

Project Application Reference Guide for Emergency Protective Measures (Category B)

For Incidents Declared on or After January 6, 2023



FEMA

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CHAPTER 1: OVERVIEW

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

Emergency Protective Measures (Category B)

The Category B Project Application is the formal request for emergency protective measures (Category B) funding under the PA program. FEMA may provide funding 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. For more information on activities and associated costs that are eligible for PA funding can be found in [Public Assistance Program and Policy Guide](#) which provide general overviews of PA program eligibility.

How to Use this Reference Guide

This document is a reference guide that Applicants may use to understand the information and documentation required for Emergency Protective Measures (Category B) funding under incidents declared on or after January 6, 2023. Information required to obligate federal funding varies by project size.¹

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

The Project Application has four sections, supplemental cost schedules, and supplemental work surveys. All Applicants must complete the following four sections of the Project Application:

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

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 Grants Portal

is the system used by Recipients and Applicants to manage PA grant applications.

Projects and Subawards

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

¹ FEMA establishes a threshold to categorize projects as large or small based on the final approved amount of eligible costs after any cost adjustments, including insurance deductions. The threshold is adjusted for each federal fiscal year. For more details, see [Per Capita Impact Indicator and Project Thresholds](#).

- [Section IV – Project Acknowledgements and Certifications](#)

Each Project Application requires the completion of one of the [cost schedules](#) based on activity status and claimed costs. Answers in Section II and Section III determine which cost schedule is appropriate.

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, and the use of temporary facilities. Answers in Sections II and 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](#)
- [Non-Congregate Sheltering Survey](#)

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

Table 1: Circumstances for Completion of Each Schedule and Survey

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

When to Submit Multiple Project Applications

FEMA processes each Project Application submitted as a separate funding request. Applicants may 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
- 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 environmental or historic preservation considerations and another Project Application with its remaining activities. For detailed requirements on *Environmental and Historic Preservation*, refer to [Public Assistance Program and Policy Guide \(PAPPG\)](#).
- When an Applicant needs to be reimbursed immediately and cannot wait to gather all information to submit a full claim for all its activities and costs, the Applicant may:
 - Request expedited funding for Large Project work to receive an award of 50 percent of the total cost based on limited documentation;² or
 - Limit an initial Project Application to certain activities or an initial time period and follow up later with an additional Project Application for other activities or time periods.³
- Non-congregate sheltering

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

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

³ If the follow-up funding request is for the same activities and time periods, the original Project Application will be amended. If the follow-up funding request is for distinguishable activities or time periods, an additional Project Application may be submitted.

CHAPTER 2: CATEGORY B STREAMLINED PROJECT APPLICATION

This chapter includes the following parts of the emergency protective measures (Category B) Project Application:

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

Sections I—IV

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

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

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

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

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

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

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

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

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

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

Section II

Section II – Scope of Work

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

1. DESCRIPTION OF ACTIVITIES

Please 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.

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
 - 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.

- Buttressing, 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?

	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

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

Section III – Cost and Work Status Information

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

1. PROJECT COST

Did or does the Applicant have insurance that might cover any activities reported in Section II?

- Yes, the Applicant anticipates receiving a payment from its insurance carrier
- Yes, the Applicant has already received a payment from its insurance carrier
- Uncertain if the Applicant will 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 (e.g., 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 for Emergency Work Projects that meet or exceed the Large Project threshold.

An Applicant may request approval for expedited funding from the Recipient and FEMA if they have an immediate need for funding 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 large project activities that occur within 60 days of the Applicant’s Recovery and Scoping Meeting.

Does the Applicant want to request expedited funding?

- Yes

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

- No

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Section IV

Section IV – Project Acknowledgements and Certifications		
1. PREPARER CERTIFICATION		
Instructions: If Applicant used external support to develop this Application, this section must be completed.		
<p>Did a consultant prepare this Project Application on behalf of the Applicant?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Please provide the following information and obtain the preparer’s signature.</p>		
Preparer’s Company or Firm Name	Preparer’s Company or Firm EIN	
Preparer’s Company or Firm Address		
<p>By signing below, the Applicant certifies all information provided in this Project Application is true and correct. Upon submittal, the certified Project Application becomes a legal document. It is a violation of federal law to intentionally make false statements or hide information when applying for Public Assistance.</p>		
Preparer’s Name	Preparer’s Title	Preparer’s Signature
2. APPLICANT ACKNOWLEDGEMENTS		
Instructions: Applicants must acknowledge the following requirements.		
<p><u>Environmental and Historic Preservation Compliance Acknowledgements</u></p> <p>The Applicants acknowledges it must comply with EHP laws, regulations, and Executive Orders (EO), including but not limited to, the Endangered Species Act (ESA), National Environmental Policy Act (NEPA), and the National Historic Preservation Act (NHPA). Applicants must afford FEMA the opportunity to perform EHP reviews prior to starting any work that has potential to impact the environment or historic properties, including archaeological resources. If an Applicant starts work prior to FEMA’s completion of the EHP review, it jeopardizes PA funding for the entire project.</p>		
<p><u>Non-Discrimination (and Equity) In Federally Assisted Programs</u></p> <p>The Applicant acknowledges it must comply with all federal civil rights laws and authorities prohibiting discrimination, including but not limited to, Section 308 of the Stafford Act, 42 U.S.C. § 5151, which requires the impartial and equitable delivery of disaster services and activities without discrimination.</p>		
<p><u>Documentation Requirements</u></p> <p>The Applicant acknowledges it must continue to retain all source documentation, including project eligibility records and financial records, for three years after the date the Recipient submits to FEMA certification of completion of the last Small Project. SLTT government laws may require longer retention periods. Real property and equipment disposition, audits, and litigation may also require longer retention periods. If requested, Applicants must provide documentation to FEMA. Recipients may require documentation not otherwise required by FEMA (such as actual cost documentation for Small Projects). In such cases, the Applicant must provide the documentation to the Recipient.</p>		

Applicant Authorized Representative	Title	Signature
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3. APPLICANT CERTIFICATIONS

Instructions: The applicant must certify to the following statements.

The Applicant certifies the following:

Duplication of Benefits

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

Impartial and Equitable Delivery of Public Assistance

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

Document Retention

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

Work

As required by Title 44 Code of Federal Regulations (C.F.R.) §§ 206.223 and 206.225, the emergency protective measures work claimed in this project are:

- Required as a result of the declared event.
- Located within the designated area; and
- The legal responsibility of the Applicant.

As required by 44 C.F.R. §206.225, the emergency protective measures work claimed in this project was conducted to either:

- Eliminate threats to life, public health, and safety; or
- Eliminate immediate threats of significant damage to improved public or private property; or

Procurement and Contracting

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

Cost Reasonableness

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

True and Correct Statements

All information provided is true and correct. Upon submittal, the certified Project Application becomes a legal document. The False Claims Act (31 U.S.C. §§3729-3733) prohibits the submission of false or fraudulent claims for payment to the federal government. It is a violation of federal law to intentionally make false statements or hide information when applying for Public Assistance. This can carry severe criminal and civil

penalties including a fine of up to \$250,000, imprisonment, or both (18 U.S.C. §§ 287, 1001, 1040, and 3571).

Applicant Authorized Representative	Title	Signature
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Work Surveys

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

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

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

A set of questions required when total claimed costs on the Project Application equals or exceeds the large project threshold. 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 *PAPPG* 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 *PAPPG* section on *Temporary Relocation of Essential Services* for more information.

Non-Congregate Sheltering Survey [\(Click here to jump to survey.\)](#)

A set of questions required when claiming costs for providing non-congregate sheltering.

Large Project Work Survey

Large Project Work Survey

Instructions: Please 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. Additionally, if any of the following activities were reported in Section II, please 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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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)

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:

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

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.

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 exists:

- 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.

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

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

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.

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.

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.

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.

You have completed this Survey. Return to the Project Application summary.

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

Environmental and Historic Preservation Survey

Environmental and Historic Preservation (EHP) Survey

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

Instructions: Please complete the Work Information and Supporting Documentation sections of this survey. Additionally, if the following specific activities were reported in Section II, please 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 waterway, body or water, or wetland

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 why you are unsure:*

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

- Yes. Please describe the activities and permanent alterations:
- No
- Unsure. Please describe why you are unsure:

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 REMOVAL

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).

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?

Did or will the Applicant remove sheetrock, ceiling tiles, or plaster?

- 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:

Did or will the Applicant coordinate with any regulatory agencies?

- No
- Yes. Please select 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:

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

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 threatened or endangered species are in or near the worksite?

Did or will the Applicant coordinate with any regulatory agencies?

Yes. Please select the relevant agencies:

U.S. Fish and Wildlife Service (USFWS)

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

U.S. Army Corps of Engineers (USACE)

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

Other. Please list the agency:

No

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

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 (gasoline, diesel, kerosene, propane), and/or hydraulics
- PCB containing materials (transformers, caulking, etc.)
- Pesticides/herbicides/rodenticides
- Solvents (thinners, cleaners, varnishes, and adhesives)
- Swimming pool maintenance supplies (chlorine products, muriatic acid, etc.)
- Other hazardous material. Please describe:

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

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: _____

Did or will the Applicant coordinate with a regulatory agency?

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

Please upload documentation of correspondence with the environmental agency.

Did the Applicant report any oil or hazardous materials release to state environmental agencies under spill or cleanup requirements?

- Yes. *Please include the case or site number: _____ . Please upload documentation of correspondence with the environmental agency.*
- 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: _____

Did or will the Applicant coordinate with a regulatory agency?

- No

Yes. Please list which agency:

Army Corps of Engineers (USACE)

Other. Please list the agency:

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

16. GROUND DISTURBANCE

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

Yes

No

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

Latitude: _____ Longitude: _____

What are or will be the dimensions of the ground disturbance?

Length: _____ Width: _____ Depth: _____

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 estimated or actual 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: _____

Did or will the Applicant coordinate with a regulatory agencies?

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

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 WATERWAY, BODY OF WATER, OR WETLAND

Did or will the Applicant coordinate with any regulatory agencies?

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

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

Did or will the work involve dredging?

- No
- Yes

What is the method of dredging?

- Barge
- Flotation device
- 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 (e.g., 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.

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

Private Property Survey

Activities on Privately-Owned Property Survey

Instructions: Please 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/YYYY).

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:

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
- 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)

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.

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Temporary Facilities Survey

Temporary Facility Survey

Instructions: Please complete this survey if the activities reported in Section II of the Project Application include the set-up or operation of a temporary facility. Please complete the information in this survey for each temporary facility.

For more information on these requirements, see the Public Assistance Program and Policy Guide, 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:

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

Which of the following apply to the damaged facility?

- 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 Survey

Non-Congregate Sheltering

Instructions: Please complete this survey if the activities reported in Section II of the Project Application includes non-congregate sheltering.

1. GENERAL

When did or will the sheltering activities start and end?

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

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:

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:

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.

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Cost Schedules

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

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

Applicants requesting expedited funding from the Recipient and FEMA will complete cost schedule A. Schedule A consists of a general eligibility section in which the Applicant must report how the reported activities constitute an immediate threat and an immediate need for funding. Additionally, the Applicant must report project costs and deductions to justify the amount of the funding request. For more information on how FEMA provides expedited funding for Emergency Work Projects, refer to the *PAPPG* section on *Expedited Projects for Emergency Work*.

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

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

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

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

For projects with work to be completed, a detailed scope of work to address Emergency Work is often unknown and therefore, difficult to estimate in advance. 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 *PAPPG* section on *Estimating Emergency Work Projects with Work to be Completed* for more information.

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

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

For Small Projects with all work completed, FEMA may accept certification in lieu of documentation and process the projects based on estimated costs even if all work is completed. However, except for the scenarios listed in the *PAPPG* 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: Please complete this schedule if the Applicant is requesting expedited funding in Section III of the Project

Application. Expedited funding is only available if the total net cost for the request is greater than or equal to the Large Project Threshold.

1. GENERAL ELIGIBILITY

Please explain why there is an immediate need for funding:

Please select the time-period for which the Applicant is requesting expedited funding for the activities claimed in this project:

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 being claimed in this project address an immediate threat to life, public health, or safety:

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

Labor

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 Employees. If checked, please include itemization of eligible overtime hours.
 - Overtime. Please enter the total overtime cost here: \$
 - Unbudgeted Employee. If checked, please include itemization of eligible straight and overtime hours.
 - Straight time. Please enter the total straight time cost here: \$
 - Overtime. Please enter the total overtime cost here: \$

Please enter the total 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

If the personnel were or will be provided through mutual aid, please provide the written mutual aid agreement.

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"/>

- 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 other type of labor: _____ Cost \$

<input type="checkbox"/> Equipment <i>Including Applicant-owned, purchased, or rented equipment.</i>	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.

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

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

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

<input type="checkbox"/> Other Costs <i>Including other eligible expenses not listed above.</i>	Cost
	\$

Please enter the total cost.

Please provide high-level information to substantiate costs:

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

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"/> Insurance Proceeds	Deduction
--	------------------

Please enter the actual or anticipated insurance proceeds covered under the Applicant's insurance policy.	\$
<input type="checkbox"/> Medical Payments Please enter the total amount of medical payments received or expected from for-profit entities, Medicare, Medicaid, or a pre-existing private payment agreement.	Deduction \$
<input type="checkbox"/> Other Funding Sources 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? <input type="checkbox"/> Non-federal funding sources. <i>Please describe:</i> <input type="checkbox"/> Federal funding sources. <i>Please describe:</i>	Deduction \$
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: Please complete this schedule if the Applicant (1) has completed the activities claimed in this Project Application, (2) has documentation available to support the actual costs, and (3) the cost of the activities is greater than or equal to the Large Project Threshold

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. To calculate the total cost, complete the Contract information section below.

Please also provide:

- Contracts, change orders, and summary of invoices
- Cost or price analysis
- 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)

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

- 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.

<input type="checkbox"/> Equipment <i>Including Applicant-owned, purchased, or rented.</i>	Cost
	\$
	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.

<input type="checkbox"/> 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.

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.

GROSS COST

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

\$

2. 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.

Insurance Proceeds

Deduction
\$

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

Salvage Values

Deduction
\$

Please enter the total salvage value of purchased equipment and supplies (if greater than \$5,000).

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.

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 C – In-Progress Work Estimate

Schedule C – In-Progress Work Estimate

Instructions: Please complete this schedule if the Applicant (1) has not started or is in the process of completing the activities reported in Section II and (2) the cost of the activities reported in Section II is greater than or equal to the Large Project Threshold.

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"/> Contracts	Completed Cost \$	+	Future Cost \$	=	Total Cost \$
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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).

<input type="checkbox"/> Labor <i>Including the Applicant's own staff (Force Account labor), mutual aid, prison labor, or National Guard.</i>	Completed Cost \$	+	Future Cost \$	=	Total Cost \$
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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.
 - Overtime. Please enter the total overtime cost here: \$
 - Unbudgeted Employee Labor. Please include itemization of eligible straight and overtime hours.
 - 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	<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 \$
- 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.

<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 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.

<input type="checkbox"/> Materials and Supplies	Completed Cost \$	+	Future Cost \$	=	Total Cost \$
<p>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.</p> <p>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.</p> <p>Please add the completed costs to the future costs and enter result as the total cost.</p>					
<p>How did the Applicant acquire the materials or supplies?</p> <p><input type="checkbox"/> From stock</p> <p><i>Please provide cost documentation such as original invoices or other historical cost records, inventory records, and—if available--supporting documentation such as daily logs.</i></p> <p><input type="checkbox"/> Purchased</p> <p><i>Please provide invoices or receipts, and justification if purchased materials or supplies were not used. If purchase was over \$250,000, the federal simplified acquisition threshold, please also provide all information requested of contracts above.</i></p> <p>Please provide the following information for the materials and supplies claimed:</p> <ul style="list-style-type: none"> • 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) 					
<input type="checkbox"/> Other Costs <i>Including other eligible expenses not listed above.</i>	Completed Cost \$	+	Future Cost \$	=	Total Cost \$
<p>Please enter the completed other costs. If no other costs are complete enter 0.</p> <p>Please describe the costs:</p> <p>Please also provide invoices or receipts. If claiming travel expenses, please provide a travel policy.</p> <p>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.</p> <p>Please add the completed costs to the future costs and enter result as the total cost.</p>					
<p>GROSS COST</p> <p><i>Please add together costs of contracts, labor, equipment, materials and other costs (note: this will be automated in the Grants Portal system).</i></p>					\$
<p>3. DEDUCTIONS</p> <p><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></p>					
<input type="checkbox"/> Insurance Proceeds					Deduction \$

Please enter the actual or anticipated insurance proceeds covered under the Applicant's insurance policy.	
<input type="checkbox"/> 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.	
<input type="checkbox"/> 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?	
<input type="checkbox"/> Non-federal funding sources. <i>Please describe:</i>	
<input type="checkbox"/> Federal funding sources. <i>Please describe:</i>	
NET COST <i>Please subtract all proceed deductions from the subtotal (note: this will be automated in the Grants Portal system).</i>	\$
<i>You have completed this Schedule. Return to the Project Application summary.</i>	

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Schedule EZ – Small Project Costs

Schedule EZ – Small Project Costs

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

4. BUDGET ESTIMATE

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

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

Estimated Cost Summary

Please attach an itemized estimate

The estimate needs to be broken down by the type and number of resources necessary to complete the work (contracts, labor, equipment, materials & supplies, and other costs) and include the basis of the estimate. See Section III document requirements for additional information. Develop the estimate using the standard procedures the Applicant would use absent federal funding.

What is the basis for estimate? (select all that apply)

- Extrapolation of completed costs
- Historical unit costs
- Average costs for similar work in the area
- Published unit costs from national cost estimating database
- Contractor or vendor quotes
- FEMA [Schedule of Equipment Rates](#)
- Other.

*Please describe the other basis for estimate**

Actual Cost Summary:

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

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

5. PROJECT COST

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

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

Is the estimate based on awarded contracts?

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

Contracts Section

This section must be completed for all awarded contracts

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

Was the contract awarded through a competitive bidding process?

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

Which of the following conditions apply to the noncompetitive procurement?

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

Please selected the Type of Contract?

- Fixed price
- Cost-reimbursement
- Time and materials

Please describe why no other contract type was suitable?

Does the contract have a ceiling price that the contractor exceeds at its own risk?

- Yes
- No

Did the Applicant maintain a high-degree of oversight to obtain reasonable assurance that the contractor is using efficient methods and effective cost controls?

- Yes. *Please upload documentation to substantiate such as daily or weekly logs, records of performance meetings.*
- No

- Cost-plus- percentage-% of- cost or percentage- of -construction.

Is the payment of the contract on a predetermined percentage rate?

- Yes

Was the predetermined percentage rate applied to actual performance costs?

- Yes

Was the contractor’s total payment amount uncertain at the time of contracting?

- Yes

Did the contractor’s payment increase commensurately with increased performance costs?

- No

- Other. *Please describe.*

- Labor**

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

Completed Cost \$[auto-filled]

+ Future Cost \$[auto-filled]

= Total Cost \$[auto-filled]

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

- Applicant’s own staff.
 - Budgeted Employee Labor. Please include itemization of eligible overtime hours.
 - Overtime. Please enter the total overtime cost here: \$
 - Unbudgeted Employee Labor. Please include itemization of eligible straight and overtime hours.
 - Straight time. Please enter the total straight time cost here: \$
 - Overtime. Please enter the total overtime cost here: \$

- Mutual aid. Cost \$

Document required: Services requested and received

- Prison labor. Cost \$
- National Guard. Cost \$
- Other. *Please describe:* Cost \$

- Equipment**

Including Applicant-owned, purchased, or rented equipment.

Completed Cost \$[auto-filled]

+ Future Cost \$[auto-filled]

= Total Cost \$[auto-filled]

For rented equipment, please provide a rental versus purchase cost comparison, include the amount of fuel used if not included in the rental cost.

For purchased equipment, please provide a rental versus purchase cost comparison, please also provide all information requested of contracts above, as applicable.

<input type="checkbox"/> Materials and Supplies	Completed Cost \$	+	Future Cost \$	=	Total Cost \$[auto-filled]
<p>Please enter the total cost of materials and supplies from your estimate.</p> <p>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.</p> <p>Please add the completed costs to the future costs and enter result as the total cost.</p>					
<input type="checkbox"/> Other Costs <i>Including other eligible expenses not listed above.</i>	Completed Cost \$	+	Future Cost \$	=	Total Cost \$[auto-filled]
<p>Please enter the completed other costs.</p>					
GROSS COST <i>Please add together costs of contracts, labor, equipment, materials and other costs (note: this will be automated in the Grants Portal system).</i>					\$
6. DEDUCTIONS <i>Please select the credits available to offset costs of activities reported in Section II. For each selected, please provide the deduction or other information FEMA can use to estimate the deduction.</i>					
<input type="checkbox"/> Insurance Proceeds <i>Please enter the actual or anticipated insurance proceeds covered under the Applicant's Insurance policy.</i>	Completed Deduction \$	+	Future Deduction \$	=	Total Deduction \$[auto-filled]
<input type="checkbox"/> Salvage Value <i>Please enter the total salvage values of purchased equipment if greater than \$5,000</i>	Completed Deduction \$[auto-filled]	+	Future Deduction \$[auto-filled]	=	Total Deduction \$[auto-filled]
<input type="checkbox"/> Other deductions <i>Please enter the total amount of other goods and services provided to for-profit entities or any other proceeds or payments received or expected.</i>	Completed Deduction \$[auto-filled]	+	Future Deduction \$[auto-filled]	=	Total Deduction \$[auto-filled]
<input type="checkbox"/> Federal funding sources Please describe:	Completed Deduction \$	+	Future Deduction \$	=	Total Deduction \$[auto-filled]
<input type="checkbox"/> Non-federal funding sources Please describe:	Completed Deduction \$	+	Future Deduction \$	=	Total Deduction \$[auto-filled]
NET COST Please subtract all proceed deductions from the Gross Cost (note: this will be automated in the Grants Portal system).					\$[auto-filled]
<i>The Applicant has completed this Schedule. Please return to Section IV.</i>					

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