

## **Type of Work/Costs Claimed: Documentation and Information Required for All Categories and Lanes**

For each job completed, submit the following documents and information depending on the type of work done/costs claimed.

If the Applicant wishes to participate in **Small Project Self-Certification** (categories B-G Completed projects only), the only documents needed are the Summary Records for each labor/equipment type. Other information listed below will still be requested in the EEs.

### **Force Account Labor**

#### Documents

- Force Account Labor Summary
- Force Account Labor Payroll Timesheets
- Force Account Work Order/ Activity Log
- Force Account Labor Pay Policy
- Force Account Fringe Benefit Calculation

#### Other Information

- Number of regular hours
- Number of overtime hours
- Claimed cost
- Was work performed by a department? Which?

### **Force Account Equipment**

#### Documents

- Force Account Equipment Summary
- Force Account Work Order/ Activity Log
- Force Account Equipment Rate Costs

#### Other Information

- Number of hours
- Claimed cost

### **Force Account Materials**

#### Documents

- Force Account Material Summary
- Force Account Historical Cost Summary
- Force Account Materials Invoices/Receipts

#### Other Information

- Claimed cost

### **Contract**

#### Documents

- Contract Costs Summary
- Contract Document
- Procurement Policy
- Contract Bid/Plus Section Processes
- Invoices

#### Other Information

- Which types of contracts were used?
- How was the contract procured?
- Claimed cost

### **Mutual Aid/MOU**

#### Documents

- Mutual Aid Agreement
- Mutual Aid Timesheets
- Mutual Aid Work Order/ Activity Log
- Mutual Aid Invoices
- Mutual Aid Summary
- Mutual Aid Equipment Record
- Mutual Aid Materials
- Mutual Aid Equipment Rate Costs

#### Other Information

- Who was the mutual aid with?
- Claimed cost

**Category A: Completed Lane EEI Worksheet**

Documentation and Information Required:

- FEMA-Approved Debris Management Plan
- Explanation of how debris removal contract work was monitored
- Insurance documentation

	Vegetative	Construction and Demolition	White Goods	E-waste	Sand, Soil, Mud	Stumps	Leaning Trees	Hanging Limbs
<b>Quantity (units)</b>								
<b>How was quantity determined?</b>								
<b>Labor types</b>								
<b>Removed from (provide Address/GPS locations for all sites)</b>								
<b>Right of way</b>								
<b>Waterway</b> Permit # Under other agency?								
<b>Other</b>								
<b>Moved to (provide Address/GPS locations for all sites)</b>								
<b>Landfill</b> Number of sites Permit # Under other agency?								
<b>TDSR</b> Number of sites Permit # Under other agency?								
<b>Other</b> Number of sites Permit # Under other agency?								

\*Please select the debris disposal options used. Debris disposal documentation is required for all debris removed.

Debris Reduced by Chipping	Debris Reduced by Burning
<input type="checkbox"/> Describe how debris was disposed of <input type="checkbox"/> Location of final disposal <input type="checkbox"/> Permit number <input type="checkbox"/> Labor type and associated documentation	<input type="checkbox"/> Describe how were ashes disposed of <input type="checkbox"/> Permits for debris burning if applicable <input type="checkbox"/> Labor type and associated documentation

## Category B: Completed Lane EEI Worksheet

Was the work required to lessen an immediate threat to public health and safety or improve property that existed and was damaged as a direct result of the incident?

For each, **describe the threat and the work performed to reduce the threat.** Answer additional questions below.

### Emergency access

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- Describe how the incident damaged and/or impaired all access routes to essential community service or to a community with survivors.

### Security

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- Describe the work performed to reduce the threat

### Placing barricades

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- Describe the work performed to reduce the threat

### Sand bagging

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- How was the sand disposed of?
- Include GPS coordinates of the final disposal location

### Flood fighting

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- Did the work performed fall under the specific authority of another federal agency (i.e. NRCS, USACE)? If so, which agency?
- Include contact information (Name/Phone)

### Emergency pumping

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- Did emergency pumping occur on private property? If so:
  - Was the immediate threat widespread, affecting numerous homes and businesses in a community such that it is a threat to the health and safety of the general public in that community?
  - Does the Applicant have the legal authority to perform the work?
  - Did the Applicant obtain rights-of-entry and agreements to indemnify and hold harmless the Federal Government? If so, include Private Property Right of Entry documentation.

### Search and rescue

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- Did the Search and Rescue efforts impact survivors, household pets, and/or service animals requiring assistance within the incidents designated impact area?
- Did the Search and Rescue efforts utilize a mutual aid agreement? With what entities?

### Fire fighting

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- Describe the work performed to reduce the threat

### Temporary slope stabilization

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- Was a landslide or other slope instability triggered by the incident? If so, how?
- Did the landslide or other slope instability pose an immediate threat to life, public health and safety, or improved public or private property? If so, describe the threat?

### Buttressing, shoring, or bracing facilities

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- Describe how the Buttressing, Shoring, or Bracing protected improved property.

### **Emergency medical care and support**

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- Was the Emergency Medical Care and Support occurring within the declared incident area?
- Do the Medical Care costs extend beyond 30 days from the declaration date? If so, has FEMA extended the eligible time frame for medical care?
- Are the costs associated with the emergency medical care customary for the emergency medical services provided?

### **Emergency Operations Center**

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- Provide Activity/Locations listing
- Include the full address and GPS coordinates for each EOC
- Include EOC start and end dates
- Include lease agreements and invoices, if applicable
- Include invoices/receipts for meals, supplies, and increased utility costs if claimed

### **Mold remediation**

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- Provide Activity/Locations listing
- Describe how incident conditions caused the growth and/or spreading of mold in structures and/or on contents, to include how the mold caused threats to public health.
- Did the Applicant receive a technical evaluation from an indoor environmental professional, who was/is independent of the remediation company?
- Has the Applicant demonstrated historical maintenance, that of which a prudent entity would perform? Include a maintenance record.
- Did the Applicant take protective measures to prevent the spread of mold in a reasonable time after the incident?

### **Safety inspections**

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- Provide Activity/Locations listing
- Total number of facilities with safety inspections performed
- Start and end of safety inspection operations
- If safety inspections' specific purpose was to determine whether the facility(ies) were safe for entry, occupancy, and lawful use and not to assess damage, please explain.
- If not, please submit correspondence, emails, letters, etc.

### **Provision of supplies and commodities**

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- Provide Activity/Locations listing
- If costs associated with the purchasing of supplies and commodities required for emergency protective measures, excluding what may be being claimed for emergency shelter, EOC and/or evacuation costs?
- Please describe how the supplies/commodities were necessary for eligible emergency protective measures.
- Please describe justification as to how the applicant held a legal obligation to provide the supplies and/or commodities.
- Include receipts and invoices for any supplies purchased or utilized from stock.
- Include lease agreements and invoices for space used for storage and/or distribution of commodities.

### **Sheltering**

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- Include Activity/Locations listing (Address/GPS) and Sheltering operation start and end dates.
- If requesting reimbursement for Emergency Sheltering of incident survivors, including pets and service animals, include correspondence, letters, and emails to support.
- Did sheltering occur in a congregate facility?
- Include lease agreements and invoices if applicable.

- Include receipts and invoices for meals, supplies, increased utility costs, generator costs, minor facility modifications, and volunteers. Note number of volunteers and hours claimed.

### **Evacuations**

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- Include Activity/Locations listing
- Include invoices and receipts for meals, supplies, increased utility costs, and evacuation/transport costs and lease agreements.
- Include number of evacuees, operation start and end dates

### **Snow assistance**

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- For 48-hour snow removal:
- Total lane miles the Applicant maintains and operates
- Does the Applicant operate facilities with geographical separations (i.e. multiple counties) where they would be eligible for multiple 48-hr windows? Include correspondence, emails, letters, etc.
- Has the FEMA Assistant Administrator approved an extension (Up to 24 additional hours) in areas where the snowfall exceeded the historical record snowfall by at least 50 percent?
- Start and end time for the 48-hour period
- Include invoices/receipts for meals
- Include whether the applicant is requesting costs associated with salting/sanding, snow dump, and de-icing.

### **Temporary facilities**

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- Activity/Locations listing
- General/Miscellaneous Documents
- Was services did this facility provide?
- Provide a brief explanation of why temporary facility is needed
- Are any contents at risk?
- Will the Applicant lease, purchase or construct?
- If a requesting reimbursement for the temporary relocation of PNP eligible essential services or community services, include the original location, temporary location, and start and end dates of relocation operations.
- Include lease agreements and invoices for leased facilities, increased utility costs, generator costs, and minor facility modifications
- Note whether the Applicant is relocating to a site that requires ground disturbance or alteration of an existing property.
- If temporary facility is relocation of anything other than essential services, describe the need for the facility, including how its use was necessitated by the declared event, location listing, lease agreements, and invoices/receipts.
- Did the temporary facility provide eligible services to the same extent and manner as was provided prior to the incident?
- Contract bid/plus selection process
- Will the Applicant need more than 6 months?
- Has the Applicant received a 12 month approval from FEMA? Include correspondence, emails, letters, etc.

### **Donated resources**

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- Provide details of each individual who provided donated labor, each piece of donated equipment, and all donated supplies or materials. See PAPPG Chapter 3 for further information.

### **Other**

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- Provide an Activity/Locations listing
- Describe how the work was required to lessen an immediate threat to public health and safety or improve property that existed and was damaged as a direct result of the incident

## Category C-G: Completed Lane EEI Worksheet

Facility Type:

Year built: \_\_\_\_\_

### Category C

- Road
- Culvert
- Low water crossing
- Bridge

### Category D

- Dam/reservoir
- Levee
- Drainage channel or navigational waterway
- Sediment or debris retention/detention basin
- Coastal shoreline protection device
- Irrigation facility
- Pumping facility

### Category E

- Buildings
- Contents
- Equipment/vehicles

### Category F

- Power generation, transmission, distribution
- Water/wastewater treatment, collection, delivery
- Water storage and delivery
- Communications

### Category G

- Parks
- Recreational facility/marina
- Bus Station
- Bus Stop
- Train Station
- Subway Station
- Railway
- Airport
- Beach

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Is the facility under the authority of another Federal agency? Yes / No

If so, which agency?

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Describe the condition and use of the facility prior to the declared event:

Describe how the Applicant maintained the facility prior to the declared event:

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What was the cause of damage?

Describe the specific damage the declared event caused to the facility:

- Hurricane
- High water/flooding
- Tornado
- Wind-driven water
- Tidal wave
- Tsunami
- Earthquake
- Volcanic eruption
- Landslide
- Mudslide
- Snowstorm
- Other

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Describe the work performed to restore the damaged facility, including as many dimensions as available. If the Applicant changed the facility from how it was designed before the event, describe how it was changed, including whether the Applicant changed the function, footprint, and/or material of the facility.

Include photos/sketches of: Pre-event facility, Damaged facility, Restored facility

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Is the facility insured? Yes / No

Include Insurance documents if applicable

## Categories A-G: Standard and Specialized Lane EEI Worksheet

### Category A

- Vegetative
- Construction and demolition
- White goods
- E-waste
- Sand/soil/mud
- Stumps
- Hazardous leaning trees
- Hanging limbs

### Category B

- Emergency access
- Security
- Placing barricades for safety
- Flood fighting
- Emergency pumping
- Search and rescue
- Fire fighting
- Temporary slope stabilization
- Buttressing, shoring, or bracing facilities
- Emergency medical care and support
- Emergency Operations Center (EOC)
- Mold remediation
- Safety inspections
- Provision of supplies and commodities
- Medical care and transport
- Sheltering
- Evacuations
- Temporary facilities
- Other ongoing or anticipated activities

### Category C

- Roads
- Culverts
- Low water crossings
- Bridges

### Category D

- Dam/reservoir
- Levee
- Drainage channel or navigational waterway
- Sediment or debris retention/detention basin
- Coastal shoreline protection device
- Irrigation facility
- Pumping facility

### Category E\*

- Buildings
- Contents
- Equipment/vehicles

### Category F\*

- Power generation, transmission, distribution
- Water/wastewater treatment, collection, delivery
- Water storage and delivery
- Communications

### Category G

- Parks
- Recreational facility/marina
- Bus Station
- Bus Stop
- Train Station
- Subway Station
- Railway
- Airport
- Beach

For each facility:

- What type of labor/equipment is or will be used to perform the work? (See Labor Types Worksheet)
- Was the facility regularly maintained?
- Is the facility under the jurisdiction of another Federal agency? (FHWA, USACE, etc.) If so, which one?
- Is the facility insured? If so, include insurance documentation.

\*Categories E and F: Prior to the disaster, was the facility under construction or scheduled for repair/replacement?