COVID-19 Streamlined Project Application

FEMA developed the COVID-19 streamlined project application to simplify the application process for Public Assistance funding under the COVID-19 pandemic declarations. This document is a reference guide that Applicants may use when completing their project application. FEMA's Applicant Quick Guide: *Completing and Submitting the COVID-19 Project Application* provides instructions for completing the project application online in the Public Assistance Grants Portal.

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.

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

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

Overview

FEMA may provide funding to eligible Applicants for costs related to emergency protective measures[1] conducted as a result of the COVID-19 pandemic. Emergency protective measures are activities conducted to address immediate threats to life, public health, and safety. Eligible Applicants may submit funding requests to the Recipient and FEMA through the Public Assistance Grants Portal. FEMA provides funding through Recipients to eligible Applicants.

Prerequisites

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

Public Assistance Funding Considerations

Public Assistance funding is subject to a cost share: The assistance FEMA provides through its Public Assistance program is subject to a cost share. The federal share is not less than 75 percent of eligible costs. The federal cost share may be increased in limited circumstances if warranted. The Recipient determines how much of the non-federal share the Applicant must fund.

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

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

[1] The latest updated guidance on emergency protective measures eligible for Public Assistance reimbursement for COVID-19 can be found at https://www.fema.gov/coronavirus.

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

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

For more guidance: The following FEMA guidance defines activities and associated costs that are eligible for Public Assistance funding:

- FEMA's *Public Assistance Program and Policy Guide* (PAPPG)
- FEMA Fact Sheet: *Coronavirus (COVID-19) Pandemic: Eligible Emergency Protective Measures*
- FEMA Fact Sheet: *Coronavirus (COVID-19) Pandemic: Emergency Medical Care*
- FEMA Fact Sheet: *Public Assistance: Non-Congregate Sheltering Delegation of Authority*
- FEMA Fact Sheet: *Coronavirus (COVID-19) Pandemic: Non-Congregate Sheltering- FAQ*
- FEMA Fact Sheet: *Procurement Under Grants: Under Exigent or Emergency Circumstances*
- FEMA Fact Sheet: *Coronavirus (COVID-19) Pandemic: FEMA Assistance for Tribal Governments*
- FEMA Fact Sheet: *Coronavirus (COVID-19) Pandemic: Private Nonprofit Organizations*

What information is required?

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

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

How does the Applicant complete the project application?

Applicants will complete and submit the project application online in the FEMA Public Assistance Grants Portal. FEMA will **not** accept paper submissions of this project application. The application is being provided to Applicants and Recipients in paper form here to provide guidance on what information FEMA will require from Applicants if they seek reimbursement for COVID-19 related activities.

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

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

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

[4] If the follow-up funding request is for the same activities and time periods, the original project application will be amended. If the follow-up funding request is for distinguishable activities or time periods an additional project application may be submitted.

Sheet: Environmental and Historic Preservation and Emergency Protective Measures for COVID-19 and the *Coronavirus (COVID-19) Pandemic: Floodplain Considerations for Temporary Critical Facilities Fact Sheet*.

The project application has four sections and six supplemental schedules. All Applicants must complete sections I, II, III, and IV and one or more of the following schedules:

- Schedule A, B, C, or EZ depending on the cost and activity status.
- Schedule D when claiming costs equal to or greater than $131,100[5] for certain activities.
- Schedule F when claiming costs for activities that may have environmental and historic preservation concerns.

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

Cost	Funding Request Type	Work Status	Cost Basis	Schedules Required					
				A	B	C	D	EZ	F*
Between $3,300 and $131,100	Small	Any	Any					X	X
Equal to or greater than $131,100	Large Expedited	Any	Applicant-Provided Information	X					X
	Large Regular	Complete	Actual Costs		X		X		X
		In-progress	Actual Costs & Applicant-Provided Information			X	X		X
		Not started	Applicant-Provided Information			X	X		X

*Schedule F may be required based on specific activities.

What happens after submitting the project application?

FEMA and the Recipient will review the information in the project application and may follow up with limited requests for additional information as part of the process outlined in the FEMA Fact Sheet *Coronavirus (COVID-19) Pandemic: Public Assistance Simplified Application.* After submission:

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

[5] FEMA establishes a threshold to categorize projects as large or small based on the final approved amount of eligible costs after any cost adjustments, including insurance deductions. The threshold is adjusted for each federal fiscal year. For more details, see https://www.fema.gov/public-assistance-indicator-and-project-thresholds.

Section I – Project Application Information

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

Declaration #:	Name of Organization Applying:	FEMA PA Code:	Applicant-Assigned Project Application #:

Project Application Title:

Continue to Section II – Scope of Work.

Section II – Scope of Work

Instructions: Applicants must complete this section and describe the activities that the Applicant conducted or will conduct in response to COVID-19. For certain activities Applicants must provide additional information in Schedules D and F.

1. DESCRIPTION OF ACTIVITIES

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

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

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

- ☐ Emergency operations center activities
- ☐ Training
- ☐ Facility disinfection
- ☐ Technical assistance on emergency management
- ☐ Dissemination of information to the public to provide warnings and guidance
- ☐ Pre-positioning or movement of supplies, equipment, or other resources
- ☐ Purchase and distribution of food, water, or ice
- ☐ Purchase and distribution of other commodities
- ☐ Security, law enforcement, barricading, and patrolling
- ☐ Storage of human remains or mass mortuary services
- ☐ Other. *Please describe:*

Emergency Medical Care

- ☐ Purchase and distribution/use of **medical supplies & equipment** including:
  - ☐ In vitro diagnostic supplies
  - ☐ Personal protective equipment including:
    - ☐ Respirators
    - ☐ N95 Respirators
    - ☐ Medical gloves
    - ☐ Surgical masks
    - ☐ Medical gowns
    - ☐ Coveralls

- ☐ Face shields
- ☐ Other Personal Protective Equipment (PPE). *Please describe*:
- ☐ Decontamination systems
- ☐ Ventilators and products modified for use as ventilators
- ☐ Therapeutics
- ☐ Other. *Please describe*:

☐ Provision of **medical services** including:

- ☐ Disease testing
- ☐ Treatment
- ☐ Diagnosis
- ☐ Emergency medical transport
- ☐ Medical waste disposal
- ☐ Other. *Please describe*:

☐ Enhanced **medical facilities** including:

- ☐ Alternate Care Sites or other temporary medical facilities
- ☐ Expansion of capacity within an existing medical facility
- ☐ Community-based testing sites
- ☐ Other. *Please describe*:

Sheltering

- ☐ Isolation-related temporary lodging
- ☐ Quarantine-related temporary lodging
- ☐ High-risk population sheltering
- ☐ Healthcare worker and first responder temporary lodging
- ☐ Household pet or assistance animal or service animal sheltering
- ☐ Other. *Please describe*:

Other

- ☐ Other activity. *Please describe:*

Complete Schedule F if any of the following activities are reported above: storage of human remains or mass mortuary services, decontamination systems, or medical waste disposal.

Please select the method(s) of work the Applicant used or will use to complete the activities reported above:

☐ Establishment of temporary facilities, including*:*

- ☐ Repurposing, renovating, or reusing existing facilities.
- ☐ Placing prefabricated facilities on a site.
- ☐ Constructing new temporary medical or sheltering facilities.

☐ Staging resources at an undeveloped site.

☐ Purchase of meals for emergency workers

☐ Purchase of supplies or equipment

☐ Purchase of land or buildings

Complete Schedule F if any of the following activities are reported above: establishment of temporary facilities or staging resources at an undeveloped site.

2. LOCATIONS

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

☐ Jurisdiction-wide

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

☐ Specific sites. *Please attach a list of all addresses or GPS coordinates.*

Continue to Section III – Cost and Work Status Information.

Section III – Cost and Work Status Information

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

1. GENERAL COST & WORK STATUS QUESTIONS

Optional: Request Expedited Funding

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

Does the Applicant want to request expedited funding?

☐ No. *Continue to the next question.*

☐ Yes. *Please complete Schedule A to request an expedited project from FEMA and return to Section IV.*

Is the Applicant's estimated cost for activities reported in Section II greater than or equal to $131,100?

☐ Yes. *Continue to the next question.*

☐ No. *Please complete Schedule EZ to provide a small project estimate and return to Section III Part 2.*

What is the status of the activities reported in Section II?

An Applicant may not request funding for activities conducted prior to January 20, 2020, the beginning of the COVID-19 incident period. This question should be answered once to describe all the activities reported in Section II (i.e. the earliest start date and the latest end date). If FEMA's eligibility criteria for certain activities are limited to specific time periods, FEMA will ask for the time period that a particular activity was or will be conducted.

☐ Activities started _____ (MM/DD/YY) and completed _____ (MM/DD/YY).
Please complete Schedule B to provide actual cost documentation and return to Section III Part 2.

☐ Activities started _____ (MM/DD/YY), ___% complete, and projected to end _____ (MM/DD/YY).
Please complete Schedule C to provide a detailed cost estimate and return to Section III Part 2.

☐ Activities started _____ (MM/DD/YY), ___% complete, with no predictable end date.
Please complete Schedule C to provide a detailed cost estimate and return to Section III Part 2.

☐ Activities have not started.
Please complete Schedule C to provide a detailed cost estimate and return to Section III Part 2.

2. PROJECT COST

What is the total net cost? *Please enter the total net cost from Schedule B, C or EZ.* **$**

If the total net cost is greater than or equal to $131,100 and the Applicant is not requesting expedited funding, please complete Schedule D and return to Section IV – Project Certifications.
If the total net cost is less than $131,100 or the Applicant is requesting expedited funding, please continue to Section IV – Project Certifications.

Section IV – Project Certifications

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

1. CERTIFICATION THAT BENEFITS WILL NOT BE DUPLICATED

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

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

☐ No.

☐ Yes. *Please list other programs:*

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

☐ No.

☐ Yes, but the other federal program has not yet approved the funding. *The Applicant must inform FEMA if funding is approved and either (a) withdraw the FEMA project application for any non-obligated subaward or (b) request to close the subaward and return withdrawn funding for any obligated subaward.*

☐ Yes, but the other federal program has conclusively denied the funding. *Please attach denial.*

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

Applicant Authorized Representative	Title	Signature

2. GENERAL CERTIFICATION

I certify the following:

Activity Certifications

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

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

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

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

Cost Certifications

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

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

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

- Informed FEMA of all insurance proceeds; or

- Did not have insurance coverage in place for the claimed costs at the time of the declaration.

If claiming contract costs: The Applicant complied with federal, Recipient, and Applicant procurement requirements.

If claiming equipment costs: The Applicant complied with all FEMA policies regarding equipment rates in accordance with the PAPPG.

If claiming labor costs: The Applicant complied with all FEMA policies regarding labor in accordance with the PAPPG.

Environmental and Historic Preservation Compliance Certifications

In accordance with the PAPPG, the Applicant will comply with applicable federal, state, and local laws; will provide all documentation requested to allow FEMA to ensure project applications comply with federal Environmental and Historic Preservation (EHP) laws, implementing regulations, and Executive Orders; and will comply with any EHP compliance conditions placed on the grant.

Documentation Certifications

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

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

Applicant Authorized Representative	Title	Signature

3. PREPARER CERTIFICATION

Did the Applicant Authorized Representative receive consultant support or technical assistance in preparing this project application from anyone not directly employed by the Applicant?

☐ No.

☐ Yes. *Please provide the following information and obtain the preparer's certification.*

Preparer's Company or Firm Name	Preparer's Company or Firm EIN

Preparer's Company or Firm Address

By signing below, I certify all information provided in this project application is true and correct based on all information of which I have any knowledge. I understand that causing the Applicant to make false certification or statements or conceal any information in an attempt to obtain disaster aid is a violation of federal laws, which carry severe criminal and civil penalties, including a fine of up to $250,000, imprisonment, or both (18 U.S.C. Part 287, 1001, 1040 and 3571).

Preparer's Name	Preparer's Title	Preparer's Signature

Please ensure that you have completed all schedules applicable to the activities you performed. You have completed the project application. Thank you.

SCHEDULE A – Expedited Funding Estimate

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

1. GENERAL ELIGIBILITY

Please explain why there is an immediate need for funding:

Please select the time-period for which the Applicant is requesting expedited funding for the activities reported in Section II:

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

Start Date: _____ (MM/DD/YY) **Designated Time-Period:**

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

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

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

Please select the reason why the activities reported in Section II are the legal responsibility of the Applicant:

☐ The Applicant is a government organization and the state's, tribe's, or territory's constitution or laws delegate jurisdictional powers to the Applicant.

☐ A statute, order, contract, articles of incorporation, charter, or other legal document makes the Applicant responsible to conduct the activities for the general public. *Please describe:*

☐ For other reasons. *Please describe:*

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

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 or other information FEMA can use to estimate the cost.

☐ **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).

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

☐ **Labor.** Including the Applicant's own staff, Mutual Aid, prison labor, or National Guard. Cost $

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

- 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.

FEMA reimburses force account labor costs based on actual hourly rates plus the cost of the employee's actual fringe benefits. FEMA determines the eligibility of overtime, premium pay, and compensatory time costs based on the Applicant's pre-disaster written labor policy. For Emergency Work activities conducted by budgeted employees, FEMA will only reimburse overtime salary costs. *See PAPPG* at pp. 23-26 and 33-35.

☐ **Equipment.** Including applicant owned, purchased, or rented. Cost $

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

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

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

FEMA provides funding for the use of Applicant-owned equipment based on hourly rates. If an Applicant does not have sufficient equipment to effectively respond to an incident, FEMA may provide funding for purchased or leased equipment. Costs are eligible if the Applicant performed an analysis of the cost of leasing versus purchasing the equipment. FEMA funds the least costly option. *See PAPPG* at pp. 26-28.

☐ **Materials and Supplies.** Cost $

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

- Amount of materials and supplies, by type:
- Purchase or stock replenishment cost:

The cost of materials and supplies is eligible if (1) the materials or supplies were purchased and justifiably needed to effectively address threats caused by COVID-19 or (2) the materials or supplies were taken from an Applicant's stock and used to address threats caused by COVID-19. The Applicant needs to track items taken from stock with inventory withdrawal and usage records. FEMA will also consider escalation of costs (such as due to shortages) or exigent circumstances in evaluating cost reasonableness. *See PAPPG* at p. 22 and p. 28.

☐ **Other costs.** Including travel costs, utilities and any other expenses not listed above. Cost $

Please enter the total cost and provide high-level information which can substantiate costs:

Other costs may include travel costs, utilities and other expenses directly tied to the performance of eligible work. Not all costs incurred as a result of the incident are eligible. *See PAPPG* at pp. 21-22, and 41-42.

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

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.

☐ **Insurance Proceeds.** **Deduction** $

*This does **not** include payment from patient insurance; for that, continue to medical payments below.*

Does the Applicant have insurance coverage that might cover any activities reported in Section II?

☐ No.

☐ Yes, the Applicant *anticipates* receiving a payment from its insurance carrier.

☐ Yes, the Applicants has *actually* received a payment from its insurance carrier.

If yes, please enter the total amount of insurance proceeds and provide copy of insurance documentation.

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

☐ **Disposition.** **Deduction** $

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

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

☐ **Medical Payments.** **Deduction** $

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

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

☐ **Other Deductions.** **Deduction** $

Please enter the total amount of other goods and services provided to for-profit entities or any other proceeds or payments received or expected.

NET TOTAL *Please subtract all proceed deductions from the subtotal.* $

You have completed this schedule. Return to Section IV to certify and sign this project application.

SCHEDULE B – Completed Work Estimate

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

1. PROJECT COST & COST ELIGIBILITY

Please select the resources necessary to complete the activities 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 *FEMA Public Assistance COVID-19 Contracts Report* (attached) or provide all information contained therein.

Please also provide:

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

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

☐ **Labor.** Including the Applicant's own staff, mutual aid, prison labor, and National Guard. Cost $

Please enter the total cost of labor. To calculate the total cost, complete FEMA Form 009-0-123 Force Account Labor Summary and *FEMA Form 009-0-128 Applicants Benefit Calculation Worksheet* or provide all information contained therein.

Please also provide:

- ☐ Justification for any standby time claimed
- ☐ Labor pay policy (must cover each employee type used, for example part time, full time, and temporary)
- ☐ National Guard pay policy (required for National Guard)
- ☐ Mutual aid agreement (required for mutual aid labor)
- ☐ Timesheets (please provide either (1) a summary list of all your timesheets, which FEMA will sample and request copies of a limited number of time sheets; or (2) a sample set of timesheets and a detailed explanation of the sampling methodology you used to select the representative sample)
- ☐ Daily logs or activity reports (please provide either (1) a summary list of all your logs or reports, which FEMA will sample and request copies of a limited number of logs or reports; or (2) a sample set of logs or reports and a detailed explanation of the sampling methodology you used to select the representative sample)

Please describe any labor that was not Applicant's own staff, mutual aid, prison labor, or National Guard:

FEMA reimburses force account labor costs based on actual hourly rates plus the cost of the employee's actual fringe benefits. FEMA determines the eligibility of overtime, premium pay, and compensatory time costs based on the Applicant's pre-disaster written labor policy. For Emergency Work activities conducted by budgeted employees, FEMA will only reimburse overtime salary costs. *See PAPPG* at pp. 23-26 and 33-35.

☐ **Equipment.** Including applicant owned, purchased, or rented. | Cost $

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. *Please also answer the following questions:*

How did the Applicant acquire the equipment?

☐ Owned prior to January 20, 2020.

☐ Purchased. *Please provide invoices or receipts, and a rental vs. purchase cost comparison.*

☐ 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 summary? *Please select all that apply.*

☐ FEMA Equipment Rates.

☐ Applicant's Equipment Rates. Note, If the Applicant is not a state- or territory-level entity, they typically must use the lesser of their own rate or FEMA's rate.

☐ No rate is available, and the Applicant would like FEMA to calculate an Equipment Rate. *For all equipment where a rate is requested, please provide the original purchase price and documentation, the year purchased, and the total useful lifetime hours.*

☐ Other. *Please describe:*

If purchase or rental was over $250,000, the federal simplified acquisition threshold, please also provide all information requested of contracts above.

FEMA provides funding for the use of Applicant-owned equipment based on hourly rates. If an Applicant does not have sufficient equipment to effectively respond to an incident, FEMA may provide funding for purchased or leased equipment. Costs are eligible if the Applicant performed an analysis of the cost of leasing versus purchasing the equipment. FEMA funds the least costly option. *See PAPPG* at pp. 26-28.

☐ **Materials and supplies.** | Cost $

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

How did the Applicant acquire the materials or supplies?

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

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

The cost of materials and supplies is eligible if (1) the materials or supplies were purchased and justifiably needed to effectively address threats caused by COVID-19 or (2) the materials or supplies were taken from an Applicant's stock and used to address threats caused by COVID-19. The Applicant needs to track items taken from stock with inventory withdrawal and usage records. FEMA will also consider escalation of costs (such as due to shortages) or exigent circumstances in evaluating cost reasonableness. *See PAPPG* at pp. 22 and 28.

☐ **Other costs.** Including travel costs, utilities and any other expenses not listed above. | Cost $

Please enter the total cost. Please also describe the costs:

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

Other costs may include travel costs, utilities and other expenses directly tied to the performance of eligible work. Not all costs incurred as a result of the incident are eligible. *See PAPPG* at pp. 21-22, and 41-42.

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

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** $

*This does **not** include payment from patient insurance; for that, continue to medical payments below.*

Does the Applicant have insurance coverage that might cover any activities reported in Section II?

☐ No.

☐ Yes, but the Applicant has not filed a claim yet.

☐ Yes, the Applicant *anticipates* receiving a payment from its insurance carrier.

☐ Yes, the Applicants has *actually* received a payment from its insurance carrier.

If yes, please enter the total amount of insurance proceeds and provide copy of insurance documentation.

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

☐ **Disposition.** | **Deduction** $

Please enter the total salvage value of purchased equipment and supplies (if greater than $5,000) and answer additional questions in Schedule D.

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

☐ **Medical Payments.** | **Deduction** $

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

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

☐ **Other Deductions.** | **Deduction** $

Please enter the total amount of other goods and services provided to for-profit entities or any other proceeds or payments received or expected.

NET TOTAL *Please subtract all proceed deductions from the subtotal.* **$**

You have completed this schedule. Return to Section III.

SCHEDULE C – In Progress Work Estimate

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

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.

	Completed Cost	+	Future Cost	=	Total Cost
☐ **Contracts.**	$		$		$

Please enter the completed cost of contracts. If no contracts-related costs are complete enter 0. To calculate the completed cost, complete *FEMA Public Assistance COVID-19 Contracts Report* (attached) or provide all information contained therein. *For completed costs, please also provide:*

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

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

Is the estimate based on awarded contracts?

☐ Yes. *Please complete the FEMA Public Assistance COVID-19 Contracts Report (attached) 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 to the future costs and enter result as the total cost.

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

☐ **Labor.** Including the Applicant's own staff, mutual aid, prison labor, and National Guard.

Completed Cost	+	Future Cost	=	Total Cost
$		$		$

Please enter the completed cost of labor. If no labor-related costs are complete enter 0. To calculate the completed cost, complete *FEMA Form 009-0-123 Force Account Labor Summary* and *FEMA Form 009-0-128 Applicants Benefit Calculation Worksheet* or provide all information contained therein. *Please also provide:*

- ☐ Justification for any standby time claimed
- ☐ Labor pay policy (must cover each employee type used, for example part time, full time, and temporary)
- ☐ National Guard pay policy (required for National Guard)
- ☐ Mutual aid agreement (required for mutual aid labor)
- ☐ Timesheets (please provide either (1) a summary list of all your timesheets, which FEMA will sample and request copies of a limited number of time sheets; or (2) a sample set of timesheets and a detailed explanation of the sampling methodology you used to select the representative sample)
- ☐ Daily logs or activity reports (please provide either (1) a summary list of all your logs or reports, which FEMA will sample and request copies of a limited number of logs or reports; or (2) a sample set of logs or reports and a detailed explanation of the sampling methodology you used to select the representative sample)

Please describe any labor that was not Applicant's own staff, mutual aid, prison labor, or National Guard:

Please enter the estimated future cost 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 (must cover each employee type used, for example part time, full time, and temporary)
- ☐ National Guard pay policy (required for National Guard)
- ☐ Mutual aid agreement (required for mutual aid labor)

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

FEMA reimburses force account labor costs based on actual hourly rates plus the cost of the employee's actual fringe benefits. FEMA determines the eligibility of overtime, premium pay, and compensatory time costs based on the Applicant's pre-disaster written labor policy. For Emergency Work activities conducted by budgeted employees, FEMA will only reimburse overtime salary costs. *See PAPPG* at pp. 23-26 and 33-35.

☐ **Equipment.** Including applicant owned, purchased, or rented.

Completed Cost	+	Future Cost	=	Total Cost
$		$		$

Please enter the completed cost of equipment. If no equipment-related costs are complete enter 0. To calculate the completed cost, *complete FEMA Form 009-0-127 Force Account Equipment Summary and FEMA Form 009-0-125 Rented Equipment Summary Record* or provide all information contained therein. *Please also answer the following questions:*

How did the Applicant acquire the equipment?

- ☐ Owned prior to January 20, 2020.
- ☐ Purchased. *Please provide invoices or receipts, and a rental vs. purchase cost comparison.*
- ☐ 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 summary? *Please select all that apply.*

- ☐ FEMA Equipment Rates.
- ☐ Applicant's Equipment Rates. *If the Applicant is not a State-level entity, they typically must use the lesser of their own rate or FEMA's rate.*
- ☐ No rate is available, but the Applicant would like FEMA to calculate an Equipment Rate. *For all equipment where a rate is requested, please provide the original purchase price and documentation, the year purchased, and the total useful lifetime hours.*
- ☐ Other. *Please describe:*

If purchase or rental was over $250,000, the federal simplified acquisition threshold, please also provide all information requested of contracts above.

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 to the future costs and enter result as the total cost.

FEMA provides funding for the use of Applicant-owned equipment based on hourly rates. If an Applicant does not have sufficient equipment to effectively respond to an incident, FEMA may provide funding for purchased or leased equipment. Costs are eligible if the Applicant performed an analysis of the cost of leasing versus purchasing the equipment. FEMA funds the least costly option. *See PAPPG* at pp. 26-28.

☐ **Materials and supplies.**	Completed Cost	+	Future Cost	=	Total Cost
	$		$		$

Please enter the completed cost of materials and supplies. If no materials- or supplies-related costs are complete enter 0. To calculate the completed cost, *complete FEMA Form 009-0-124 Materials Summary Record or provide all information contained therein. Please also answer the following questions:*

How did the Applicant acquire the materials or supplies?

☐ From stock. *Please provide cost documentation such as original invoices or other historical cost record, inventory records, and—if available—support documentation such as daily logs.*

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

Please 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 and provide the following information:

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

The cost of materials and supplies is eligible if (1) the materials or supplies were purchased and justifiably needed to effectively address threats caused by COVID-19 or (2) the materials or supplies were taken from an Applicant's stock and used to address threats caused by COVID-19. The Applicant needs to track items taken from stock with inventory withdrawal and usage records. FEMA will also consider escalation of costs (such as due to shortages) or exigent circumstances in evaluating cost reasonableness. *See PAPPG* at p. 22 and p. 28.

☐ **Other costs.** Including travel costs, utilities and any other expenses not listed above.	Completed Cost	+	Future Cost	=	Total Cost
	$		$		$

Please enter the completed other costs. If no other costs are complete enter 0. To calculate the other costs, please use the cost incurred and describe why it is reasonable:

Please also provide invoices or receipts. If claiming travel costs provide a travel policy.

Please enter the estimated future other costs. To calculate the future cost, please use the procedures the Applicant would normally use to create a budget estimate.

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

Other costs may include travel costs, utilities and other expenses directly tied to the performance of eligible work. Not all costs incurred as a result of the incident are eligible. *See PAPPG* at pp. 21-22, and 41-42.

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

3. DEDUCTIONS

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

☐ **Insurance Proceeds.** *This does **not** include payment from patient insurance; for that, continue to medical payments below.*	Deduction $

Does the Applicant have insurance coverage that might cover any activities reported in Section II?

☐ No.

☐ Yes, but has not filed a claim yet.

☐ Yes, the Applicant *anticipates* receiving a payment from its insurance carrier.

☐ Yes, the Applicants has *actually* received a payment from its insurance carrier.

If yes, please enter the total amount of insurance proceeds and provide copy of insurance documentation.

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

☐ **Disposition.** **Deduction** $

Please enter the total salvage value of purchased equipment and supplies (if greater than $5,000) and answer additional questions in Schedule D.

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

☐ **Medical Payments.** **Deduction** $

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

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

☐ **Other Deductions.** **Deduction** $

Please enter the total amount of other goods and services provided to for-profit entities or any other proceeds or payments received or expected.

NET TOTAL *Please subtract all proceed deductions from the subtotal.* $

You have completed this schedule. Return to Section III.

SCHEDULE D – Large Project Eligibility Questions

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

- Purchase of supplies or equipment–Complete part 2.
- Purchase of land or buildings–Complete part 3.
- Purchase and distribution of food, water, ice, or other commodities–Complete part 4
- Purchase of meals for emergency workers–Complete part 5.
- Pre-positioning or movement of supplies, equipment, or other resources–Complete part 6.
- Emergency medical care–Complete part 7 and 8.
- Sheltering–Complete part 9.

1. GENERAL ELIGIBILITY

Are all activities reported in Section II only being performed by the Applicant as a result of COVID-19?

☐ Yes.

☐ No. *Please explain:*

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

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

☐ Yes, the Applicant is a government organization and the state's, tribe's, or territory's constitution or laws delegate jurisdictional powers to the Applicant.

☐ Yes, a statute, order, contract, articles of incorporation, charter, or other legal document makes the Applicant responsible to conduct the activities for the general public. *Please attach and describe:*

☐ Yes, for other reasons. *Please attach supporting documentation and describe:*

☐ No. *Please describe how the Applicant is eligible for funding:*

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

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

If it is not clear that a direct threat to life, public health or safety exists, or that the activity is necessary to cope with the threat, FEMA may request documentation to demonstrate that the Applicant conducted the activities at the direction or guidance of public health officials.

Did or will any of the activities reported in Section II require access to residential private property?
Leasing a private facility is not considered accessing a residential private property.

☐ No.

☐ Yes. *Please identify and describe the activities taking place on private property:*

FEMA may request additional information to demonstrate the Applicant's legal authority and responsibility to enter private property, the basis for the determination that a threat exists to the general public in that community, and copies of the rights-of-entry and agreements to indemnify and hold harmless the Federal Government.

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

2. PURCHASE OF SUPPLIES OR EQUIPMENT

Please provide approximate quantities and unit costs for each type of supply or equipment reported in Section II:

Supply or Equipment	Quantity	Unit Cost	Total Cost
In vitro diagnostic supplies		$	$
Respirators		$	$
N95 Respirators		$	$
Medical gloves		$	$
Surgical masks		$	$
Medical gowns		$	$
Coveralls		$	$
Face shields		$	$
Other Personal Protective Equipment (PPE)		$	$
Decontamination systems		$	$
Ventilators and products modified for use as ventilators		$	$
Therapeutics		$	$
Other		$	$

Did or will the Applicant purchase equipment or supplies with a total cost of greater than $5,000?

☐ No. *Please skip the remaining questions in this part.*

☐ Yes. *Please proceed to the next question.*

If yes to the previous question, is the aggregate value or will the aggregate value of unused supplies be greater than $5,000 after use for federal projects concludes?

☐ Unsure. *Please skip the remaining question in this part. Please ensure you keep accurate records of unused supplies as the Recipient or FEMA may request this information during an audit or when closing the Applicant's subaward(s).*

☐ No. *Please skip the remaining questions in this part.*

☐ Yes. *Please ensure the Applicant included disposition proceeds in Schedule B or C as applicable.*

If the aggregate total of unused supplies is less than $5,000, FEMA does not reduce funding. *See PAPPG* at pp. 29-30.

(Tribal, local, and non-profit entities only) Does the Applicant anticipate any piece of equipment they purchased will have fair market value of greater than $5,000 after its use for federal projects concludes?

☐ No.

☐ Yes. *Please ensure the Applicant included disposition proceeds in Schedule B or C as applicable.*

(State- and Territory Applicants only) Did the Applicant dispose of equipment in accordance with state or territorial laws and procedures?

☐ No.

☐ Yes. *Please ensure the Applicant included disposition proceeds in Schedule B or C as applicable.*

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

☐ No.

☐ Yes. *Please describe how the Applicant will seek reimbursement for the fair market value of the supplies or equipment:*

In certain cases, FEMA requires that funding be reduced by the remaining value of supplies and equipment after they are no longer needed for federally funded projects. When equipment or supplies (including materials) purchased with PA funding are no longer needed for response to or recovery from the incident, the Applicant may use the items for other federally funded programs or projects, provided the Applicant informs FEMA. For more information on these requirements, see *PAPPG* at pp. 29-30.

3. PURCHASE OF LAND OR BUILDINGS

Did or will the Applicant acquire or improve any real property?

FEMA defines real property as "Land, including land improvements, structures, and appurtenances thereto." Real property acquired with FEMA funds is subject to specific disposition and reporting requirements.

☐ No.

☐ Yes. *The Applicant must obtain specific disposition instructions from FEMA. The Applicant should work through their Recipient to obtain specific instructions when the acquired or improved property is no longer needed for the original authorized purpose.*

4. PURCHASE AND DISTRIBUTION OF FOOD, WATER, ICE, OR OTHER COMMODITIES

When did or will purchase and distribution of food, water, ice or other commodities start and end?

Activities started _____ (MM/DD/YY) and completed _____ (MM/DD/YY).

Please attach any written requests and approvals for the activity given by the FEMA Regional Administrator or Recipient.

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

☐ Purchasing and packaging. *Please describe:*

☐ Acquiring distribution and storage space. *Please describe:*

☐ Delivery and distribution. *Please describe:*

☐ Other. *Please describe:*

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

☐ No.

☐ Yes. *Please describe how the Applicant will seek reimbursement for the fair market value of the food, water, ice or other commodity:*

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

☐ No.

☐ Yes. *Please ensure contract costs are captured and associated questions answered in Schedule B or C as applicable.*

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

☐ Reduced mobility of those in need due to government-imposed restrictions.

☐ Marked increase or atypical demand for feeding resources.

☐ Disruptions to the typical food supply chain within the relevant jurisdiction.

☐ Other. *Please describe:*

5. 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. *Please attach.*

☐ 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. *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

For more information on these requirements, see *PAPPG* at p. 63.

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

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

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

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

7. EMERGENCY MEDICAL CARE – GENERAL ELIGIBILITY

Please describe how the emergency medical care activities in Section II directly relate to the COVID-19:

Did or will the Applicant contract for the provision of emergency medical care?

☐ No, the Applicant directly provided the care.

☐ Yes. *Please ensure contract costs are captured and associated questions answered in Schedule B or C as applicable.*

Were the medical supplies & equipment, services, or facilities provided to or used by for-profit entities?

☐ No.

☐ Yes. *Please describe how the Applicant will seek reimbursement for the fair market value of the emergency medical care:*

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

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

8. EMERGENCY MEDICAL CARE – MEDICAL SERVICES

Is the Applicant requesting funding to expand existing medical care capacity in response to COVID-19?
This does not include set-up costs for alternate care sites, other temporary medical facilities, or expansion of existing medical facilities, which are covered under "Establishment of Temporary Facilities."

☐ No.

☐ Yes. **If yes, when did or will the medical service activities start and end?**

Activities started _____ (MM/DD/YY) and completed _____ (MM/DD/YY).

Please attach any written requests and approvals for the activity given by the FEMA Regional Administrator or Recipient.

If yes, please describe how the emergency medical delivery system within a declared area was or is overwhelmed, severely compromised, or destroyed:

When the emergency medical delivery system within a declared area is destroyed, severely compromised, or overwhelmed, FEMA may fund extraordinary costs associated with providing temporary facilities for emergency medical care or expanding existing medical care capacity in response to the declared incident. Temporary facilities and expansions may be used to treat COVID-19 patients or non-COVID-19 patients, as appropriate. For COVID-19 declarations where temporary facilities and expansions require additional health care workers, state, tribal, territorial, and local governments may contract with medical providers to provide medical services in these facilities. FEMA may provide assistance and approve funding for an initial 30 days, from the date that the facility is operational, as an immediate need notwithstanding that the services may be covered by another source. If additional time is needed, the Applicant should request FEMA re-assess before the end of the 30 days and FEMA may grant another 30-day extension as warranted. FEMA cannot duplicate funding provided by another source and will reconcile final funding based on any funding provided by another agency or covered by insurance. Applicable requirements for labor and contracting under federal grants apply. For more information on these requirements, see fema.gov/coronavirus and the *PAPPG* at pp. 63-64.

9. SHELTERING

When did or will the sheltering activities start and end?

Activities started _____ (MM/DD/YY) and completed _____ (MM/DD/YY).

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

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

Was the sheltering conducted in a non-congregate environment?

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

☐ Yes. *Please proceed to the next question.*

☐ No. *Please skip the remaining questions in this part.*

Did the Applicant receive prior approval for non-congregate sheltering from FEMA?

☐ Yes. *Please attach your request, all supporting documentation, and a copy of the FEMA approval.*

☐ No. *This activity requires the FEMA approval. Please submit a request through the Recipient directly to the FEMA Regional Administrator.*

For more information on these requirements, see fema.gov/coronavirus.

Are the non-congregate sheltering activities completed?

☐ No.

☐ Yes. The Applicant needs to provide sufficient documentation to establish eligibility, including the following information:

- Specific need for each individual sheltered
- Length of stay for each individual sheltered
- Age of each individual sheltered
- If applicable, number of meals provided for each individual sheltered. *Please also answer questions in part 4 related to the purchase and distribution of food, water, ice, or other commodities*
- If applicable, number of individuals with access or functional needs sheltered
- If applicable, number of household pets sheltered
- If applicable, number of assistance and service animals sheltered
- If applicable, type of shelter provided for animals as stand-alone, co-located, co-habitational
- Description of services provided to sheltered individuals

For more information on these requirements, see PAPPG at p. 67 and FEMA Fact Sheet: *Coronavirus (COVID-19) Pandemic: Non-Congregate Sheltering- FAQ*.

You have completed this schedule. Return to Section II.

Schedule EZ – Small Project Estimate

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

1. BUDGET ESTIMATE

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

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

- ☐ *FEMA Public Assistance COVID-19 Contracts Report* (attached)
- ☐ *FEMA Form 009-0-123 Force Account Labor Summary*
- ☐ *FEMA Form 009-0-128 Applicants Benefit Calculation Worksheet*
- ☐ *FEMA Form 009-0-127 Force Account Equipment Summary*
- ☐ *FEMA Form 009-0-125 Rented Equipment Summary Record*
- ☐ *FEMA Form 009-0-124 Materials Summary Record*

If the activities are not yet complete, what is the basis for the estimate? (select all that apply)

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

2. PROJECT COST

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

☐ **Contracts.** Cost $

Please enter the total cost of contracts from your estimate.

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

☐ **Labor.** Including the Applicant's own staff, Mutual Aid, prison labor, National Guard. Cost $

Please enter the total cost of labor from your estimate.

FEMA reimburses force account labor costs based on actual hourly rates plus the cost of the employee's actual fringe benefits. FEMA determines the eligibility of overtime, premium pay, and compensatory time costs based on the Applicant's pre-disaster written labor policy. For Emergency Work activities conducted by budgeted employees, FEMA will only reimburse overtime salary costs. *See PAPPG* at pp. 23-26 and 33-35.

☐ **Equipment.** Including applicant owned, purchased, or rented. Cost $

Please enter the total cost of equipment from your estimate.

FEMA provides funding for the use of Applicant-owned equipment based on hourly rates. If an Applicant does not have sufficient equipment to effectively respond to an incident, FEMA may provide funding for purchased or leased equipment. Costs are eligible if the Applicant performed an analysis of the cost of leasing versus purchasing the equipment. FEMA funds the least costly option. *See PAPPG* at pp. 26-28.

☐ **Materials and Supplies.** Cost $

Please enter the total cost of materials and supplies from your estimate.

The cost of materials and supplies is eligible if (1) the materials or supplies were purchased and justifiably needed to effectively address threats caused by COVID-19 or (2) the materials or supplies were taken from an Applicant's stock and used to address threats caused by COVID-19. The Applicant needs to track items taken from stock with inventory withdrawal and usage records. FEMA will also consider escalation of costs (such as due to shortages) or exigent circumstances in evaluating cost reasonableness. *See PAPPG* at p. 22 and p. 28.

☐ **Other costs.** Including travel costs, utilities and any other expenses not listed above. Cost $

Please enter any other costs from your estimate and describe:

Other costs may include travel costs, utilities and other expenses directly tied to the performance of eligible work. Not all costs incurred as a result of the incident are eligible. *See PAPPG* at pp. 21-22.

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

3. DEDUCTIONS

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

☐ **Insurance Proceeds.** Deduction $

*This does **not** include payment from patient insurance; for that, continue to medical payments below.*

Does the Applicant have insurance coverage that might cover any activities reported in Section II?

- ☐ No.
- ☐ Yes, the Applicant *anticipates* receiving a payment from its insurance carrier.
- ☐ Yes, the Applicants has *actually* received a payment from its insurance carrier.

If yes, please enter the total amount of insurance proceeds and provide copy of insurance documentation.

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

☐ **Disposition.** Deduction $

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

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

☐ **Medical Payments.** Deduction $

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

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

☐ **Other Deductions.** Deduction $

Please enter the total amount of other goods and services provided to for-profit entities or any other proceeds or payments received or expected.

NET TOTAL *Please subtract all proceed deductions from the subtotal.* $

You have completed this schedule. Return to Section III, Part 2.

SCHEDULE F – Environmental and Historic Preservation Questions

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

- Staging resources at an undeveloped site–Complete part 1.
- Storage of human remains or mass mortuary services–Complete part 2.
- Medical waste disposal–Complete part 3.
- Decontamination systems–Complete part 4.
- Establishment of temporary facilities–Complete part 5.

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

1. STAGING RESOURCES AT AN UNDEVELOPED SITE

Please describe the staging activities:

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

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

Latitude: Longitude:

2. STORAGE OF HUMAN REMAINS OR MASS MORTUARY SERVICES

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

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

☐ Jurisdiction-wide

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

☐ Specific sites. *Please attach a list of all addresses or GPS coordinates.*

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

Latitude: Longitude:

3. MEDICAL WASTE DISPOSAL

What is the intended method of disposal?

☐ Using an existing licensed disposal site.

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

Latitude: Longitude:

☐ Creating a new disposal site. *Please select one of the following:*

☐ Landfill

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

Latitude: Longitude:

☐ Incinerator

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

Latitude: Longitude:

4. DECONTAMINATION SYSTEMS

Please describe decontamination activities:

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

Latitude: Longitude:

5. ESTABLISHMENT OF TEMPORARY FACILITIES
In Section II, Establishment of Temporary Facilities was selected as a method of work. To provide information regarding these temporary facilities, you must submit a separate Temporary Facilities form for each temporary facility. A copy of the Temporary Facility Survey in attached or you may download a blank Temporary Facility Survey in Grants Portal.
You have completed this schedule. Return to Section II.

TEMPORARY FACILITY SURVEY

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

For more information on these requirements, see the *Coronavirus (COVID-19) Pandemic: Environmental and Historic Preservation and Emergency Protective Measures Fact Sheet*, the *Coronavirus (COVID-19) Pandemic: Floodplain Considerations for Temporary Critical Facilities Fact Sheet*, and the *PAPPG* at pp. 76-80.

A. FACILITY INFORMATION

What is the name of this temporary facility?

What dates were or will the temporary facility used?

Start date: _____ (MM/DD/YY) End date:_____(MM/DD/YY)

What services did or will the temporary facility provide?

☐ Emergency medical care

☐ Sheltering

☐ Other. *Please describe*:

Please describe the temporary facility:

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

Latitude: Longitude:

Why was or is the temporary facility needed?

☐ Existing facilities were or are forecasted to become overloaded and cannot accommodate the need.

☐ Quarantine of COVID-19 affected individuals.

☐ Additional space needed to accommodate COVID-19 related response activities.

☐ Other. *Please describe:*

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 and no alterations were or will be required to make the facility ADA-compliant.

☐ Yes, the Applicant has made or will make all required alterations to ensure that the facility is in compliance with the Americans with Disabilities Act.

☐ No. *Please describe why compliance is not applicable to this facility:*

For additional information on Americans with Disabilities Act, see PAPPG at pp. 95-96.

Please indicate how the Applicant did or will establish the temporary facility and attach a cost analysis justifying the selection. *Please select all that apply.*

☐ Rent a facility. *Please provide a lease agreement.*

☐ Purchase a facility. *Please provide documentation to support the purchase price.*

☐ Construct a new facility.

☐ Modify/expand an existing facility.

If purchasing or constructing a new facility, has the Applicant completed its use of the temporary facility?

☐ No.

☐ Yes. If the Applicant purchased or constructed a temporary facility, it must return to FEMA the federal share of the equity in the facility. The Applicant must report the equity to FEMA when the approved deadline has expired or when the facility is no longer needed for the authorized purpose, whichever occurs first. For more information on this requirement, see *PAPPG* at pp. 79-80. *Please ensure disposition proceeds are captured and associated questions answered in Schedule B or C as applicable.*

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

☐ Repurposing, renovating, or reusing existing facilities.

☐ Placing prefabricated facilities on a site.

☐ Constructing new temporary medical or sheltering facilities.

Will the Applicant only repurpose or reuse an existing facility?

☐ Yes, and the temporary use is the same as the most recent use of the facility. *Please skip the remaining questions in this survey.*

☐ Yes, but the temporary use is not the same as the most recent use of the facility. *Please describe the temporary use and the most recent use of the facility:*

Please skip the remaining questions in this survey.

☐ No, the temporary use required renovation, placing prefabricated facilities, or new construction. *Please continue to the next section in this survey.*

B. RENOVATION AND CONSTRUCTION INFORMATION

If the facility is not new construction, what year was the facility built?

Please provide year built and note whether the date is approximate or exact: _____ ☐ Approximate ☐ Exact

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.

Will the activity occur entirely within an already-developed area?
Examples of developed areas include an existing parking lot, a lot previously developed for construction with existing utility tie-ins, an existing asphalt or concrete pad, or an artificial playing field.

☐ Yes.

☐ No. **If no, will the activity require the construction of a concrete or asphalt pad?**

☐ No.

☐ Yes. **If yes, will the pad be removed when the temporary facility is no longer needed?**

☐ No.

☐ Yes. *Please describe planned demolition activities*:

Will any ground disturbing activities occur as part of construction?
Ground disturbing activities may include site clearing and preparation, laying utilities, or expanding of existing utilities.

☐ No.

☐ Yes. *Please attach a site plan for the temporary facility, including GPS coordinates and dimensions (length, width, and depth) of the ground disturbance.*

If yes, will the ground disturbance occur outside of an existing footprint or previously disturbed Right-of-Way?

☐ No.

☐ Yes. **If yes, will rooted vegetation be removed or cleared?**

☐ No.

☐ Yes. *Please provide the GPS coordinates (decimal degrees with five decimal places):*
Latitude: Longitude:

If yes, will trees be removed?

☐ No.

☐ Yes. *Please provide the GPS coordinates (decimal degrees with five decimal places):*
Latitude: Longitude:

Number of trees:

Diameter of trees (approximate): Units:

Will the activities include the use of staging areas for equipment or materials?

☐ No.

☐ Yes. *Please provide the GPS coordinates for each site (decimal degrees with five decimal places):*
Latitude: Longitude:

What surface does each staging area have (paved, gravel, grass field, etc.)? *Please describe:*

Will the activities include expansion of parking facilities?

☐ No.

☐ Yes.

Will the activities involve the disposal of any existing materials as part of site preparation or construction?

☐ No.

☐ Yes. **If yes, what are the types of debris?** *Please select all that apply.*

☐ Vegetative

☐ Construction and demolition

☐ Hazardous Materials
☐ Large Appliances
☐ Electronics
☐ Other. *Please describe:*

If yes, how will debris be removed?
☐ Using a contractor. *Please provide the name of the vendor:*
☐ Using other non-contracted resources.

If yes, where will the debris be disposed?
Please provide permits (if available) and the GPS coordinates (decimal degrees with five decimal places):
Latitude: Longitude:

Will there be any temporary staging of debris?
☐ No.
☐ Yes. *Please provide permits (if available) and the GPS coordinates (decimal degrees with five decimal places):*
Latitude: Longitude:

If vegetative was selected above, will any vegetative debris be burned?
☐ No.
☐ Yes. **If yes, what is the method of ash disposal?** *Please provide permits, if available.*
☐ Disposing in a Landfill.
☐ Spreading.
☐ Burying.
☐ Other. *Please describe:*

Will fill or borrow material be used for site preparation?
☐ No.
☐ Yes. **If yes, what is the quantity of fill?**_____Units: ☐ Cubic yards ☐ Tons ☐ Other:

If yes, what is the type of fill and borrow material?
☐ Soil
☐ Sand
☐ Gravel
☐ Rock
☐ Other material. *Please describe:*

If yes, what is the source of the fill and borrow material?
☐ Commercial. *Please provide name of vendor:*
☐ Private
☐ Municipal
☐ Other location. *Please describe:*
Please provide the GPS coordinates (decimal degrees with five decimal places) of the fill and borrow sources:
Latitude: Longitude:

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

☐ No.
☐ Yes. *Please describe*:

Are any of the following environmental issues associated with the site or facility? *Select all that apply.*

☐ 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, laboratories, landfills, dumps, industrial sites
☐ Brownfield or Superfund sites
☐ Fuel or oil spills
☐ Other. *Please describe*:
☐ None apply
☐ Unsure if any apply

Are there any of the following known hazardous materials at or adjacent to the site? *If any are selected, please attach applicable permits, if available.*

☐ Solvents (thinners, cleaners, varnishes, and adhesives)
☐ Oil/Fuel/Hydraulics
☐ Chemical, pesticide or fuel storage tanks (above or below ground)
☐ Lead based paints, solder, flashing
☐ Pesticides
☐ Mercury containing waste (mercury switches, fluorescent bulbs, thermostats, etc.)
☐ PCB containing materials (transformers, caulking, etc.)
☐ Hazardous Medical Waste
☐ Asbestos containing products (sealants, insulation, tile, etc.)
☐ No.
☐ Unsure

Will any of the activities described in Section II be performed on any of the following? *Select all that apply.*

☐ A facility listed in or eligible for listing in a local, state, or national register. *Please describe:*

☐ A site in or adjacent to a historic district. *Please describe:*

☐ A locally recognized landmark. *Please describe:*

☐ A National Historic Landmark. *Please describe:*

☐ No.
☐ Unsure

If the Applicant selected any of the facility types listed above, and/or the facility is more than 45 years old: Will the Applicant be requiring interior installations or exterior modifications?

☐ No.

☐ Unsure

☐ Yes. *Please describe:*

Please provide the following documentation, if available, to aid FEMA's review of temporary facility activities. *Check each box if the referenced documentation is provided.*

☐ Permits and correspondence with regulatory agencies, if applicable.

☐ Site map showing the location of all proposed areas where the Applicant will conduct site work or construction and the extent of ground disturbance (including staging areas, access roads, parking, landscaping, grading or utilities)

☐ Photographs of the site

You have completed this survey. Please save and upload this file in Grants Portal.

FEMA Public Assistance COVID-19 Contracts Report

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

Section I – Project Application Information

Declaration #:	Applicant Name:	FEMA PA Code:	Applicant-Assigned Project Application #:

Section II – Contract Information

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

1. CONTRACT INFORMATION

Name of Contractor	Contractor EIN	Contract Award Date	Contract Start Date	Contract End Date	Was the contract awarded through a competitive bidding process?	If not competitively bid, please provide justification. *Please select one of the following and write in the box below:*	Type of Contract *Please select one of the following options and write in the box below:*	Scope of Contract *For example, construction of temporary facility or emergency medical transport.*	Total Contract Award *Please indicate dollar amount.*	Amount requested for funding on this project application *Please indicate dollar amount.*
					☐ Yes ☐ No	☐ Only available from single source ☐ Public exigency or emergency ☐ FEMA authorized ☐ Recipient authorized ☐ Inadequate competition ☐ Other:	☐ Fixed price ☐ Cost-reimbursement ☐ Time and materials ☐ Cost-plus % of cost ☐ Other:			
					☐ Yes ☐ No	☐ Only available from single source ☐ Public exigency or emergency ☐ FEMA authorized ☐ Recipient authorized ☐ Inadequate competition ☐ Other:	☐ Fixed price ☐ Cost-reimbursement ☐ Time and materials ☐ Cost-plus % of cost ☐ Other:			
					☐ Yes ☐ No	☐ Only available from single source ☐ Public exigency or emergency ☐ FEMA authorized ☐ Recipient authorized ☐ Inadequate competition ☐ Other:	☐ Fixed price ☐ Cost-reimbursement ☐ Time and materials ☐ Cost-plus % of cost ☐ Other:			
								TOTAL		

2. CERTIFICATION

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

Applicant Authorized Representative	Title	Signature