
How to Submit a COVID-19 Grant

Presented by FEMA's Public Assistance Training Section

Updated 5-6-20



FEMA

Terms to Know

Recipient

- States, tribes or territories that receive and administer Public Assistance Federal Awards

Applicant

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

Projects & Subawards

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

Grants Portal

- System used by Recipients and Applicants to manage PA grant applications



FEMA

COVID 19 Applicant Process

Streamlined application for COVID-19 allows applications to be processed and managed through the following steps:

Attend
virtual
applicant
briefing

Log on or
create
account in
PA Grants
Portal

Submit RPA

Submit
COVID-19
project and
documents

FEMA and
Recipient
review
documents

Sign final
grant

Post Award
Activities



FEMA

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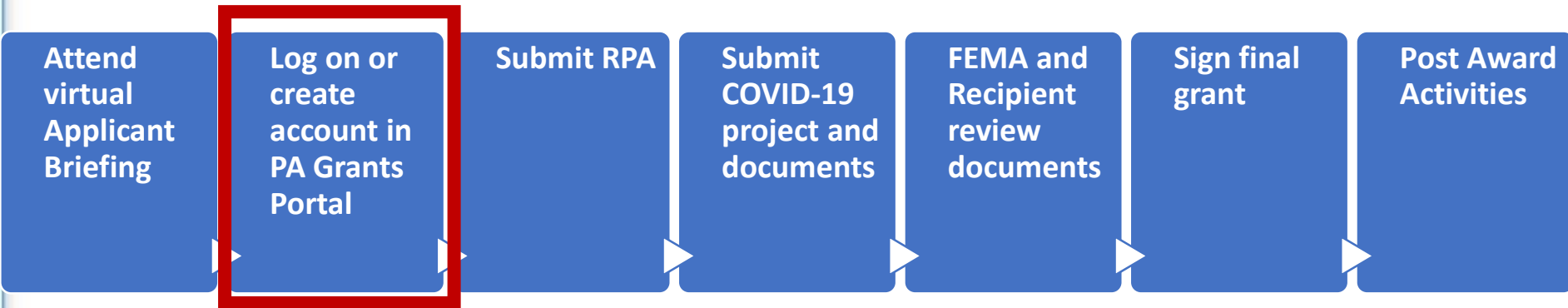
Post Award
Activities

- A Recipient led meeting
- Occurs after a declaration to discuss Public Assistance procedures with potential Applicants
- Organizations interested in applying for Public Assistance should contact their state, territorial, tribal or local emergency management representative for information.



FEMA

Grants Portal Account and Request for Public Assistance



- Requests for Public Assistance are submitted and approved through Grants Portal
- Applicants who have previously worked in Grants Portal and have an account can log in with their username and password



FEMA

Grants Portal Account and Request for Public Assistance

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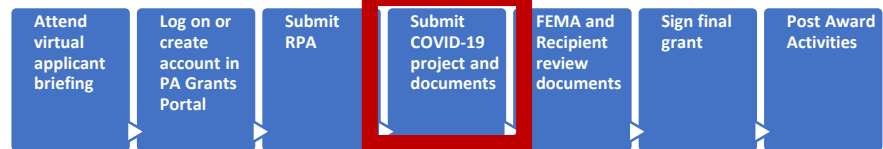
Post Award
Activities

- Applicant will submit their Request for Public assistance through Grants Portal
- Recipient and FEMA will review RPA for eligibility
- If FEMA approves the application, the Applicant proceeds with submitting project application(s).



FEMA

Streamlined Project Application



The project application has four sections and supplemental schedules. All Applicants must complete Sections I, II, and III and IV. The Applicant may have to complete one or more of the following Schedules:

Cost	Funding Request Type	Work Status	Cost Basis	Schedule A	Schedule B	Schedule C	Schedule D	Schedule EZ	Schedule F*
Less than \$131,100	Small	Any	Any					X	X
Equal to or Greater than \$131,100	Expedited	Any	Applicant-Provided Estimates or Information	X					X
	Regular	Complete	Actual Costs		X		X		X
	Regular	In-progress	Actual Costs & Applicant-Provided Estimates			X	X		X
	Regular	Not Started	Applicant-Provided Estimates or Information			X	X		X



FEMA

Grants Portal Account and Request for Public Assistance

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Sign final grant

Post Award Activities

- Applicant completes and submits project application(s) in Grants Portal
- Application includes:
 - Detailed information about the activities for which the Applicant is requesting funding
 - Lists supporting documentation the Applicant needs to justify the request



FEMA

What are the Schedules:

A- Large Projects that are Expedited

B- Large Projects that are work completed

C- Large Projects that are work-to-be-completed

D- Large projects that were reported in Schedules B and C, and Large Projects having purchased or pre-positioned supplies, equipment or provided emergency medical care, sheltering, operation of a temporary facility, etc.

EZ- All small projects, regardless of work status

F- EHP form that gets completed based off certain answers and activities



FEMA

Locate the Application

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Grants Portal

PAUL,

Dashboard

My Organization

⚠ Your organization has been assigned as the primary Grantee for one or more disasters and you have not yet submitted a Request for Public Assistance (RPA) to FEMA for each of those disasters. You may also submit a RPA to FEMA on behalf of any of your subrecipients. ✕

🔗 [Click here to submit a RPA for your organization.](#)

🔗 [Click here to submit a RPA for your organization.](#)

**Click on your Task Bell
and/or Applicant Profile**

i Your dashboard has no tiles!

The **Dashboard** is a great place to put the Grants Portal data that you care about the most.

The Dashboard is made up of tiles that display the most *important* info about a particular item or set of items in the system.

Any time you find data that you want to keep track of, click "☆" at the top of the page or section - a tile will be created for that particular data.

My Tasks

Calendar

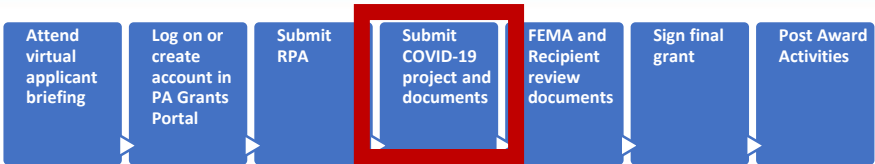
Subrecipients

Subrecipient Tasks



FEMA

Locate the Application





Grants Portal

 PAUL, 

 Dashboard

 My Organization ▾

 My Tasks ▾

 Calendar

 Subrecipients ▾

Organization Profiles

Organization Personnel

Applicant Event Profiles

Exploratory Calls

Recovery Scoping Meetings

Projects

Damages

Work Order Requests

Work Orders

 Subrecipient Tasks ▾

 Utilities ▾

Applicant Event Profile

4480DR-NY (4480DR) / Oyster Bay,

 SUBMIT PROJECT APPLICATION ▾

 OPTIONS ▾

 REPORTS ▾



 Oyster Bay, Town of is **pending grant completion.**

A completed Project Application is required in order to submit your application to FEMA. You may [download a blank Project Application](#) if one was not.

 [Submit a Project Application](#)

 [View In Progress Project Applications](#)

 [Download a blank Project Application](#)

General Information

FEDERAL PA CODE

NAME

Oyster Bay,

TYPE

City or Township Government

SECTOR

--

STATUS

Eligible

RPA DECISION DATE

04/03/2020 10:52 AM EDT

Event Information

JOB #

4480DR

EVENT NAME

4480DR-NY

EVENT TYPE

Disaster

INCIDENT TYPE

Biological

INCIDENT LEVEL

3

INCIDENT START DATE

January 20, 2020

Click on Submit Project Application Bar and/or link on the “yellow brick road”

Review the Process

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Streamlined Project Application

4480DR-NY (4480DR) / Oyster Bay,

Create Streamlined Project Application

CANCEL

Help

Section I - Project Application Information

Submitting the Streamlined Project Application At a Glance

You must complete this application to receive reimbursement from FEMA's Public Assistance program.

Time to Complete

1-2 hours depending on the types of activities conducted and amount of funding requested. Please have your documents ready to upload.

Key Considerations

- Incorrect or incomplete information will delay funding. ([More Info](#))
- FEMA funds 75% of activity cost. ([More Info](#))
- FEMA cannot duplicate other grant funding. ([More Info](#))
- FEMA cannot duplicate medical payments. ([More Info](#))
- This application is only for financial assistance. ([More Info](#))

About this Application

This application will autosave as you fill it out. You may fill out this application in one sitting or over time.

FEMA developed the streamlined project application to simplify the application process for Public Assistance funding under the COVID-19 pandemic declarations. After you, the Applicant, complete this application, it will be submitted to the Recipient and FEMA for review and development of an eligible Public Assistance subgrant.

[What is an Applicant, Recipient, Project / Subgrant?](#)

What Will FEMA Reimburse?

Scroll down to review
Application Process



FEMA

Section I

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Streamlined Project Application

4480DR-NY (4480DR) / Oyster Bay, NY

Create Streamlined Project Application

CANCEL

Section I – Project Application Information

Declaration # 4480DR-NY

Organization Oyster Bay, Town of

FEMA PA Code

Applicant-Assigned Project Application # * 123456

Project Application Title * COVID-19 Emergency Protective Measures

Step 1: Enter Application # and Title

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

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

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Step 2: Check the Box to certify

Step 3: Click Done with Section 1

DONE WITH SECTION I



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Section I Complete

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Streamlined Project Application

4480DR-NY (4480DR) / Oyster Bay,

/ Streamlined Project Application

 HELP

 CANCEL APPLICATION

 GO BACK

Section I - Project Application Information

 (Modify)

Applicant-Assigned Project Application # 123456

Event [4480DR-NY \(4480DR\)](#)

Project Application Title COVID-19 Emergency
Protective Measures

Applicant [Oyster Bay,](#)

FEMA PA Code

Project Net Cost \$0.00

Status In Progress

Sections & Schedules

In order for your Application to be completed, you must complete the following Sections and Schedules.



Section II – Scope of Work

Not Started

 START



Section III – Cost and Work Status Information

Not Started

 START

Click **Start** to
proceed and begin
with **Section 2**



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Section II

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Subrecipient Tasks



Streamlined Project Application Section II – Scope of Work

4480DR-NY (4480DR) / Oyster Bay,

/ Streamlined Project Application

? HELP

SAVE

GO TO SUMMARY

Description of Activities

Locations

Documents

Summary

Section II 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.

Description of Activities

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

Add Info

Please select all the activities the Applicant conducted or will conduct. *

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

<https://grantsportal-uat-site.azurewebsites.net/#home>

**Enter Description
of Activities then
scroll down to
Proceed**



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Section II

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Streamlined Project Application Section II – Scope of Work

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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

Emergency Medical Care

- ☐ Purchase and distribution/use of medical supplies & equipment >
- ☐ Provision of medical services >

Select all that Apply



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Streamlined Project Application Section II – Scope of Work

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- ☐ Healthcare worker and first responder temporary lodging
- ☐ Household pet or assistance animal or service animal sheltering
- ☐ Other

Other

- ☐ Other Activity

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

- ☐ Establishment of temporary facilities >
- ☐ Staging resources at an undeveloped site
- ☒ Purchase of meals for emergency workers
- ☐ Purchase of supplies or equipment
- ☐ Purchase of land or buildings

Select all that Apply then click Proceed

PROCEED >



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Locations

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

☒ Jurisdiction-wide

☐ Geographic area(s)

☐ Specific sites

Select the
Location then
click Proceed

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FEMA

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Streamlined Project Application Section II – Scope of Work

4480DR-NY (4480DR) / NYS Division of Homeland Security & Emergency Services

Streamlined Project Application

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Section II Instructions

Applicants must complete this section and describe the activities that the Applicant conducted or will conduct.

Additional information in Schedules D and F.

If Geographic Location is chosen

Locations

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

☐ Jurisdiction-wide

☒ Geographic area(s)

☐ Specific sites

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Documents

Locations

Geographic Areas (+ Add Document) **Required**

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PROCEED

Document
required



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Attach Project Application Documents

Drag and drop files here, or click here to select files.

Selected Documents to Attach

Note: No documents selected. To begin uploading a document, either drag and drop a file into the area above, click the area above to upload a file manually, or attach a document from the Available Documents to Attach section below.

Available Documents to Attach

Category:

Quick Search...

Filename	Description	Category	Size	Uploaded Date	Uploaded By
No data available					

Showing 0 to 0 of 0 entries

ATTACH SELECTED | CANCEL

Section II

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Post Award Activities

File Upload

File Upload window showing the file selection process. The window displays the file explorer for the 'Rhode Island' folder. A red box highlights the file 'Geographic Locations.docx' in the list. A red arrow points from the text 'Locate document on your computer. Select and open.' to the highlighted file.

Name	Date modified	Type	Size
2City Hall Building Insurance document.docx	4/21/2020 11:20 AM	Microsoft Word Doc...	12 KB
2City Insurance document.docx	4/21/2020 11:21 AM	Microsoft Word Doc...	12 KB
2City Police Department Building Insurance ...	4/21/2020 11:21 AM	Microsoft Word Doc...	12 KB
3City Hall Building Insurance document.docx	4/23/2020 1:55 PM	Microsoft Word Doc...	12 KB
Correct_Organization_Invites_Import_Templa...	4/21/2020 11:24 AM	Microsoft Excel Work...	14 KB
County Insurance document.docx	4/13/2020 9:07 PM	Microsoft Word Doc...	12 KB
Courthouse Insurance document.docx	4/13/2020 9:07 PM	Microsoft Word Doc...	12 KB
Geographic Locations.docx	4/13/2020 9:07 PM	Microsoft Word Doc...	12 KB
Organization_Invites_Import_Template.xlsx	4/3/2020 12:22 PM	Microsoft Excel Work...	14 KB
Pre-Disaster Photos.docx	3/31/2020 10:05 AM	Microsoft Word Doc...	12 KB
RPA.docx	3/31/2020 10:05 AM	Microsoft Word Doc...	12 KB
Timesheets.docx	3/31/2020 10:07 AM	Microsoft Word Doc...	12 KB

Locate document on your computer. Select and open.

Available Documents to Attach window. The window shows a table with columns: Filename, Description, Category, Size, Uploaded Date, and Uploaded By. The table is currently empty, displaying 'No data available'. A red box highlights the 'Geographic Locations.docx' file in the table. A red arrow points from the text 'Locate document on your computer. Select and open.' to the highlighted file.

Filename	Description	Category	Size	Uploaded Date	Uploaded By
No data available					

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Streamlined Process

4480DR-NY (4480DR) | NYS Division of Homeland Security and Emergency Management

Section II

Document

Locations

Geographic

BACK

Attach Project Application Documents

Drag and drop files here, or click here to select files.

Selected Documents to Attach

Quick Search...

	Filename	Description	Size	Category
✓	Geographic Locations.docx		11.5 KB	Activity / Locations Listing

10 Showing 1 to 1 of 1 entries Previous 1 Next

Available Documents to Attach

Category: Activity / Locations Listing

Quick Search...

SHOW/HIDE COLUMNS

Filename	Description	Category	Size	Uploaded Date	Uploaded By
No data available					

5 Showing 0 to 0 of 0 entries

ATTACH SELECTED CANCEL

Upload document



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NYS Division of Homeland Security & Emergency Services (000-U8QEH-00) / Streamlined Project Application



Streamlined Project Application Section II – Scope of Work

4480DR-NY (4480DR) / NYS Division of Homeland Security & Emergency Services (000-U8QEH-00) / Streamlined Project Application

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Section II Instructions

Applicants must complete this section and describe the activities that the Applicant conducted and must provide additional information in Schedules D and F.

Documents

Locations

Geographic Areas (+ Add Document) Requirement Met

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Required documentation complete



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Applicants must complete this section and describe the activities that the Applicant conducts. Provide additional information in Schedules D and F.

Locations

Please select the locations where the activities have been or will be conducted. *

☐ Jurisdiction-wide

☐ Geographic area(s)

☒ Specific sites

Is this an individual address or a list of latitudes and longitudes? *

☐ Address

☐ List of latitudes and longitudes

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PROCEED

If Specific Site is
chosen

Select if
documentation will
be address or GPS
Coordinates



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Please select the locations where the activities reported above were or will

- ☐ Jurisdiction-wide
☐ Geographic area(s)
☒ Specific sites

Is this an individual address or a list of latitudes and longitudes? *

- ☒ Address
☐ List of latitudes and longitudes

Address 1 *

Address 1

Address 2

Address 2

City *

City

State *

Choose State...

Zip *

Zip

Enter address of site

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Streamlined Project Application Section II – Scope of Work

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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.

Locations

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

- ☐ Jurisdiction-wide
☐ Geographic area(s)
☒ Specific sites

Is this an individual address or a list of latitudes and longitudes? *

- ☐ Address
☒ List of latitudes and longitudes

Please list the latitudes and longitudes separated by a semicolon (;

List of latitude and longitudes

Enter GPS Coordinates

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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.

Documents

No documents are currently required for this section/schedule.

Click Proceed

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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.

Summary

Description of Activities

Brief description of the activities the Applicant conducted or will conduct.

Add Info

Activities the Applicant conducted or will conduct.

Enter Description
of Activities then
scroll down to
Proceed



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Method(s) of work the Applicant used or will use to complete the activities reported above.

- Purchase of meals for emergency workers

Locations

Locations where the activities reported above were or will be conducted.

- Jurisdiction-wide

Documents

No documents are currently required for this section/schedule.

Review then
click Done with
Section 2

BACK

DONE WITH SECTION II



FEMA

Section II Complete

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Method(s) of work the Applicant will use to complete the project.

- Purchase of meals for emergency response.

Locations

Locations where the activities will be performed.

- Jurisdiction-wide

Documents

No documents are currently required for this section/schedule.

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✓ DONE WITH SECTION II



Section II Completed!

Section II has been successfully completed.

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Click Go to Summary



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Protective Measures

FEMA PA Code 059-56000-00

Project Net Cost \$0.00

Status In Progress

Sections & Schedules

In order for your Application to be completed, you must complete the following Sections and Schedules.



Section II – Scope of Work

Completed

VIEW



Section III – Cost and Work Status Information

In Progress

CONTINUE



Document Repository

No Documents Required

VIEW/EDIT

REVIEW AND SUBMIT



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Section III Instructions

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

General Cost & Work Order Questions

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 accordance with the program's terms and conditions. In general, Applicants who have never received FEMA Public Assistance funding and do not have significant experience with federal grant requirements should avoid expedited funding or, at a minimum, discuss expedited funding with their Recipient emergency management office prior to requesting expedited funding. Expedited funding is only available for activities completed during specific time periods.

Does the Applicant want to request expedited funding? *

- ☐ Yes
☒ No

Is the Applicant's estimated cost for activities reported in Section II greater than or equal to \$131,100.00? *

- ☐ Yes
☒ No

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

An Applicant may not request funding for activities conducted prior to 01/20/2020, 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 and completed
☐ Activities started with projected end date
☐ Activities started with no predictable end date
☐ Activities have not started

Does Applicant request Expedited Funding

Choose small or large project

Choose status of activities

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Section III 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 to estimate a project cost.

General Cost & Work Status Questions

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? *

- ☐ Yes
☒ No

Is the Applicant's estimated cost for activities reported in Section II greater than or equal to \$131,100.00? *

- ☒ Yes
☐ No

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

An Applicant may not request funding for activities conducted prior to 01/20/2020, 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 the Applicant's emergency 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 and completed

Date Started *

Date Completed *

- ☐ Activities started with projected end date
☐ Activities started with no predictable end date
☐ Activities have not started

Based on your answers, you will be required to complete a Schedule B and a Schedule D form for this application upon completion of Section III.

You are required to complete a Schedule B and Schedule D form because activities are completed and the Applicant's estimated cost for activities reported in Section II is greater than \$131,100.00.

Enter date started and date completed



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Section III 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 to estimate a project cost.

General Cost & Work Status Questions

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? *

- ☐ Yes
☒ No

Is the Applicant's estimated cost for activities reported in Section II greater than or equal to \$131,100.00? *

- ☒ Yes
☐ No

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

An Applicant may not request funding for activities conducted prior to 01/20/2020, the beginning of the COVID-19 incident period. This question should be answered once to describe all the activities reported in Section II. 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 and completed
☒ Activities started with projected end date

Date Started *

% Complete *

Projected Completion End Date *

- ☐ Activities started with no predictable end date
☐ Activities have not started

Enter date started, %
complete, projected
completion date

Based on your answers, you will be required to complete a Schedule C and a Schedule D form for this application upon completion of Section III.

You are required to complete a Schedule C and Schedule D form because activities are completed and the Applicant's estimated cost for activities reported in Section II is greater than \$131,100.00.



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Section III 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 to estimate a project cost.

General Cost & Work Status Questions

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? *

☐ Yes

☒ No

Is the Applicant's estimated cost for activities reported in Section II greater than or equal to \$131,100.00? *

☒ Yes

☐ No

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

An Applicant may not request funding for activities conducted prior to 01/20/2020, 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 and completed

☐ Activities started with projected end date

☒ Activities started with no predictable end date

Date Started *

% Complete *

Enter date started
and % complete

☐ Activities have not started

⚠ Based on your answers, you will be required to complete a Schedule C and a Schedule D form for this application upon completion of Section III.

You are required to complete a Schedule C and Schedule D form because activities are completed and the Applicant's estimated cost for activities reported in Section II is greater than \$131,100.00.



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Section III 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 to estimate a project cost.

General Cost & Work Status Questions

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? *

- ☐ Yes
- ☒ No

Is the Applicant's estimated cost for activities reported in Section II greater than or equal to \$131,100.00? *

- ☒ Yes
- ☐ No

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

An Applicant may not request funding for activities conducted prior to 01/20/2020, 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 and completed
- ☐ Activities started with projected end date
- ☐ Activities started with no predictable end date
- ☒ Activities have not started

Based on your answers, you will be required to complete a Schedule C and a Schedule D form for this application upon completion of Section III.

You are required to complete a Schedule C and Schedule D form because activities are completed and the Applicant's estimated cost for activities reported in Section II is greater than \$131,100.00.

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Streamlined Project Application Section III – Cost and Work Status Information

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FEMA Public Assistance funding and do not have significant experience with federal grant requirements should avoid expedited funding or, at a minimum, discuss expedited funding with their Recipient emergency management office prior to requesting expedited funding. Expedited funding is only available for activities completed during specific time periods.

Does the Applicant want to request expedited funding? *

☒ Yes

☐ No

⚠ Based on your answers, you will be required to complete a Schedule A form for this application upon completion of Section III.

You are required to complete a Schedule A form because the Applicant is requesting expedited funding

Answer the question, if yes is selected, click Proceed

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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 to estimate a project cost.

Summary

General Cost & Work Status Questions

Did the Applicant want to request expedited funding?

- Yes

Based on your answers, you will be required to complete a Schedule A form for this application upon completion of Section III.

You are required to complete a Schedule A form because the Applicant is requesting expedited funding

Review then
scroll down



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General Cost & Work Status Questions

Did the Applicant want to request expedited funding?

- Yes

⚠ Based on your answers, you will be required to complete a Schedule A form for this application upon completion of Section III.

You are required to complete a Schedule A form because the Applicant is requesting expedited funding

**Review then
click Done with
Section 3**

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✓ DONE WITH SECTION III

https://grantsportal-uat-site.azurewebsites.net/#home



FEMA

What are the Schedules:

A- Large Projects that are Expedited

B- Large Projects that are work completed

C- Large Projects that are work-to-be-completed

D- Large projects that were reported in Schedules B and C, and Large Projects having purchased or pre-positioned supplies, equipment or provided emergency medical care, sheltering, operation of a temporary facility, etc.

EZ- All small projects, regardless of work status

F- EHP form that gets completed based off certain answers and activities



FEMA

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Sections & Schedules

In order for your Application to be completed, you must complete the following Sections and Schedules.



Section II – Scope of Work

Completed

VIEW/EDIT



Section III – Cost and Work Status Information

Completed

VIEW/EDIT



Schedule A – Expedited Funding Estimate

Not Started

START



Document Repository

No Documents Required

VIEW/EDIT

Click Start
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✓ REVIEW AND SUBMIT



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Streamlined Project Application Schedule A – Expedited Funding Estimate

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Schedule A 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 \$131,100.00.

General Eligibility

Please explain why there is an immediate need for funding *

Add Info

Enter
Information then
scroll down to
Proceed

Please select the time-period for which the Applicant is requesting expedited funding for the activities reported in Section II * ([More Info](#))

Start Date * 04/30/2020



FEMA

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My Organization



Streamlined Project Application Schedule A – Expedited Funding Estimate

? HELP

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NYS Division of Homeland Security & Emergency Services (000-UBQEH-00)

4480DR-NY (4480DR) / Oyster Bay, Town of (059-56000-00) / Streamlined Project Application

Time-Period * 30 Days

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

Add Info

Please select the reason why the activities reported in Section II are the legal responsibility of the Applicant * ([More Info](#))

- ☒ 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.
- ☐ For other reasons.

Step 3: Click Proceed

PROCEED >

Step 1: Enter Information

Step 2: Select the Reason



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Project Cost & Cost Eligibility

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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 \$131,100.00.

Project Cost & Cost Eligibility

Please select the resources necessary to complete the activities reported in Section II ([More Info](#))

☐ Contracts ([More Info](#))

☐ Labor ([More Info](#))

☐ Equipment ([More Info](#))

Select all
that Apply

Costs

\$

Costs

\$

Costs

\$

Costs



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Project Cost & Cost Eligibility

Please select the resources necessary to complete the activities reported in Section II ([More Info](#))

☒ **Contracts** ([More Info](#))

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

☒ **Labor** ([More Info](#))

Costs

\$45,000.00

Costs

\$55,000.00

Enter Amounts



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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 \$131,100.00.

Deductions

Please select the credits available to offset costs of activities reported in Section II ([More Info](#))

☐ Insurance Proceeds ([More Info](#))

☐ Disposition ([More Info](#))

☐ Medical Payments ([More Info](#))

Select all
that Apply

Deductions

\$

Deductions

\$

Deductions

\$

Deductions



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☐ Materials And Supplies [\(More Info \)](#)

☒ Other Costs [\(More Info \)](#)

Including travel costs, utilities and any other expenses not listed above.

Please enter the total cost.

Please provide high-level information which can substantiate costs *

Add Info

\$

Costs

\$32,000.00

Enter Info and Amount for Other Cost then click Proceed

Project Cost

\$132,000.00

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PROCEED >



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Documents

Project Cost & Cost Eligibility

Contracts

Requests for Proposals (+ Add Document)

Bid Documents (+ Add Document)

Signed Contracts (+ Add Document)

Unit Pricing Estimates (+ Add Document)

Labor

Force Account Labor Documentation (+ Add Document) Required

Mutual Aid Agreements (+ Add Document)

Add
Documents



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Attach Project Application Documents



Drag and drop files here, or click here to select files.

Selected Documents to Attach

i No documents selected. To begin uploading a document, either drag and drop a file into the area above, click the area above to upload a file manually, or click the [Select Files](#) link below.

Note: You may not upload the document to the Project Application that matches an existing document with same document area.

**Click to
upload
Documents**

Available Documents to Attach

Category

× Request for Proposals



Quick Search...



SHOW/HIDE COLUMNS

Filename	Description	Category	Size	Uploaded Date	Uploaded By
No data available					

5

Showing 0 to 0 of 0 entries

Previous

Next



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Attach Project Application Documents



Drag and drop files here, or click here to select files.

Selected Documents to Attach



Quick Search...



		Filename	Description	Size	Category
✓	EDIT REMOVE	Contract Info.docx		11.7 KB	Request for Proposals

10 Showing 1 to 1 of 1 entries

Previous

1

Next

Click Edit

Available Documents to Attach

Category

Request for Proposals



Quick Search...



SHOW/HIDE COLUMNS

Filename	Description	Category	Size	Uploaded Date	Uploaded By
----------	-------------	----------	------	---------------	-------------

No data available



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The screenshot shows the 'Grants Portal' interface. A modal titled 'Process Document' is open, allowing a user to upload a document. The modal contains a yellow caution box stating: 'CAUTION: Document will be uploaded to the Project Application.' Below this, there are three fields: 'Filename *' with the value 'Request for Proposal.pdf', 'Description' with the value 'Request for Proposal', and 'Category *' with a dropdown menu showing 'Request for Proposals'. At the bottom of the modal are 'SAVE' and 'CANCEL' buttons. A red callout box with the text 'Add Description' points to the 'Description' field. The background shows the portal's sidebar with 'My Organization' selected, and the main content area displaying 'Streamlined Project' and 'Documents' sections. The user's name 'PAUL, STEPHA...' is visible in the top right corner.

Grants Portal

Dashboard

My Organization

NYS Division of Homeland Security & Emergency Services (000-UBQEH-00)

4480DR-NY (4480DR) / Oyster Bay, Town of

Streamlined Project

General Eligibility

Schedule A Instructions

The Applicant must complete the request for proposal form and submit it to the Project Manager. The request for proposal is only available if the total net cost for the request is greater than or equal to \$10,000.

Documents

Project Cost & Cost Estimate

Contracts

- Requests for Proposals (+ Add Document)
- Bid Documents (+ Add Document)
- Signed Contracts (+ Add Document)
- Unit Pricing Estimates (+ Add Document)

Labor

- Force Account Labor Documentation (+ Add Document) **Required**
- Mutual Aid Agreements (+ Add Document)

Process Document

CAUTION: Document will be uploaded to the Project Application.

Filename *

Request for Proposal.pdf

Description

Request for Proposal

Category *

Request for Proposals

SAVE CANCEL

Add Description

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Selected Documents to Attach

Quick Search...

	Filename	Description	Size	Category
✓ EDIT REMOVE	Request for Proposal.pdf	Request for Proposal	30.7 KB	Request for Proposals

10 Showing 1 to 1 of 1 entries

Previous 1 Next

Available Documents to Attach

Category [x Request for Proposals](#)

Quick Search...

SHOW/HIDE COLUMNS

Filename	Description	Category	Size	Uploaded Date	Uploaded By
No data available					

5 Showing 0 to 0 of 0 entries

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[ATTACH SELECTED](#)

[CANCEL](#)

Click Attach
Selected



FEMA

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General Eligibility

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Schedule A 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 \$131,100.00.

Documents

- Project Cost & Cost Eligibility
 - Contracts
 - Requests for Proposals (+ Add Document)
 - Request for Proposal.pdf (X Remove)
 - Bid Documents (+ Add Document)
 - Signed Contracts (+ Add Document)
 - Unit Pricing Estimates (+ Add Document)
 - Labor
 - Force Account Labor Documentation (+ Add Document) (X Required)
 - Mutual Aid Agreements (+ Add Document)

View attached document



FEMA

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Streamlined Project Application Schedule A – Expedited Funding Estimate

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Credits available to offset costs of activities reported in Section II ([More Info](#))

No deductions have been added.

Project Cost \$132,000.00

Project Cost \$132,000.00

Total
Deductions \$0.00

Net Cost \$132,000.00

**Review then
click Done with
Schedule A**

BACK

DONE WITH SCHEDULE A



FEMA

Schedule A Complete

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- Recovery Scoping Meetings
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- Projects
- Damages
- Work Order Requests
- Work Orders

- My Tasks
- Calendar
- Subrecipients

Credits available to offset c
No deductions have been added.

Schedule A Completed!

Schedule A has been successfully completed

GO TO SUMMARY

Click Go to
Summary

Project Cost \$132,000.00

Total Deductions \$0.00

Net Cost \$132,000.00

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DONE WITH SCHEDULE A



FEMA

Schedule A Submit

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? HELP

✕ CANCEL APPLICATION

↶ GO BACK

Status In Progress

Sections & Schedules

In order for your Application to be completed, you must complete the following Sections and Schedules.



Section II – Scope of Work

Completed

VIEW/EDIT



Section III – Cost and Work Status Information

Completed

VIEW/EDIT



Schedule A – Expedited Funding Estimate

Completed

VIEW/EDIT



Document Repository

1 of 1 Provided

✓ REVIEW AND SUBMIT

Click Review
and Submit



FEMA

Section III Complete

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Streamlined Project Application Section III – Cost and Work Status

HELP

SAVE

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Summary

General Cost &

Did the Applicant want to request expedited funding?

• Yes

Based on your answers, you are required to complete a Schedule A form because the Applicant is requesting expedited funding.

You are required to complete a Schedule A form because the Applicant is requesting expedited funding.

BACK

DONE WITH SECTION III



Section III Completed!

Section III has been successfully completed.

GO TO SUMMARY

Click Go to Summary



FEMA

What are the Schedules:

A- Large Projects that are Expedited

B- Large Projects that are work completed

C- Large Projects that are work-to-be-completed

D- Large projects that were reported in Schedules B and C, and Large Projects having purchased or pre-positioned supplies, equipment or provided emergency medical care, sheltering, operation of a temporary facility, etc.

EZ- All small projects, regardless of work status

F- EHP form that gets completed based off certain answers and activities



FEMA

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Streamlined Project Application Schedule B – Completed Work Estimate

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Project Cost & Cost Eligibility

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Schedule B 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 \$131,100.00.

Project Cost & Cost Eligibility

Select
resources
utilized

Please select the resources necessary to complete the activities reported in Section II ([More Info](#))

☐ Contracts ([More Info](#))

☐ Labor ([More Info](#))

☐ Equipment ([More Info](#))

☐ Materials And Supplies ([More Info](#))

☐ Other Costs ([More Info](#))

Costs

\$

Costs

\$

Costs

\$

Costs

\$

Costs

\$

Project Cost \$0.00

PROCEED >



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Contracts (More Info)

Please enter the total cost of contracts. To calculate the total cost, complete FEMA Public Assistance COVID-19 Contracts Report ([Click Here for the Blank Template](#)) 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)

Costs

\$

Enter
costs

Labor (More Info)

Including the Applicant's own staff, Mutual Aid, prison labor, or National Guard.

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)

Costs

\$

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



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☒ Equipment (More Info)

Including applicant owned, purchased, or rented.

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

How did the Applicant acquire the equipment?

- ☐ Owned prior to January 20, 2020
- ☐ From Stock
- ☐ Purchased

What was the basis of the rate used in the summary?

- ☐ FEMA Equipment Rates
- ☐ Applicant's Equipment Rates
- ☐ No rate is available, and the Applicant would like FEMA to calculate an Equipment Rate
- ☐ Other

☒ Materials And Supplies (More Info)

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
- ☐ Purchased

COSTS

\$

Enter
costs

Costs

\$



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Please enter the completed 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.

How did the Applicant acquire the equipment?

- ☐ Owned prior to January 20, 2020
- ☐ From Stock [i](#)
- ☐ Purchased [i](#)

What was the basis of the rate used in the summary?

- ☐ FEMA Equipment Rates
- ☐ Applicant's Equipment Rates [i](#)
- ☐ No rate is available, and the Applicant would like FEMA to calculate an Equipment Rate [i](#)
- ☐ Other

☐ Materials And Supplies [\(More Info \)](#)

☒ Other Costs [\(More Info \)](#)

Including travel costs, utilities and any other expenses not listed above.

Please enter the total cost. Please also provide invoices or receipts. If claiming travel expenses, please provide a travel policy.

Please describe the costs *

This field is required.

Costs

\$

Costs

\$

Enter costs

Project Cost \$0.00

PROCEED >



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Calculate deductions

Please select the credits available to offset costs of activities reported in Section II ([More Info](#))

☒ Insurance Proceeds ([More Info](#))

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 Applicant has actually received a payment from its insurance carrier.

☒ Disposition ([More Info](#))

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

☒ Medical Payments ([More Info](#))

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

☒ Other Deductions

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

Deductions

\$

Deductions

\$

Deductions

\$

Deductions

\$

Project Cost \$129,000.00

Total Deductions — \$0.00

Net Cost \$129,000.00



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Schedule B 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 \$131,100.00.

Documents

- Project Cost & Cost Eligibility
 - Labor
 - Force Account Labor Documentation (+ Add Document) X Required
 - Standby Time Justifications (+ Add Document)
 - Labor Pay Policies (+ Add Document) X Required
 - National Guard Pay Policies (+ Add Document)
 - Mutual Aid Agreements (+ Add Document)
 - Timesheets (+ Add Document) X Required
 - Logs / Activity Reports (+ Add Document) X Required
 - Equipment
 - Equipment Summaries (+ Add Document) X Required
 - Purchase Invoices or Receipts (+ Add Document) X Required
 - Rental vs Purchase Comparison Documentation (+ Add Document) X Required
 - Rental Agreements (+ Add Document) X Required
 - Rental Invoices or Receipts (+ Add Document) X Required
 - Equipment Rate Documentation (+ Add Document) X Required
 - Acquisition Threshold Documentation (+ Add Document)

Upload required documents

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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 \$5,000.

Summary

Resources necessary to complete the activities reported in Section II (More Info)

☒ Labor (More Info)

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)

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

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

☒ Equipment (More Info)

Cost
\$9,000.00

Cost
\$120,000.00

Review Schedule B

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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)

Project Cost \$500,000.00

Credits available to offset costs of activities reported in Section II ([More Info](#))

No deductions have been added.

Documents

Project Cost & Cost Eligibility

Contracts

- Contract Cost Summaries Requirement Met
- Contract Documentation Requirement Met
- Change Orders
- Summary of Invoices Requirement Met
- Costs or Price Analysis Documentation
- Procurement Policies Requirement Met
- Other Procurement Documentation
- Contractor Oversight Documentation

Project Cost \$500,000.00

Total Deductions \$0.00

Net Cost \$500,000.00

Review then
click Done with
Schedule B

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DONE WITH SCHEDULE B



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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)

Project Cost \$500,000.00

Credits available to offset co
No deductions have been added.

Documents

- Project Cost & Cost Eligibility
 - Contracts
 - Contract Cost Summa
 - Contract Documentati
 - Change Orders
 - Summary of Invoices
 - Costs or Price Analysis
 - Procurement Policies
 - Other Procurement Documenta
 - Contractor Oversight Documentation

Schedule B Completed!

Schedule B has been successfully completed.

GO TO SUMMARY

Click Go to Summary

Project Cost \$500,000.00

Total Deductions \$0.00

Net Cost \$500,000.00

← BACK

✓ DONE WITH SCHEDULE B



FEMA

What are the Schedules:

A- Large Projects that are Expedited

B- Large Projects that are work completed

C- Large Projects that are work-to-be-completed

D- Large projects that were reported in Schedules B and C, and Large Projects having purchased or pre-positioned supplies, equipment or provided emergency medical care, sheltering, operation of a temporary facility, etc.

EZ- All small projects, regardless of work status

F- EHP form that gets completed based off certain answers and activities



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Schedule C Instructions

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Budget Estimate

Select basis for
Applicant's cost
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?

- ☐ 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

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- ☐ Published unit costs from national cost estimating database
- ☒ Contractor or vendor quotes
- ☐ Other

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Project Cost & Cost Eligibility

Select resources necessary for completion

Please select the resources necessary to complete the activities reported in Section II ([More Info](#))

☐ Contracts ([More Info](#))

☐ Labor ([More Info](#))

☐ Equipment ([More Info](#))

☐ Materials And Supplies ([More Info](#))

☐ Other Costs ([More Info](#))

Completed Costs	Future Costs	Total Costs
\$	+	=
Completed Costs	Future Costs	Total Costs
\$	+	=
Completed Costs	Future Costs	Total Costs
\$	+	=
Completed Costs	Future Costs	Total Costs
\$	+	=
Completed Costs	Future Costs	Total Costs
\$	+	=

Project Cost \$0.00

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Budget Estimate Project Cost & Cost Eligibility

Schedule C 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 \$131,100.00.

Project Cost & Cost Eligibility

Please select the resources necessary to complete the project (More Info)

- ☐ Contracts (More Info)
- ☐ Labor (More Info)
- ☐ Equipment (More Info)
- ☐ Materials And Supplies (More Info)
- ☐ Other Costs (More Info)

Labor
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.

Future Costs Total Costs
+ \$ =
Future Costs Total Costs
+ \$ =
Completed Costs Future Costs Total Costs
\$ + \$ =
Completed Costs Future Costs Total Costs
\$ + \$ =
Completed Costs Future Costs Total Costs
\$ + \$ =

Project Cost \$0.00

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Project Cost & Cost Eligibility

Please select the resources necessary to complete the activities reported in Section II ([More Info](#))

☒ **Contracts** ([More Info](#))

Completed Costs + Future Costs = Total Costs
\$ + \$ =

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 ([Click Here for the Blank Template](#)) 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)

Is the estimate based on awarded contracts? *

☒ Yes

Please complete the FEMA Public Assistance COVID-19 Contracts Report ([Click Here for the Blank Template](#)) and provide the following:

- 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)

☐ No

Select and/or enter information

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☒ Labor (More Info)

Including the Applicant's own staff, Mutual Aid, prison labor, or National Guard.

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)

☐ Equipment (More Info)

☐ Materials And Supplies (More Info)

☐ Other Costs (More Info)

Completed Costs		Future Costs		Total Costs
\$	+	\$	=	

Completed Costs		Future Costs		Total Costs
\$	+	\$	=	

Completed Costs		Future Costs		Total Costs
\$	+	\$	=	

Completed Costs		Future Costs		Total Costs
\$	+	\$	=	

Select and/or enter information

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Please provide the following:

- Cost or price analysis (for contracts above \$250,000, the federal simplified acquisition threshold)
- The Applicant's procurement policy

☐ Labor [\(More Info \)](#)

Completed Costs	Future Costs	Total Costs
\$	+	\$ \$0.00

☒ Equipment [\(More Info \)](#)

Including applicant owned, purchased, or rented.

Completed Costs	Future Costs	Total Costs
\$	+	\$

Please enter the completed cost of equipment. If no equipment-related costs are complete enter 0. 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.

How did the Applicant acquire the equipment?

- ☐ Owned prior to January 20, 2020
- ☐ Purchased [1](#)
- ☐ Rented [1](#)

What was the basis of the rate used in the summary?

- ☐ FEMA Equipment Rates
- ☐ Applicant's Equipment Rates [1](#)
- ☐ No rate is available, and the Applicant would like FEMA to calculate an Equipment Rate [1](#)
- ☐ Other

☐ Materials And Supplies [\(More Info \)](#)

Completed Costs	Future Costs	Total Costs
\$	+	\$

☐ Other Costs [\(More Info \)](#)

Completed Costs	Future Costs	Total Costs
\$	+	\$

Project Cost \$0.00

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Select and/or enter information

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Select and/or enter information

☐ Purchased

☒ Rented

What was the basis of the rate used in the summary?

☐ FEMA Equipment Rates

☐ Applicant's Equipment Rates

☒ No rate is available, and the Applicant would like FEMA to calculate an Equipment Rate

☐ Other

☒ Materials And Supplies (More Info)

Completed Costs + Future Costs = Total Costs

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

☐ Purchased

☒ Other Costs (More Info)

Completed Costs + Future Costs = Total Costs

Including travel costs, utilities and any other expenses not listed above.

Please enter the total cost. Please also provide invoices or receipts. If claiming travel expenses, please provide a travel policy.

Please describe the costs *

Project Cost \$0.00

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Deductions

Select credits available

Please select the credits available to offset costs of activities reported in Section II (More Info)

☐ Insurance Proceeds (More Info)

☐ Disposition (More Info)

☐ Medical Payments (More Info)

☐ Other Deductions

Deductions

\$

Deductions

\$

Deductions

\$

Deductions

\$

Project Cost \$150,000.00

Total Deductions — \$0.00

Net Cost \$150,000.00

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Deductions

Select and/or
enter
information

Please select the credits available to offset costs of activities reported in Section II (More Info)

☒ Insurance Proceeds (More Info)

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 Applicant has actually received a payment from its insurance carrier.

☒ Disposition (More Info)

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

☐ Medical Payments (More Info)

☐ Other Deductions

Deductions

\$

Deductions

\$

Deductions

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Deductions

\$

Project Cost \$150,000.00

Total Deductions — \$0.00

Net Cost \$150,000.00

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Deductions

Select and/or
enter
information

Please select the credits available to offset costs of activities reported in Section II ([More Info](#))

☐ Insurance Proceeds ([More Info](#))

☐ Disposition ([More Info](#))

☒ Medical Payments ([More Info](#))

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

☒ Other Deductions

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

Deductions

\$

Deductions

\$

Deductions

\$

Deductions

\$

Project Cost	\$150,000.00
Total Deductions	— \$0.00
Net Cost	\$150,000.00

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- Budget Estimates (+ Add Document) **X Required**
- Project Cost & Cost Eligibility
 - Contracts
 - Contract Cost Summaries (+ Add Document)
 - Contract Documentation (+ Add Document)
 - Change Orders (+ Add Document)
 - Summary of Invoices (+ Add Document)
 - Costs or Price Analysis Documentation (+ Add Document)
 - Procurement Policies (+ Add Document)
 - Other Procurement Documentation (+ Add Document)
 - Contractor Oversight Documentation (+ Add Document)
 - Award Estimate Documentation
 - PA COVID-19 Contract Reports (+ Add Document) **X Required**
 - Cost or Price Analysis Documentation (+ Add Document)
 - Procurement Policies (+ Add Document) **X Required**
 - Other Procurement Documentation (+ Add Document)

Upload required documents

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Documents

- Budget Estimates (+ Add Document) Requirement Met
- Project Cost & Cost Eligibility
 - Labor
 - Force Account Labor Documentation (+ Add Document)
 - Standby Time Justifications (+ Add Document)
 - Labor Pay Policies (+ Add Document) Requirement Met
 - National Guard Pay Policies (+ Add Document)
 - Mutual Aid Agreements (+ Add Document)
 - Timesheets (+ Add Document)
 - Logs / Activity Reports (+ Add Document)

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What is the basis for estimate?

- Extrapolation of completed costs
- Contractor or other vendor

Resources necessary to complete the activities reported in Section II ([More Info](#))

☒ Labor ([More Info](#))

Including the Applicant's own staff, Mutual Aid, prison labor, or National Guard.

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)

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

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

Completed Costs	Future Costs	Total Costs
\$160,000.00	+	\$160,000.00

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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)

Project Cost \$160,000.00

Credits available to offset costs of activities reported in Section II ([More Info](#))
No deductions have been added.

Documents

- Budget Estimates Requirement Met
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 - Force Account Labor Documentation
 - Standby Time Justifications
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Project Cost	\$160,000.00
Total Deductions	\$0.00
Net Cost	\$160,000.00

Click Done with Schedule C

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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)

Credits available to offset co
No deductions have been added.

Documents

- Budget Estimates
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 - Force Account Labor
 - Standby Time Justification
 - Labor Pay Policies
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Project Cost \$160,000.00

Schedule C Completed!

Schedule C has been successfully completed.

GO TO SUMMARY

Click Go to Summary

Project Cost \$160,000.00

Total Deductions \$0.00

Net Cost \$160,000.00

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✓ DONE WITH SCHEDULE C



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What are the Schedules:

A- Large Projects that are Expedited

B- Large Projects that are work completed

C- Large Projects that are work-to-be-completed

D- Large projects that were reported in Schedules B and C, and Large Projects having purchased or pre-positioned supplies, equipment or provided emergency medical care, sheltering, operation of a temporary facility, etc.

EZ- All small projects, regardless of work status

F- EHP form that gets completed based off certain answers and activities



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Applicants must complete part 1 of this schedule if the total net cost reported in Section III is greater than or equal to \$131,100.00. Applicants will need to complete additional questions depending on the activities reported in Section II.

General Eligibility

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

☐ Yes

☐ No

Is the Applicant legally responsible for performing the activities reported in Section II? * (More Info)

☐ 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 responsible to conduct the activities for the general public.

☐ Yes, for other reasons.

☐ No.

Please describe how the activities reported in Section II address an immediate threat to life, public health, or safety * (More Info)

Did or will any of the activities reported in Section II require access to residential private property? * (More Info)

☐ Yes

☐ No

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

For activities that involve the creation of a new program, 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:

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Applicants must complete part 1 of this schedule if the total net cost reported in Section III is greater than or equal to \$131,100.00. Applicants will need to complete additional questions depending on the total net cost reported.

General Eligibility

Are all activities reported in Section II only being performed by the Applicant as a result of COVID-19? * [\(More Info\)](#)

- ☒ Yes
☐ No

Is the Applicant legally responsible for performing the activities reported in Section II? * [\(More Info\)](#)

- ☒ 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 responsible to conduct the activities for the general public.
☐ Yes, for other reasons.
☐ No.

Please describe how the activities reported in Section II address an immediate threat to life, public health, or safety * [\(More Info\)](#)

Did or will any of the activities reported in Section II require access to residential private property? * [\(More Info\)](#)

- ☐ Yes
☒ No

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

For activities that involve the creation of a new program, 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:

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Applicants must complete part 1 of this schedule if the total net cost reported in Section III is greater than

Additional questions depending on the activities reported in Section II.

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Purchase and Distribution of Food, Water, Ice, or Other Commodities >

Purchase of Meals for Emergency Workers >

Expand tiles
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Activity Details

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 *

Activities Completed *

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

☒ Purchasing and packaging

Please describe the work necessary for purchasing and packaging *

☐ Acquiring distribution and storage space

☐ Delivery and distribution

☐ Other

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

☐ Yes

☒ No

Select and/or enter information

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Please describe the work necessary for purchasing and packaging *

- ☐ Acquiring distribution and storage space
☐ Delivery and distribution
☐ Other

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

- ☐ Yes
☒ No

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? *

- ☐ Yes
☒ No

If the purchase and distribution involved food, how is food security negatively impacted, making food distribution necessary to protect public health and safety? *

- ☐ 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 the other impacts *

Select and/or
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Purchase of Meals for Emergency Workers >

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Please describe the other impacts *

Purchase of Meals for Emergency Workers

Why are meals for emergency workers being claimed? *

- ☒ A labor policy or written agreement requires the provision of meals.
- ☒ Conditions constituted a level of severity that requires employees to work abnormal, extended workhours without a reasonable amount of time to provide for their own meals.

Please describe these conditions *

- ☒ Food or water was or is not reasonably available for employees to purchase.

Please describe the lack of availability *

☐ Other

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.

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General Eligibility

Are all activities reported in Section II only being performed by the Applicant as a result of COVID-19? [\(More Info \)](#)

* Yes

Is the Applicant legally responsible for performing the activities reported in Section II? [\(More Info \)](#)

* 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.

How the activities reported in Section II address an immediate threat to life, public health, or safety: [\(More Info \)](#)

Contagious

Did or will any of the activities reported in Section II require access to residential private property? [\(More Info \)](#)

* No

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

For activities that involve the creation of a new program, 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

Purchase and Distribution of Food, Water, Ice, or Other Commodities

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

- No

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

If the purchase and distribution involved food, how is food security n

- Marked increase or atypical demand for feeding resources

Purchase of Meals for Emergency Workers

Why are meals for emergency workers being claimed?

- Conditions constituted a level of severity that requires employees to work abnormal, ext
- Description of these conditions

Conditions

☒ 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.

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- General Eligibility
- New Program Documentation

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Click on Go To Summary

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What are the Schedules:

A- Large Projects that are Expedited

B- Large Projects that are work completed

C- Large Projects that are work-to-be-completed

D- Large projects that were reported in Schedules B and C, and Large Projects having purchased or pre-positioned supplies, equipment or provided emergency medical care, sheltering, operation of a temporary facility, etc.

EZ- All **small projects**, regardless of work status

F- EHP form that gets completed based off certain answers and activities



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Applicants must complete this schedule if the total project is less than \$131,100.00 and provide the costs of the activities reported in Section II.

Budget Estimate

Review how to create 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).

Because activities are complete, you will be required to attach the following summary records based on the resources necessary to complete the activities selected in the Project Cost step.

- FEMA Public Assistance COVID-19 Contracts Report
- 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

Click proceed

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Schedule EZ Instructions

Applicants must complete this schedule if the total project is less than \$131,100.00 and provide the costs of the activities reported in Section II.

Project Cost

Select
resources
utilized

Please select the resources necessary to complete the activities reported in Section II.

For each resource selected, please provide the cost.

☒ Contracts (More Info)

Please enter the total cost of contracts from your estimate.

Costs
\$

☒ Labor (More Info)

Including the Applicant's own staff, Mutual Aid, prison labor, or National Guard.

Please enter the total cost of labor from your estimate.

Costs
\$

☒ Equipment (More Info)

Including the applicant owned, purchased, or rented.

Please enter the total cost of equipment from your estimate.

Costs
\$

☒ Materials and Supplies (More Info)

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

Costs
\$

☐ Other Costs (More Info)

Costs
\$

Project Cost \$0.00

Click proceed

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Deductions

Select and/or enter information

Please select the credits available to offset costs of activities reported in Section II.

☒ Insurance Proceeds [\(More Info \)](#)

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.

Please enter the total amount of insurance proceeds and provide copy of insurance documentation.

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

☒ Disposition [\(More Info \)](#)

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

☒ Medical Payments [\(More Info \)](#)

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

☐ Other Deductions

Deductions

\$

Deductions

\$

Deductions

\$

Deductions

\$

Project Cost	\$11,000.00
Total Deductions	\$0.00
Net Cost	\$11,000.00



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Schedule EZ Instructions

Applicants must complete this schedule if the total project is less than \$131,100.00 and provide the costs of the activities reported in Section II.

Documents

- Budget Estimates (+ Add Document) **X Required**
- Project Cost
 - Labor
 - Force Account Labor Documentation (+ Add Document)
 - Equipment
 - Equipment Summaries (+ Add Document)
 - Materials and Supplies
 - Material Summaries (+ Add Document)

Upload
required
documents

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Applicants must complete this schedule if the total project is less than \$131,100.00 and provide the costs of the activities reported in Section II.

Summary

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).

Because activities are complete, you will be required to attach the following summary records based on the resources necessary to complete the activities selected in the Project Cost step.

- FEMA Public Assistance COVID-19 Contracts Report
- FEMA Form 009-0-123 Force Account Labor Summary [PDF](#)
- FEMA Form 009-0-128 Applicant Benefit Calculation Worksheet [PDF](#)
- FEMA Form 009-0-127 Force Account Equipment Summary [PDF](#)
- FEMA Form 009-0-125 Rented Equipment Summary Record [PDF](#)
- FEMA Form 009-0-124 Materials Summary Record [PDF](#)

Project Costs

Selected resources and costs necessary to complete the activities reported in Section II.

☒ Labor [\(More Info \)](#)

Including the Applicant's own staff, Mutual Aid, prison labor, or National Guard.

Total cost of labor from your estimate.

Costs
\$1,000.00

☒ Equipment [\(More Info \)](#)

Including the applicant owned, purchased, or rented.

Total cost of equipment from your estimate.

Costs
\$1,000.00

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☒ Materials and Supplies [\(More Info \)](#)

Total cost of materials and supplies from your estimate.

Costs
\$9,000.00

Project Cost \$11,000.00

Deductions

Credits available to offset costs of activities reported in Section II.

☒ Insurance Proceeds [\(More Info \)](#)

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?

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

Materials and Supplies
Material Summaries

Deductions
\$900.00

Documents

Budget Estimates [Requirement Met](#)
Project Cost
Labor
Force Account Labor Documentation
Equipment
Equipment Summaries

Project Cost \$11,000.00

Total Deductions \$900.00

Net Cost \$10,100.00

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DONE WITH SCHEDULE EZ



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Materials and Supplies

(More Info)

Total cost of materials and supplies from your estimate.

\$9,000.00

Project Cost

\$11,000.00

Deductions

Credits available to offset co

Insurance Proceeds

This does not include pay

Does the Applicant have ins

• Yes, the Applicant antio

Materials and Supplies

Material Summaries

Requirement Met

Project Cost

Labor

Force Account Labor Documentation

Equipment

Equipment Summaries

Project Cost

\$11,000.00

Total Deductions

\$900.00

Net Cost

\$10,100.00

GO TO SUMMARY

Click on Go To Summary

Schedule EZ Completed!

Schedule EZ has been successfully completed.

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✓ DONE WITH SCHEDULE EZ

What are the Schedules:

A- Large Projects that are Expedited

B- Large Projects that are work completed

C- Large Projects that are work-to-be-completed

D- Large projects that were reported in Schedules B and C, and Large Projects having purchased or pre-positioned supplies, equipment or provided emergency medical care, sheltering, operation of a temporary facility, etc.

EZ- All small projects, regardless of work status

F- EHP form that gets completed based off certain answers and activities



FEMA

Schedule F

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Streamlined Project Application Schedule F – Environmental and Historic Preservation Questions

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Schedule F Instructions

Applicants must complete this schedule due to specific activities reported in Section II. For additional information, see the Streamlined Project Application (EHP) and Emergency Protective Measures for COVID - 19 Fact Sheet.

Activity Details

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. You may download a blank [Temporary Facilities form](#) if you do not have a copy.

In addition to completing the Temporary Facilities form, FEMA also requires additional documentation to support the form. Please select the supporting documents you will be attaching to this application:

- ☒ A cost analysis justifying the rental, purchase, construction, or modification of the temporary facility
- ☐ Lease Agreements for any rented facilities
- ☐ Documentation supporting the purchase price of any purchased facilities
- ☐ Plans or other documentation describing the work done at the temporary facility
- ☐ A Site plan for any facility construction that will cause a ground disturbance
- ☒ Permits for any temporary debris staging sites
- ☐ Permits for any disposal sites used for ash resulting from vegetative debris burning
- ☐ Permits for any temporary facilities sites that are adjacent to known hazardous materials
- ☐ Any other applicable permits related to the temporary facility
- ☒ Site maps 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)
- ☐ Any Photographs of the site

Download blank Temporary Facilities Form if needed

Select forms to upload

Click proceed

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FEMA

Schedule F

Review
Temporary
Facility Survey
and download
to your
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FEMA COVID-19 Project Application

Applicant-Assigned Project Application # _____

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.

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☐ A locally recognized landmark. *Please describe:*

☐ A National Historic Landmark. *Please describe:*

☐ No.

☐ Unsure

Last Updated: April 24, 2020

5

FEMA COVID-19 Project Application

Applicant-Assigned Project Application # _____

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 where it is requested in Grants Portal.



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Schedule F Instructions

Applicants must complete this schedule due to specific activities reported in Section II. For additional information on Environmental and Historic Preservation (EHP) and Emergency Protective Measures for COVID - 19 Fact Sheet.

Documents

Temporary Facilities

- Temporary Facility Forms (+ Add Document) X Required
- Cost Analysis Justifications (+ Add Document) X Required
- Debris Staging Site Permits (+ Add Document) X Required
- Site Maps (+ Add Document) X Required

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Upload
required
documents

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Schedule F Instructions

Applicants must complete this schedule due to specific activities reported in Section II. For additional information on EHP requirements, see the Environmental and Historic Preservation Questions and Answers. [Protective Measures for COVID - 19 Fact Sheet.](#)

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Schedule F
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Summary

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. You may download a blank [Temporary Facilities Form](#) if you do not have a copy.

In addition to completing the Temporary Facilities form, FEMA also requires additional documentation to support the form. Supporting documents selected to attach to this application:

- A cost analysis justifying the rental, purchase, construction, or modification of the temporary facility
- Permits for any temporary debris staging sites
- Site maps 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)

Documents

- Temporary Facilities
 - Temporary Facility Forms Requirement Met
 - Cost Analysis Justifications Requirement Met
 - Debris Staging Site Permits Requirement Met
 - Site Maps Requirement Met

Click Done with
Schedule F

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DONE WITH SCHEDULE F



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Schedule F Complete

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Schedule F Instructions

Applicants must complete this schedule due to specific activities reported in Section II. For additional information on EHP requirements, see the [Environmental and Historic Preservation \(EHP\) and Emergency Protective Measures for COVID - 19 Fact Sheet](#).

Summary

Establishment of Temporary Facilities

In Section II, Establishment of Temporary Facilities was selected as a facility. You may download a blank [Temporary Facilities Form](#) if you need a separate Temporary Facilities form for each temporary facility.

In addition to completing the Temporary Facilities form, FEMA also requires the following information to be submitted to this application:

- A cost analysis justifying the rental, purchase, construction, or modification of the temporary facility.
- Permits for any temporary debris staging sites.
- Site maps showing the location of all proposed areas where the applicant will conduct debris staging, roads, parking, landscaping, grading, or utilities.

Documents

- Temporary Facilities
 - Temporary Facility Forms Requirement Met
 - Cost Analysis Justifications Requirement Met
 - Debris Staging Site Permits Requirement Met
 - Site Maps Requirement Met

Schedule F Completed!

Schedule F has been successfully completed.

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Streamlined Project Application Section IV – Project Certifications

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Review Application

Certifications

Section IV 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.

Review Application

Section I - Project Application Information

Applicant-Assigned Project Application #	123456	Event	4480DR-NY (4480DR)
Project Application Title	COVID-19 Emergency Protective Measures	Applicant	Oyster Bay, Town of
Project Net Cost	\$132,000.00	FEMA PA Code	059-56000-00
Status	In Progress		

Review then
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Credits available to offset costs of activities reported in Section II ([More Info](#))

No deductions have been added.

Project Cost	\$132,000.00
--------------	--------------

Project Cost	\$132,000.00
--------------	--------------

Total Deductions	\$0.00
------------------	--------

Net Cost	\$132,000.00
----------	--------------

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Certifications

Section IV 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.

Certifications

Preparer Certification

Did the Applicant Authorized Representative receive consultant support from anyone not directly employed by the Applicant?

- ☐ Yes
☒ No

If you select No, scroll
down to proceed

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Preparer Certification

Did the Applicant Authorized Representative receive consultant support or technical assistance from anyone not directly employed by the Applicant?

☒ Yes

☐ No

If you **select Yes**,
scroll down to enter
the Preparer Info

Preparer Information

Preparer *

Preparer's Company or Firm Name --

Preparer's Company or Firm EIN --

Preparer's Company or Firm Address --

Enter
Preparer's
Info

Certifications, Assurances, and Signature

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



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Streamlined Project Application Section IV – Project Certifications

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Subrecipient Tasks

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?

- ☐ Yes
☒ No

Certification That Benefits Will Not Be Duplicated

Has the Applicant applied for any funding for COVID-19?

- ☐ Yes
☒ No

If you select No, scroll
down to proceed

Certifications, Assurances, and Signature

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.



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Certification That Benefits Will Not Be Duplicated

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

☒ Yes

☐ No

If you **select Yes**, scroll
down and enter the list
of other programs

Please list other programs *

Add Info

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

☒ No

☐ Yes, but the other federal program has not yet approved the funding. ?

☐ Yes, but the other federal program has conclusively denied the funding.

If you **select No**, scroll
down to sign

Certifications, Assurances, and Signature

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.



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Certification That Benefits Will Not Be Duplicated

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

☒ Yes

☐ No

If you **select Yes**, scroll
down and enter the list
of other programs

Please list other programs *

Add Info

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

☐ No

☐ Yes, but the other federal program has not yet approved the funding. ?

☒ Yes, but the other federal program has conclusively denied the funding.

If you **select Yes**, upload
the **Denial Letter** then
scroll down to sign

Denial Letter * [+ Upload Denial Letter](#)

Certifications, Assurances, and Signature

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.

<https://grantsportal-uat-site.azurewebsites.net/#home>



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Record Certification That Benefits Will Not Be Duplicated Signature

Authorized Representative *

Date Signed *

Signed Document * [+ Upload Signed Document](#)

Print Name *

Signature Style *

Example: allura

Enter Password *

SIGN **CANCEL**

Enter the Info, upload the Signed Document

General Certification

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 approved.



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javascript:void(0);

Record Certification That Benefits Will Not Be Duplicated Signature

Authorized Representative * Graf, George

Date Signed * 04/30/2020

Signed Document * [Signed Document.pdf](#) (X Remove)

Print Name * Stephanie Paul

Signature Style * Allura

Stephanie Paul

Enter Password *

Click Sign to proceed

SIGN CANCEL

General Certification

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:

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Certification That Benefits Will Not Be Duplicated

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☐ Yes

☒ No

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Authorized Representative

Stephanie Paul

Date Signed

04/30/2020

Signed on Behalf By

PAUL, STEPHANIE

Signed on Behalf Date

04/30/2020

Signed Document

[Signed Document.pdf](#)

Review info then
scroll down to
proceed

General Certification

https://grantsportal-uat-site.azurewebsites.net/#home



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Certification That Benefits Will Not Be Duplicated

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

☐ Yes

☒ No

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Authorized Representative

Stephanie Paul

Date Signed

04/30/2020

Signed on Behalf By

PAUL, STEPHANIE

Signed on Behalf Date

04/30/2020

Signed Document

[Signed Document.pdf](#)

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- Did not have insurance coverage in place for the claimed costs at the time of the declaration.
- The Applicant complied with federal, Recipient, and Applicant procurement requirements.
- The Applicant complied with all FEMA policies regarding equipment rates in accordance with the PAPPG.
- The Applicant complied with all FEMA policies regarding labor in accordance with the PAPPG.

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.

Certifications, Assurances, and Signature

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.

Authorized Representative *

CLICK TO SIGN

Date Signed

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Click to
Sign

✓ SUBMIT PROJECT APPLICATION



FEMA

Section IV

Attend virtual applicant briefing

Log on or create account in PA Grants Portal

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Authorized Representative

Stephanie Paul

Date Signed

04/30/2020

Signed on Behalf By

PAUL, STEPHANIE

Signed on Behalf Date

04/30/2020

Signed Document

[Signed Document.pdf](#)

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Click Submit Project Application

SUBMIT PROJECT APPLICATION



FEMA

Section IV Complete

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Streamlined Project Application Section IV – Project Certifications

? HELP

GO TO SUMMARY

4480DR-NY (4480DR) / Oyster Bay, Town of (059-56000-00) / Streamlined Project Application

Documentation Certification

In accordance with 2 C.F.R. §200.33, the applicant must maintain all documentation that supports this project application in its own files. This documentation will be reviewed by FEMA.

Certifications, Assurances

It is important to know that upon submission of this application, you enter. It is a violation of Federal law to provide false information including a fine of up to \$250,000, or imprisonment for not more than 5 years, or both, for each violation. If the information is correct to the best of my knowledge and belief, I certify that the information is true and correct to the best of my knowledge and belief, and I understand that providing false information is a violation of federal laws, which carry severe criminal penalties.

Authorized Representative

Signed on Behalf By PAUL, STEPHANIE

Signed Document Signed Document.pdf

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Project Application Completed!

This project application has been successfully completed.

GO TO PROJECT

Click Go to Project

Date Signed 04/30/2020

Signed on Behalf Date 04/30/2020

PROJECT CREATED



FEMA

Document Repository

Attend virtual applicant briefing

Log on or create account in PA Grants Portal

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Streamlined Project Application

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Section I - Project Application Information

(Modify)

Applicant-Assigned Project Application # 1111

Event 4480DR-NY (4480DR)

Project Application Title Project Application Title

Applicant NYS Division of Homeland Security & Emergency Services

Project Net Cost \$10,100.00

FEMA PA Code 000-U8QEH-00

Status In Progress

Sections & Schedules

In order for your Application to be completed, you must complete the following Sections and Schedules.

Section II - Scope of Work

Completed

VIEW/EDIT

Section III - Cost and Work Status Information

Completed

VIEW/EDIT

EZ Schedule EZ - Small Project Estimate

Completed

VIEW/EDIT

F Schedule F - Environmental and Historic Preservation Questions

Completed

VIEW/EDIT

Document Repository

6 of 6 Provided

VIEW/EDIT

✓ REVIEW AND SUBMIT

Document Repository-manage documents



FEMA

Document Repository

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Streamlined Project Application Documents

4480DR-NY (4480DR) / NYS Division of Homeland Security & Emergency Services (000-UHQEH-00) / Streamlined Project Application

HELP

Document Repository

- Section II
 - Locations
 - Geographic Areas (+ Add Document) ✓ Requirement Met
 - Geographic Locations.docx (X Remove)
 - Schedule EZ
 - Budget Estimates (+ Add Document) ✓ Requirement Met
 - Project Cost
 - Labor
 - Force Account Labor Documentation (+ Add Document)
 - Equipment
 - Equipment Summaries (+ Add Document)
 - Materials and Supplies
 - Material Summaries (+ Add Document)
 - Schedule F
 - Temporary Facilities
 - Temporary Facility Forms (+ Add Document) ✓ Requirement Met
 - Cost Analysis Justifications (+ Add Document) ✓ Requirement Met
 - Debris Staging Site Permits (+ Add Document) ✓ Requirement Met
 - Site Maps (+ Add Document) ✓ Requirement Met

Review, upload, or delete documents

Click Done Managing Documents

✓ DONE MANAGING DOCUMENTS



FEMA

Review Documents



- FEMA and Recipient review and validate the project application to ensure:
- Completeness
- Eligibility
- Compliance with Federal laws and regulations on items such as
 - Contracting
 - Environmental and historic preservation
- Applicant may be asked to provide additional information during the reviews

Documentation Requirements

Actual cost documentation must include information necessary to demonstrate eligibility of costs and activities claimed including but not limited to payroll data, procurement procedures, contracts, invoices, and an explanation of the activities performed.

FEMA makes the final decision regarding all eligibility determinations under the PA Program including whether costs are reasonable

- Explanation of each specific task
- Number of hours
- Rate
- Title or Position
- Specific activities which required Materials, Equipment, or Space
- Number and purpose of meetings/site inspections
- Purpose for travel, and travel policy
- Location, course offered for training costs

Version 2.128



FEMA

Where to locate the forms

- FEMA.gov
 - Search “worksheets”
 - Page titled “Public Assistance Project Worksheets”
- Grants Manager
 - Intelligence → Job Aids → Public Assistance Project Forms
- Grants Portal
 - Resources → Public Assistance Project Forms
- Delivery Toolbox
 - Forms and Templates



FEMA

Applicant's Benefits Calculation

- FEMA reimburses force account labor based on actual hourly rates plus the cost of the employee's actual fringe benefits
- Worksheet can be completed 3 ways
 - The whole Organization (All Employees Averaged), each fringe benefit total cost will be divided by the overall Annual Salary.
 - For a Department each fringe benefit total cost of that department will be divided by the overall Annual Salary of that Department.
 - Individually the benefit cost is divided by the employees annual base salary.



FEMA

Applicant's Benefits Calculation

APPLICANT'S BENEFITS CALCULATION WORKSHEET

The form has 3 main sections:

- Header
- Percentage areas
- Comments and signature area

PAPERWORK BURDEN DISCLOSURE NOTICE		
Public reporting burden for this data collection is estimated to average .5 hours per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. This collection of information is not required to obtain or retain benefits. You are not required to respond to this collection of information unless a valid OMB control number is displayed in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW., Washington, DC 20472, Paperwork Reduction Project (1660-0017) NOTE: Do not send your completed form to this address.		
APPLICANT		PA ID #
DISASTER		PROJECT #
FRINGE BENEFITS (by %)	REGULAR TIME	OVERTIME
HOLIDAYS		
VACATION LEAVE		
SICK LEAVE		
SOCIAL SECURITY		
MEDICARE		
UNEMPLOYMENT		
WORKER'S COMP.		
RETIREMENT		
HEALTH BENEFITS		
LIFE INS. BENEFITS		
OTHER		
TOTAL IN % ANNUAL SALARY		



FEMA

Force Account Labor Summary Record

FORCE ACCOUNT LABOR SUMMARY

O.M.B. Control Number: 1660-0017

Expires: December 31, 2019

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this data collection is estimated to average .5 hours per response. The burden estimates includes time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472-3100, Paperwork Reduction Project (1660-0017). **NOTE: Do not send your completed questionnaire to this address.**

APPLICANT				PA ID #				PROJECT #				DISASTER			
LOCATION/SITE								CATEGORY				PERIOD COVERING			
DESCRIPTION OF WORK PERFORMED															
NAME			DATES AND HOURS WORKED EACH WEEK						COSTS						
JOB TITLE			DATE								TOTAL HOURS	HOURLY RATE	BENEFIT RATE/HR	TOTAL HOURLY RATE	TOTAL COSTS
NAME			REG.												
JOB TITLE			O.T.												
NAME			REG.												
JOB TITLE			O.T.												
NAME			REG.												
JOB TITLE			O.T.												
NAME			REG.												
JOB TITLE			O.T.												
NAME			REG.												
JOB TITLE			O.T.												
TOTAL COSTS FOR FORCE ACCOUNT LABOR REGULAR TIME														\$	
TOTAL COST FOR FORCE ACCOUNT LABOR OVERTIME														\$	
I CERTIFY THAT THE INFORMATION ABOVE WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.															



FEMA

Force Account Equipment Summary

- Cost Codes come from FEMA's Schedule of Equipment Rates

FEMA's SCHEDULE OF EQUIPMENT RATES

DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY
RECOVERY DIRECTORATE
PUBLIC ASSISTANCE DIVISION
WASHINGTON, DC 20472

The rates on this Schedule of Equipment Rates are for applicant owned equipment in good mechanical condition, complete with all required attachments. Each rate covers all costs eligible under the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. § 5121, et seq., for ownership and operation of equipment, including depreciation, overhead, all maintenance, field repairs, fuel, lubricants, tires, OSHA equipment and other costs incidental to operation. Standby equipment costs are not eligible.

Equipment must be in actual operation performing eligible work in order for reimbursement to be eligible. LABOR COSTS OF OPERATOR ARE NOT INCLUDED in the rates and should be approved separately from equipment costs.

Information regarding the use of the Schedule is contained in 44 CFR § 206.228 Allowable Costs. Rates for equipment not listed will be furnished by FEMA upon request. Any appeals shall be in accordance with 44 CFR § 206.206 Appeals.

THESE RATES ARE APPLICABLE TO MAJOR DISASTERS AND EMERGENCIES
DECLARED BY THE PRESIDENT ON OR AFTER August 15, 2019.

FEMA Code ID		Equipment Description					2019 Updated Rate
Cost Code	Equipment	Specifications	Capacity or Size	HP	Notes	Unit	
8010	Air Compressor	Air Delivery	41 CFM	to 10	Hoses included.	hour	\$ 1.62
8011	Air Compressor	Air Delivery	103 CFM	to 30	Hoses included.	hour	\$ 9.86
8012	Air Compressor	Air Delivery	130 CFM	to 50	Hoses included.	hour	\$ 12.49



FEMA

Force Account Equipment Summary

Federal Emergency Management Agency
FORCE ACCOUNT EQUIPMENT SUMMARY RECORD

O.M.B. Control Number: 1660-0017
 Expires: December 31, 2019

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APPLICANT		PA ID #	PROJECT #		DISASTER						
LOCATION/SITE			CATEGORY		PERIOD COVERING						
DESCRIPTION OF WORK PERFORMED											
TYPE OF EQUIPMENT		OPERATOR'S NAME	DATES AND HOURS USED EACH DAY						COSTS		
INDICATE SIZE, CAPACITY, HORSEPOWER, MAKE AND MODEL AS APPROPRIATE	EQUIPMENT CODE NUMBER		DATE							TOTAL HOURS	EQUIPMENT RATE
			HOURS								
			HOURS								
			HOURS								
			HOURS								
			HOURS								
			HOURS								
			HOURS								
			HOURS								
GRAND TOTAL											
I CERTIFY THAT THE ABOVE INFORMATION WAS OBTAINED FROM PAYROL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.											
CERTIFIED			TITLE						DATE		



FEMA

Contract Work Summary Record

This is for
NON COVID
events

CONTRACT WORK SUMMARY RECORD

O.M.B. Control Number: 166U-U017
Expires: December 31, 2019

PAPERWORK BURDEN DISCLOSURE NOTICE				
Public reporting burden for this data collection is estimated to average .5 hours per response. The burden estimates includes time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472-3100, Paperwork Reduction Project (1660-0017). NOTE: Do not send your completed questionnaire to this address.				
DATE	PA ID #	PROJECT #	DISASTER	
LOCATION/SITE	CATEGORY		PERIOD COVERING	
DESCRIPTION OF WORK PERFORMED				
DATES WORKED	CONTRACTOR	BILLING/INVOICE NUMBER	AMOUNT	COMMENTS- SCOPE
GRAND TOTAL				
I CERTIFY THAT THE INFORMATION WAS OBTAINED FROM PAYROLL, INVOICES, OR OTHER DOCUMENT THAT ARE AVAILABLE FOR AUDIT.				



FEMA

Contract Work Summary Record - COVID

This form is attached to end of the Streamlined Project Application

Header information is the same information that is put into the Streamlined Project Application Form

FEMA COVID-19 Project Application

Applicant-Assigned Project Application #

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 #:
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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
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FEMA

Materials Summary Record

MATERIALS SUMMARY RECORD

OMB Control Number: 1660-0017
Expires: December 31, 2019

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this data collection is estimated to average .5 hours per response. The burden estimate includes time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472-3100, Paperwork Reduction Project (1660-0017). **NOTE: Do not send your completed questionnaire to this address.**

APPLICANT		PA ID #.		PROJECT #.		DISASTER		
LOCATION/SITE				CATEGORY		PERIOD COVERING		
DESCRIPTION OF WORK PERFORMED								
VENDOR	DESCRIPTION	QUAN.	UNIT PRICE	TOTAL PRICE	DATE PURCHASED	DATE USED	INFO FROM (CHECK ONE)	
							INVOICE	STOCK
GRAND TOTAL								



FEMA

Rented Equipment Summary Record

RENTED EQUIPMENT SUMMARY RECORD

O.M.B. Control Number: 1660-0017

Expires: December 31, 2019

PAPERWORK BURDEN DISCLOSURE NOTICE

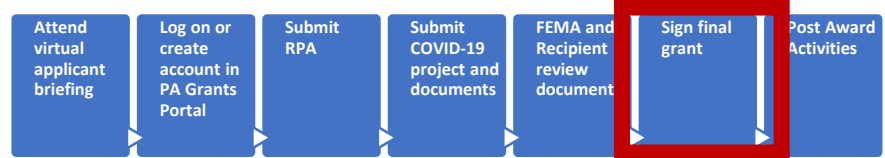
Public reporting burden for this data collection is estimated to average .5 hours per response. The burden estimates includes time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472-3100, Paperwork Reduction Project (1660-0017). **NOTE: Do not send your completed questionnaire to this address.**

APPLICANT				PA ID #.		PROJECT #.		DISASTER	
LOCATION/SITE						CATEGORY		PERIOD COVERING	
DESCRIPTION OF WORK PERFORMED									
TYPE OF EQUIPMENT Indicate size, Capacity, Horsepower Make and Model as Appropriate	DATES AND HOURS USED	RATE PER HOUR		TOTAL COST	VENDOR	INVOICE NO.	DATE AND AMOUNT PAID	CHECK NO.	
		W/OPR	W/OUT OPR						
GRAND TOTAL									
I CERTIFY THAT THE ABOVE INFORMATION WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.									



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Management Costs



- All claimed costs must be documented
- Schedule EZ refers to the FEMA Form 009 series:
 - Force Account Labor Summary Record
 - Applicant's Benefits Calculation Worksheet
 - Force Account Equipment Summary Record
 - Contract Work Summary Record
 - Materials Summary Sheet
 - Rented Equipment Summary Record



FEMA

Management Cost – Cat Z

- Currently, if no PDMG is assigned Cat Z projects must be completed by PAGS or above
- Cat Z costs must be tracked
- Activities related to developing eligible PA projects and receiving reimbursement from FEMA
- Activities related to ineligible projects are not eligible
- Excess management cost funding may not be retained



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Management Costs – Eligible Activities

Eligible activities may include, but are not limited to:

- Preliminary Damage Assessments
- Meetings regarding the overall PA Program or damage claim
- Organizing PA damage sites into logical groups
- Preparing correspondence
- Site inspections
- Travel expenses
- Developing the detailed site-specific damage description
- Evaluating Section 406 hazard mitigation measures
- Preparing Small and Large Projects
- Reviewing Projects
- Collecting copying, filing, or submitting documents to support a claim/grant
- Requesting disbursement of PA funds
- Training



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Management Cost - Requirements

All Management Costs (Recipient/Subrecipient)

- One Category Z project
- Funded at 100%
 - Large,
 - Small, or
 - PAAP

Visual 9.142



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Management Cost - Contribution

Recipient - “up to” 7%

- Actual costs incurred
- Must be reasonable
- For eligible projects only
- Does not receive an additional 5% for its own Projects
- Subject to Strategic Funds Management
- All Recipients qualify

Cap based on total award amount for the DR or EM

- Federal share plus non-federal share
- Minus any Insurance reduction
- Cat B Donated Resources not included

Subrecipient - “up to” 5%

- Actual costs incurred
- Must be reasonable
- For eligible projects only

Cap based on Subrecipient’s total project amounts

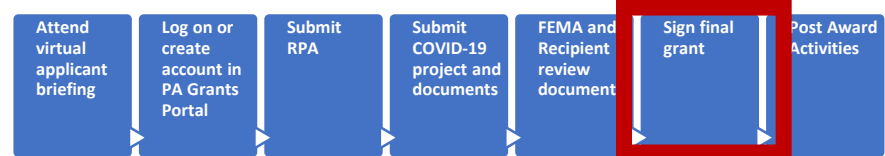
- Federal share plus non-federal share
- Minus any Insurance reduction

Version 9.143



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Applicant Signs Project



- Applicant reviews all terms and conditions that FEMA or Recipient include in the project application
- Applicant signs in agreement to the funding terms
 - Includes agreeing to requirements for reporting on project work progress and completion



FEMA

Resources

Many additional resources available in Grants Portal – Resources

<https://www.fema.gov/coronavirus>

FEMA PA Grants Portal Grants Manager Channel

<https://www.youtube.com/channel/UCIjp91Ds2IaVIR1t8uXcEKg/videos>

FEMA.gov Media Library

<https://www.fema.gov/media-library/assets/documents/26103>

Independent Study Courses

- **IS-1002 FEMA Grants Portal-Transparency at Every Step**
<https://training.fema.gov/is/courseoverview.aspx?code=IS-1002>
- **IS-1010 Emergency Protective Measures**
<https://training.fema.gov/is/courseoverview.aspx?code=IS-1010>
- **IS-1000 Series on Public Assistance**
<https://training.fema.gov/is/crslist.aspx?all=true>



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Thank You for Attending

For policy questions please
contact your Recipient or
local Emergency
Management Agency



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For technical assistance please
Contact the Grants Portal Hotline
(866) 337-8448

FEMA-Recovery-PA-Grants@fema.dhs.gov
for additional support



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