these areas. FEMA must consult with USFWS prior to providing PA funding for work within the CBRS.

Additional information can be found in the Public Assistance Program and Policy Guide appendix section on *Environmental and Historic Preservation Compliance*. Selecting this option will also require the completion of the Work at or Near an Undeveloped Site section of the EHP Survey.

### ***Ground Disturbance Activities***

When performing Emergency Work, the Applicant should avoid new ground disturbance when possible. If the Applicant cannot avoid new ground disturbance, it must consider impacts to natural and cultural resources and obtain all necessary permits.

Additional information can be found in the Public Assistance Program and Policy Guide section on *Emergency Work Eligibility*. Selecting this option will also require the completion of the Ground Disturbance section of the EHP Survey.

### ***Facilities Constructed 45+ Years Ago, on a Local/State/National Register, or a Facility that is a Locally Registered Landmark***

National Historic Preservation Act: Section 106 of the National Historic Preservation Act (NHPA) requires FEMA to consider the effects an undertaking will have on historic properties and provide the Advisory Council on Historic Preservation the opportunity to comment on the effects of the undertaking. Historic properties include buildings or groups of buildings (districts), structures, objects, landscapes, archaeological sites, and traditional cultural properties included in, or eligible for inclusion in, the National Register of Historic Places. Please see the National Park Service, National Register of Historic Places [website](#) for more information.

Additional information can be found in the Public Assistance Program and Policy Guide appendix section on *Environmental and Historic Preservation Compliance*. Selecting this option will also require the completion of the Work on Historic Facilities or Facilities 45 Years of Older section of the EHP Survey.

### ***Debris Disposal***

Applicants must distinguish between incident-related debris versus pre-existing debris and debris generated by other incidents. This activity cannot duplicate funding provided by another Federal agency (e.g., USACE or NRCS).

Additional information can be found in the Public Assistance Program and Policy Guide appendix section on *Work Eligibility Considerations by Type of Facility*. Selecting this option will also require the completion of the Debris Disposal section of the EHP Survey.

### ***Drainage Facilities***

Examples of such facilities include culverts and low-water crossings.

Additional information can be found in the Public Assistance Program and Policy Guide appendix section on *Work Eligibility Considerations by Type of Facility*. Selecting this option will also require the completion of the Drainage Facilities section of the EHP Survey.

### ***Work Performed in or within 200 feet of a Waterway and/or Body of Water***

If the Applicant has legal responsibility for maintenance of a navigable waterway, removal and disposal of debris that obstructs the passage of vessels is eligible to a maximum depth of 2 feet below the low-tide draft of the largest vessel that utilized the waterway prior to the incident.

Additional information can be found in the Public Assistance Program and Policy Guide section on *Waterways*. Selecting this option will also require the completion of the Work Within 200 feet of Water section of the EHP Survey.

### ***Work Performed on a Beach or Coastal Facility***

A beach is considered an eligible facility when all of the following conditions exist:

- The beach is not a federally constructed shoreline under the specific authority of USACE;
- The beach was constructed by the placement of imported sand — of proper grain size — to a designed elevation, width, and slope; and
- The Applicant has established and adhered to a maintenance program involving periodic re-nourishment with imported sand to preserve the original design or a specific engineered design that is justified and clearly stated in the maintenance program.

Additional information can be found in the Public Assistance Program and Policy Guide section on *Eligibility Considerations by Facility* for Category G. Selecting this option will also require the completion of the Beach or Coastal Facilities section of the EHP Survey.

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