

COVID-19 Streamlined Project Application

November 2, 2020



FEMA

On or after November 2, 2020, Applicants clicking “Start a Project Application” from the Applicant Event Profile or “Submit a Project Application” from Quick Actions in Grants Portal will use this document.

Applicants should use *COVID-19 Streamlined Project Application (09.08.20)* for project applications that they clicked “Submit a Project Application” on in Grants Portal before November 2, 2020

FEMA developed the COVID-19 streamlined project application to simplify the application process for [Public Assistance](#) funding under the COVID-19 pandemic declarations. This document includes the project application and instructions for how the Applicant should complete and submit the application to the Recipient and FEMA.

Overview

FEMA may provide funding to eligible Applicants for costs related to emergency protective measures¹ conducted as a result of the COVID-19 pandemic. Emergency protective measures are activities conducted to address immediate threats to life, public health, and safety. Eligible Applicants may submit funding requests to the Recipient and FEMA through the Public Assistance Grants Portal. FEMA provides funding through Recipients to eligible Applicants.

Prerequisites

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

Public Assistance Funding Considerations

~~Public Assistance funding is subject to a cost share:~~ The assistance FEMA provides through its Public Assistance program is subject to a cost share.

~~The federal share is not less than 75 percent of eligible costs.~~ The federal cost share may be increased in limited circumstances if warranted. The Recipient determines how much of the non-federal share the Applicant must fund.

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

Recipients

are state, [tribal](#), or territorial entities that receive and administer Public Assistance federal awards.

Applicants

are state, [tribal](#), territorial, or local governments or private non-profit entities that may request and receive subawards under a Recipient’s award.

Grants Portal

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

Projects & Subawards

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

For COVID-19, reimbursement is 100%

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

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

Some activities may be completed through direct federal assistance: Some eligible activities may be completed directly by the Federal Government rather than provided as financial assistance to Applicants to complete those activities. If an Applicant does not have the capacity to directly complete the activity or oversee activity completion through contract or mutual aid, the Applicant may request that FEMA or another federal agency directly conduct the activity. Applicants seeking direct federal assistance should not use this project application but instead request assistance from the FEMA Regional Administrator through the Recipient's emergency manager.

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

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

What information is required?

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

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

How does the Applicant complete the project application?

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

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

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

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

⁴ If the follow-up funding request is for the same activities and time periods, the original project application will be amended. If the follow-up funding request is for distinguishable activities or time periods an additional project application may be submitted.
Last Updated: November 2, 2020

buildings, or new construction. For these activities, the Applicant should submit one project application for activities with environmental or historic preservation considerations and another project application with their remaining activities. For additional information, see the [COVID-19 Fact Sheet: Environmental and Historic Preservation and Emergency Protective Measures for COVID-19](#) and the [Coronavirus \(COVID-19\) Pandemic: Floodplain Considerations for Temporary Critical Facilities Fact Sheet](#).

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

- Schedule A, B, C, or EZ depending on the cost and activity status.
- The Large Project Eligibility Survey when claiming costs equal to or greater than \$131,100⁵ for certain activities.
- The Environmental and Historic Preservation Survey when claiming costs for activities that may have environmental and historic preservation concerns.

Recommend multiple project applications for discreet time periods that are already 100% completed.

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

Cost		Between \$3,300 and \$131,100 ⁵	Equal to or greater than \$131,100		
Funding Request Type		Small	Large Expedited	Large Regular	
Work Status		Any	Any	Complete	In-progress Not started
Cost Basis		Any	Estimated Costs	Actual Costs	Actual Costs & Estimated Costs Estimated Costs
Cost Schedule	A		X		
	B			X	
	C				X
	EZ	X			
Work Surveys	Large Project		X	X	X
	EHP	If needed	If needed	If needed	If needed
	Temp. Facility	If needed	If needed	If needed	If needed

What happens after submitting the project application?

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

1. FEMA and the Recipient review the project application and validate information and documentation provided to ensure compliance with all federal laws and regulations. If there are additional questions to evaluate the eligibility of the project application, FEMA and the Recipient will contact the Applicant to discuss. This may include contacting the Applicant by phone or through the [Public Assistance Grants Portal](#).
2. Upon completion of these reviews, the Applicant will be notified that funding for their project application is ready to be awarded. The Applicant will be required to review, agree to terms and conditions, and sign to accept the subaward in the [Public Assistance Grants Portal](#).
3. Once the Applicant signs the subaward, FEMA makes funding available to the Recipient for

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

disbursement to the Applicant.

4. Once FEMA obligates and transfers funding for the subaward, the Applicant will become a Subrecipient in the Public Assistance program. The Recipient may request additional information before disbursing funds to the Subrecipient.
5. The Recipient will work directly with the Subrecipient to: monitor and report on the status of the activities, comply with federal and Recipient grant requirements, and close the subaward in accordance with 44 C.F.R. § 206.204-209, 2 C.F.R. Part 200, FEMA's *Public Assistance Program and Policy Guide (PAPPG)*, and FEMA's [Program Management and Grant Closeout SOP](#).

Section I – Project Application Information

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

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

Example: Project Room Key, non-congregate medical shelter for people at high risk of COVID-19 infection and/or severe symptoms including possible death.

Continue to Section II – Scope of Work.

Section II – Scope of Work

Instructions: Applicants must complete this section and describe the activities that the Applicant conducted or will conduct in response to COVID-19. For certain activities Applicants must provide additional information in the Large Project Eligibility, EHP, and Temporary Facility Surveys.

1. DESCRIPTION OF ACTIVITIES

Please explain what activities occurred and when, what the immediate threat these activities were protecting against, and how these activities reduced or eliminated that immediate threat.

In the description, please include when, where, and by whom the activities were or will be conducted.

Example: Project RoomKey(PRK) utilizes 6 hotels/motels in King County to shelter persons who are 65+ years of age with underlying conditions that make them at high risk of contracting COVID-19 and/or experiencing severe symptoms, including possible death. This program, from Jan 2020 through April 1, 2020 was managed by a non-profit provider under contract with the county, The Salvation Army who was contracted to provide intakes, 24 hour staffing coverage to manage the site and residents. Activities included 3 meals a day, security 24/7 to protect the property and the people in the building, daily room and common areas cleaning and disinfecting in order to protect those at the site from being exposed to COVID-19.

FEMA issued an interim policy on September 1, 2020 that defines the requirements for determining eligibility of work and costs claimed under COVID-19 declarations. For work performed on or after September 15, 2020, FEMA Policy Coronavirus (COVID-19) Pandemic: Work Eligible for Public Assistance (Interim) applies. For work completed prior to September 15, 2020, the FEMA Fact Sheet: Coronavirus (COVID-19) Pandemic: Eligible Emergency Protective Measures (dated March 19, 2020) and other policies in place when the work was completed apply. Except where specifically stated otherwise in disaster specific COVID-19 policies, assistance is subject to PA Program requirements as defined in Version 3.1 of the Public Assistance Program and Policy Guide (PAPPG).

If you are completing multiple applications for distinct periods of time, make note of the guidance described above.

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

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

- ☐ Dissemination of information to the public to provide warnings and guidance
- ☐ Emergency operations center activities
- ☒ Interior facility disinfection
- ☒ Installation of temporary physical barriers and wall-mounted equipment
- ☐ Mass casualty management (including storage of human remains or mass mortuary services). See Public Assistance Program and Policy Guide, at page 58. For information on COVID-19-related fatality management see [COVID-19 Fatality Management Resources](#).
- ☐ 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
- ☐ Technical assistance on emergency management
- ☐ Training
- ☒ Other. Describe other management, control, and reduction of immediate threats to public health and safety:

check those that apply

Emergency Medical Care

- ☒ Purchase and distribution/use of **medical supplies & equipment** including:
- ☒ [Personal protective equipment](#) including:
- ☐ Respirators
 - ☐ [N95 Respirators](#)
 - ☒ [Medical gloves](#)
 - ☐ [Surgical masks](#)
 - ☒ [Medical gowns](#)
 - ☐ Coveralls
 - ☐ Face shields
 - ☐ Other. *Describe other personal protective equipment:*
- ☐ [Decontamination systems](#) Decontamination systems refer to devices used to decontaminate N95 respirators.
- ☐ [In vitro diagnostic](#) supplies
- ☐ [Ventilators and products modified for use as ventilators](#)
- ☐ Therapeutics
- ☐ Other. *Describe other purchase and distribution/use of medical supplies & equipment:*
- ☐ Provision of **medical services** including:
- ☒ [Disease testing](#)
- ☐ Treatment
- ☐ Diagnosis
- ☐ Emergency medical transport
- ☒ Medical waste disposal
- ☐ Other. *Describe other provision of medical services:*
- ☐ Enhanced medical **facilities** including:
- ☐ [Alternate Care Sites](#) or other temporary medical facilities
- ☐ Expansion of capacity within an existing medical facility
- ☐ [Community-based testing sites](#)
- ☐ Other. *Describe other enhanced medical facilities:*

check all that
apply

If you did testing on site, and medical waste was not removed
from the site, you will need to fill out schedule F

Sheltering

- ☒ [Isolation-related](#) temporary lodging
- ☐ [Quarantine-related](#) temporary lodging
- ☒ High-risk population sheltering
- ☐ Healthcare worker and first responder temporary lodging
- ☐ Household pet or assistance animal or service animal sheltering
- ☐ Other. *Describe other sheltering:*

Other

- ☐ Other Activity. *Describe other activities the Applicant conducted or will conduct:*

Complete the Environmental and Historic Preservation Survey if any of the following activities are reported above: mass casualty management, interior facility disinfection, installation of temporary physical barriers and wall-mounted equipment, or medical waste disposal.

Please select which of the following the Applicant used or will use to complete the activities reported above:

- ☒ Establishment of temporary facilities, including:
 - ☒ Repurposing, renovating, or reusing existing facilities.
 - ☐ Placing prefabricated facilities on a site. Common examples include tents, RVs, and rigid body inflatable shelters. Anything that could cause ground disturbance should be reported.
 - ☐ Constructing new temporary medical or sheltering facilities.
- ☐ Staging resources at an undeveloped site.
- ☐ Purchase of meals for emergency workers
- ☒ Purchase of supplies or equipment
- ☒ Purchase of personal protective equipment (PPE)
- ☒ Purchase of face masks
- ☐ Purchase of land or buildings
- ☒ Temperature scanning in facilities where reported activities were performed

check all that
apply

Complete the Environmental and Historic Preservation Survey if any of the following activities are reported above: establishment of temporary facilities or staging resources at an undeveloped site.

2. LOCATIONS

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

- ☐ Jurisdiction-wide
- ☐ Geographic area(s). Please attach a list of all areas.
- ☒ Specific sites. Please attach a list of all addresses or GPS coordinates.

provide exact address of each
location

Continue to Section III – Cost and Work Status Information.

Section III – Cost and Work Status Information

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

1. GENERAL COST & WORK STATUS QUESTIONS

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

- ☐ Yes, the Applicant anticipates receiving a payment from its insurance carrier
- ☐ Yes, the Applicant has already received a payment from its insurance carrier
- ☐ Uncertain if the Applicant will be receiving proceeds from insurance carrier
- ☐ No, insurance funding is unavailable or was denied

answer as appropriate

If either "yes" is checked above, insurance proceeds must be included as a deduction in the cost schedules. See FEMA's [Public Assistance Policy on Insurance](#).

What is the approximate total net costs for activities being claimed on this project? *Please enter the actual or estimated total net cost for all activities being claimed on this project. Detailed cost information will be requested in Schedule A, B, C, or EZ.*

Approximate Total Net Cost \$: _____

If you are submitting multiple, time-limited, 100% complete applications, enter the total net cost here.

Has the Applicant started any of the work activities claimed on this project application?

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

FEMA COVID-19 Project Application

Applicant-Assigned Project Application # _____

☒ Yes Date Started: MM/DD/YYYY

Has the Applicant completed all of the work claimed on this project application?

☐ Yes Date Completed: MM/DD/YYYY

☐ No Projected End Date: MM/DD/YYYY or ☐ Unsure

☐ No

Projected Start Date: MM/DD/YYYY

Projected Completion Date: MM/DD/YYYY or ☐ Unsure

Be sure that you are only requesting reimbursement for items that are expressly allowed during the time period you are covering by each application. See highlighted section on pg 5 of this application.

Optional: Request Expedited Funding

Expedited applications are not recommended. It tends to make your application process more difficult, brings greater scrutiny to your application, and only provides 50% reimbursement up front.

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

Does the Applicant want to request expedited funding?

☒ No

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

For activities completed on or after 9/15/2020, please refer to [Coronavirus \(COVID-19\) Pandemic Work Eligible for Public Assistance Policy \(Interim\)](#).

If the total net cost is greater than or equal to \$131,100 and the Applicant is not requesting expedited funding, please complete the Large Project Eligibility Survey and return to Section IV – Project Certifications.

If the total net cost is less than \$131,100 or the Applicant is requesting expedited funding, please continue to Section IV – Project Certifications.

Section IV – Project Acknowledgments and Certifications

1. PREPARER INFORMATION

Instructions: If Applicant used external support to develop this Application, this section must be completed.

Did a consultant prepare this project application on behalf of the Applicant?

☐ No

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

Preparer's Company or Firm Name

Preparer's Company or Firm EIN

Preparer's Company or Firm Address

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

Preparer's Name

Preparer's Title

Preparer's Signature

2. APPLICANT ACKNOWLEDGEMENTS

Instructions: Applicants must complete this section to acknowledge their acceptance of Environmental and Historic Preservation compliance and documentation requirements.

ENVIRONMENTAL AND HISTORIC PRESERVATION COMPLIANCE ACKNOWLEDGEMENT

In accordance with the Public Assistance Program and Policy Guide, the Applicant acknowledges that they are required to comply with applicable Federal, state, and local laws; must provide all documentation requested to allow FEMA to ensure project applications comply with Federal Environmental and Historic Preservation (EHP) laws, implementing regulations, and executive orders (EOs); and must comply with any EHP compliance conditions placed on the grant.

DOCUMENTATION REQUIREMENT ACKNOWLEDGEMENT

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

Applicant Authorized Representative	Title	Signature

3. APPLICANT CERTIFICATIONS

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

I certify the following:

General Certifications

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

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

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

Costs for work occurring on or after September 15, 2020, are claimed in accordance with the [Coronavirus \(COVID-19\) Pandemic Work Eligible for Public Assistance Policy \(Interim\)](#).

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

Cost Certifications

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

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

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

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

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

requirements.

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

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

Certification That Benefits Will Not Be Duplicated

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

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

☒ No

☐ Yes. Please list other programs:

Jurisdictions cannot use other federal funding for activities for which they are applying to FEMA for reimbursement. (ESG, ESG-CV, CARES ACT, CRF, etc.) It is best to use those funding sources for items not covered by FEMA including case management staffing, landlord incentives, etc.

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

☐ No

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

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

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

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 certify that all information I have provided regarding the project application is true and correct to the best of my knowledge. I understand that, if I intentionally make false statements or conceal any information in an attempt to obtain Public Assistance, it is a violation of Federal laws, which carry severe criminal and civil penalties.

Applicant Authorized Representative

Title

Signature

Please ensure that you have completed all schedules and surveys applicable to the activities you performed.

You have completed the project application. Thank you.

FEMA COVID-19 Project Application

Applicant-Assigned Project Application # _____

Expedited Funding (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.

1. GENERAL ELIGIBILITY

Please explain why there is an immediate need for funding:

Even FEMA states that if you have never applied for FEMA reimbursement before, you **SHOULD NOT** apply through the Expedited Funding process.

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

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

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

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

Please describe how the activities being claimed on this project address an immediate threat to life, public health, or safety:

Refer to activities "taken to eliminate or reduce an immediate threat to life, public health or safety in a cost-effective manner (44CFR S206.225(a)(3))

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

Please select the reason why the activities being claimed on this project are the legal responsibility of the Applicant:

- ☐ The Applicant is a government organization and the state's, tribe's, or territory's constitution or laws delegate jurisdictional powers to the Applicant.
☐ A statute, order, contract, articles of incorporation, charter, or other legal document makes the Applicant responsible to conduct the activities for the general public. *Please explain:*
☐ For other reasons. *Please explain:*

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

2. PROJECT COST & COST ELIGIBILITY

Please select the resources necessary to complete the activities being claimed on this project. For each resource selected, please provide the cost or other information FEMA can use to estimate the cost.

<input type="checkbox"/> Contracts.	Cost
	\$

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

FEMA provides funding for contract costs based on the terms of the contract if the Applicant meets federal procurement and contracting requirements. See PAPPG at pp. 30-33. The federal procurement under grant rules are found at

[2 C.F.R. §§ 200.317-200.326](#). Different sets of procurement rules apply depending on whether you are a state or a non-state entity. For additional information see FEMA's [Procurement Under Grants Public Assistance Policy](#) and FEMA Fact Sheet: [Procurement Under Grants: Under Exigent or Emergency Circumstances](#).

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

Cost

\$

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

☐ Applicant's Own Staff (Force Account Labor). *Please provide labor pay policy (documentation must cover each employee type used, for example, part time, full time, temporary).*

☐ Budgeted Employees. *If checked, please include itemization of eligible overtime hours.*

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

☐ Overtime Costs: \$

☐ Unbudgeted Employees.

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

☐ Straight Time Costs: \$

☐ Overtime Costs: \$

Please enter the total costs of labor and provide a copy of the calculation. If not available, please provide the following in an attached list:

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

FEMA reimburses force account labor costs based on actual hourly rates plus the cost of the employee's actual fringe benefits. FEMA determines the eligibility of overtime, premium pay, and compensatory time costs based on the Applicant's pre-disaster written labor policy. For Emergency Work activities conducted by budgeted employees, FEMA will only reimburse overtime salary costs. See the Public Assistance Program and Policy Guide for detailed requirements on Applicant (Force Account) Labor. If the personnel were or will be provided through mutual aid, please provide the written mutual aid agreement. Please refer to the table below for more information on the definitions and eligibility of labor costs for Emergency Work.

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

☐ Mutual aid. *Please provide written mutual aid agreement.* Costs \$

☐ Prison labor. *Please provide prison labor pay policy and pay rate.* Costs \$

☐ National Guard. *Please provide National Guard pay policy.* Costs \$

The Governor may activate National Guard personnel to State Active Duty in response to an incident. Labor costs and per diem, if applicable, are eligible for State Active Duty personnel performing eligible work. Both straight-time and overtime are eligible, including fringe benefits. The U.S. Department of Defense funds National Guard personnel activated under Full-Time National Guard Duty (Title 32) or Active Duty (Title 10). Therefore, Title 32 and Title 10 personnel costs, and any other costs funded by the U.S. Department of Defense, such as training, are ineligible.

☐ Other. Please describe:

Costs \$

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

Cost

\$

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

☐ Applicant owned Costs \$

Please provide an equipment inventory list (include type of equipment, size/capacity (e.g., horsepower, wattage) and an equipment usage log (include usage locations with days and hours used, operator names).

☐ Purchased Costs \$ Please enter the purchase price.

☐ Rented Costs \$

Please provide the rental agreement and enter the rental price. Include the amount of fuel used, if not included in rental cost.

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

☐ **Materials and Supplies.**

Cost

\$

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

How did the Applicant acquire the materials or supplies?

☐ From stock Costs \$

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

☐ Purchased Costs \$

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

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

☐ **Other Costs.** Including other eligible expenses not listed above.

Cost

\$

☐ Travel costs. Costs \$

☐ Meals and incidentals costs. Costs \$

☐ Miscellaneous costs. Costs \$

Please provide high-level information which can substantiate costs:

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

Gross Cost Please add together costs of contracts, labor, equipment, materials and other costs. \$

3. DEDUCTIONS

Please select the credits available to offset costs of activities being claimed on this project. For each selected, please provide the deduction or other information FEMA can use to estimate the deduction.

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

\$ _____

Please enter the actual or anticipated insurance proceeds covered under the Applicant's Insurance policy. This does not include payment from patient insurance; for that, continue to medical payments below.

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

☐ **Salvage Value.****Deduction**

\$ _____

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

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

☐ **Medical Payments.****Deduction**

\$ _____

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

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

☐ **Other Funding Sources.****Deduction**

\$ _____

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

Which of the following additional funding sources is the Applicant reporting?☐ **Other Federal Awards**

Deductions \$ _____

Please describe:

If the Applicant receives funds from another Federal agency for the same purpose as PA funding, it is a duplication of benefits. FEMA cannot duplicate funds provided by another Federal agency. See the Public Assistance and Program Policy Guide, Other Federal Awards.

☐ **Non-Federal Grants and Cash Donations**

Deductions \$ _____

Please describe:

Grants and cash donations from non-Federal sources are subject to differing criteria based on whether the funds are provided toward a specific purpose and whether that specific purpose is otherwise eligible for PA funding. See the Public Assistance and Program Policy Guide, Non-Federal Grants and Cash Donation, for more details.

☐ **Third-Party Liability Proceeds**

Deductions \$ _____

Please describe:

When a third party causes damage (e.g., an oil spill) or increases the cost of repair or cleanup and the Applicant requests FEMA funding for the costs, FEMA requires the Applicant to make reasonable efforts to pursue claims to recover costs it is entitled to receive from the third party. See the Public Assistance and Program Policy Guide, Third-Party Liability.

NET COST Please subtract all proceed deductions from the subtotal. \$ _____

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

Completed Work Costs (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.

1. PROJECT COST & COST ELIGIBILITY

Please select the resources necessary to complete the activities being claimed on this project. For each resource selected, please provide the cost and requested information.

☐ **Contracts.** **Total Cost**
\$

Please enter the completed cost of contracts. If no contracts-related costs are complete, enter 0. To calculate the total cost, complete the Contract Information section below.

Please also provide:

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

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

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

☐ Applicant's Own Staff. Please provide labor pay policy (documentation must cover each employee type used, for example part time, full time, and temporary).

☐ Budgeted Employees

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

☐ Overtime Costs \$

☐ Unbudgeted Employees

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

☐ Straight time Costs \$

☐ Overtime Costs \$

Please complete [FEMA Form 009-0-123 Force Account Labor Summary](#) and [FEMA Form 009-0-128 Applicants Benefit Calculation Worksheet](#) or provide all information contained therein.

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

Budgeted Employee Hours	Overtime	Straight Time
Permanent employee	☑	
Part-time or seasonal employee working during normal hours or season of employment	☑	
Unbudgeted Employee Hours	Overtime	Straight Time
Reassigned employee funded from external source	☑	☑

Essential employee called back from furlough	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Temporary employee hired to perform eligible work	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Part-time or season employee working outside normal hours or season of employment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

- ☐ Mutual aid Costs \$
- ☐ Prison labor Costs \$
- ☐ National Guard Costs \$

The Governor may activate National Guard personnel to State Active Duty in response to an incident. Labor costs and per diem, if applicable, are eligible for State Active Duty personnel performing eligible work. Both straight-time and overtime are eligible, including fringe benefits. The U.S. Department of Defense funds National Guard personnel activated under Full-Time National Guard Duty (Title 32) or Active Duty (Title 10). Therefore, Title 32 and Title 10 personnel costs, and any other costs funded by the U.S. Department of Defense, such as training, are ineligible.

- ☐ Other. Costs \$ Please describe other type of labor:

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 timesheets, which FEMA will sample and request copies of a limited number of timesheets; or (2) a sample set of timesheets and a detailed explanation of the sampling methodology used to select the representative sample)
- Daily logs or activity reports (please provide either (1) a summary list of all logs or reports, which FEMA will sample and request copies of a limited number of logs or reports; or (2) a sample set of logs or reports and a detailed explanation of the sampling methodology used to select the representative sample)

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

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

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

- ☐ Applicant owned Costs \$

Please provide an equipment inventory list (include type of equipment, size/capacity (e.g., horsepower, wattage) and an equipment usage log (include usage locations with days and hours used, operator names).

- ☐ Purchased Costs \$

Please provide invoices or receipts, and a rental vs. purchase cost comparison. If purchase or rental was over \$250,000, the federal simplified acquisition threshold, please also provide all information requested of contracts above.

- ☐ Rented Costs \$

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

Types of equipment can include: fax machines, copy machines, cell phones, PPE, thermometers, etc.

What was the basis of the rate used in the equipment summary? Please select all that apply.

- ☐ FEMA's [Schedule of Equipment Rates](#).
- ☐ Applicant's Equipment Rates. FEMA uses the lesser of either the Applicant's local rate or FEMA's rate.
- ☐ State, Territorial, or Tribal Rates. Rates established by State, Territories, or Tribes used in day-to-day operations.

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

<input type="checkbox"/> Materials and Supplies.	Total Cost \$
<p>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.</p>	
<p>How did the Applicant acquire the materials or supplies?</p>	
<input type="checkbox"/> From stock Costs \$ Please provide cost documentation such as original invoices or other historical cost records, inventory records, and—if available—supporting documentation such as daily logs.	
<input type="checkbox"/> Purchased Costs \$ Please provide invoices or receipts, and justification if purchased materials or supplies were not used. If purchase was over \$250,000, the federal simplified acquisition threshold, please also provide all information requested of contracts above.	
<p>The cost of materials and supplies is eligible if (1) the materials or supplies were purchased and justifiably needed to effectively address the described threats or (2) the materials or supplies were taken from an Applicant's stock and used to address threats caused by the specified hazard or threat. The Applicant needs to track items taken from stock with inventory withdrawal and usage records. FEMA will also consider escalation of costs (such as due to shortages) or exigent circumstances in evaluating cost reasonableness. See the Public Assistance Program and Policy Guide for detailed requirements.</p>	
<input type="checkbox"/> Other Costs.	Total Cost \$
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Travel costs Costs \$ <input type="checkbox"/> Meals and incidentals costs Costs \$ <input type="checkbox"/> Miscellaneous costs Costs \$ Please provide high-level information which can substantiate costs: _____ </div> <div style="border: 2px solid blue; padding: 5px; color: red; font-weight: bold;"> Did you pay for Lyfts, Ubers, vans, etc. to transport residents and their clothing? Did you transport others? </div> </div>	
GROSS COST Please add together costs of contracts, labor, equipment, materials and other costs. \$	
2. DEDUCTIONS	
<p>Please select the credits available to offset costs of activities being claimed on this project. For each selected, please provide the deduction or other information FEMA can use to estimate the deduction.</p>	
<input type="checkbox"/> Insurance Proceeds.	Deduction \$
<p>Please enter the actual or anticipated insurance proceeds covered under the Applicant's Insurance policy. This does <u>not</u> include payment from patient insurance; for that, continue to medical payments below.</p> <p>FEMA cannot provide funding that duplicates insurance proceeds. FEMA requires the Applicant to take reasonable efforts to pursue claims to recover insurance proceeds that the Applicant is entitled to receive from its insurer(s). See FEMA's Public Assistance Policy on Insurance.</p>	
<input type="checkbox"/> Salvage Value.	Deduction \$
<p>Please enter the total salvage value of purchased equipment and supplies (if greater than \$5,000) and answer additional questions in the Large Project Eligibility Survey.</p> <p>When purchased equipment, supplies, or materials are no longer needed for federally funded projects, FEMA reduces eligible funding by the fair market value of each piece of equipment valued at \$5,000 or more and unused residual supplies and materials that total \$5,000 or more. If the Applicant acquires or improves real property with funds, disposition and reporting requirements apply. See PAPPG at pp. 29-30.</p>	
<input type="checkbox"/> Medical Payments.	Deduction \$
<p>Please enter the total amount of medical payments received or expected from for-profit entities, Medicare, Medicaid, or a pre-existing private payment agreement.</p> <p>FEMA cannot provide funding for emergency medical care costs if they are covered by another source, including private insurance, Medicare, Medicaid, or a pre-existing private payment agreement. See PAPPG at pp. 63-64 and FEMA Fact Sheet:</p>	

Coronavirus (COVID-19) Pandemic: Emergency Medical Care. It is extremely important that Private Non-Profit and government medical care providers, as well as any other Applicant completing Emergency Medical Care activities, take caution to capture and document these cost deductions. If clear documentation is not available to show how medical payments are deducted and not duplicated, the Applicant may not receive funding for otherwise eligible activities.

<input type="checkbox"/> Other Funding Sources.	Deduction \$
<i>Please enter the total amount of proceeds or payments received or expected from another source for the same work claimed on this project application.</i>	
<input type="checkbox"/> Other Federal Awards	Deductions \$
<i>Please describe:</i> If the Applicant receives funds from another Federal agency for the same purpose as PA funding, it is a duplication of benefits. FEMA cannot duplicate funds provided by another Federal agency. See the Public Assistance and Program Policy Guide, Other Federal Awards.	
<input type="checkbox"/> Non-Federal Grants and Cash Donations	Deductions \$
<i>Please describe:</i> Grants and cash donations from non-Federal sources are subject to differing criteria based on whether the funds are provided toward a specific purpose and whether that specific purpose is otherwise eligible for PA funding. See the Public Assistance and Program Policy Guide, Non-Federal Grants and Cash Donation, for more details.	
<input type="checkbox"/> Third-Party Liability Proceeds	Deductions \$
<i>Please describe:</i> When a third party causes damage (e.g., an oil spill) or increases the cost of repair or cleanup and the Applicant requests FEMA funding for the costs, FEMA requires the Applicant to make reasonable efforts to pursue claims to recover costs it is entitled to receive from the third party. See the Public Assistance and Program Policy Guide, Third-Party Liability.	
NET COST <i>Please subtract all proceed deductions from the subtotal.</i>	
<div style="border: 2px solid black; display: inline-block; padding: 5px 10px;">\$</div>	
<i>You have completed this schedule. Return to Section III.</i>	

Large Project In-Progress Costs (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.

1. BUDGET ESTIMATE

Please attach an itemized budget estimate created using standard procedures the Applicant would use absent federal funding.

The itemized estimate needs to be a unit price estimate broken down by the type and number of resources necessary to complete the work (contracts, labor, equipment, materials & supplies, and other costs) and within those areas broken down further by the costs completed and future costs.

What is the basis for the Applicant's cost estimate?

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

If you utilized different procedures that were documented due to COVID-19 emergency, explain that

2. PROJECT COST & COST ELIGIBILITY

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

<input type="checkbox"/> Contracts.	This might include security services, meal services, cleaning services, installation of fencing, someone to build plexiglass partitions, etc.	Completed Cost	+	Future Cost	=	Total Cost
		\$		\$		\$

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

For completed costs, please also provide:

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

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

Is the estimate based on awarded contracts?

- ☐ **Yes.** Please complete the FEMA Public Assistance Contracts Report (available in Grants Portal) and provide:
 - Cost or price analysis (for contracts above \$250,000, the federal simplified acquisition threshold)
 - The Applicant's procurement policy
 - Other procurement documents that support the that the cost will be reasonable (for example, requests for proposals, bids, selection process, or justification for non-competitive procurement)
- ☐ **No.** Please provide:
 - Cost or price analysis (for projected contracts above \$250,000, the federal simplified acquisition threshold)
 - The Applicant's procurement policy

<input type="checkbox"/> Labor. Including the Applicant's own staff, mutual aid, prison labor, and National Guard.	Completed Cost	+	Future Cost	=	Total Cost
	\$		\$		\$

Please complete [FEMA Form 009-0-123 Force Account Labor Summary](#) and [FEMA Form 009-0-128 Applicants Benefit Calculation Worksheet](#) or provide all information contained therein.

Please also provide:

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

Please enter the estimated future costs of labor. To calculate the future cost, please use the procedures the Applicant would normally use to create a budget estimate and provide the following information:

- Labor pay policy (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)

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

☐ Applicant's Own Staff. Please provide labor pay policy (documentation must cover each employee type used, for example part time, full time, and temporary).

☐ Budgeted Employee Labor. Please include itemization of eligible overtime hours.

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

☐ Overtime. Please enter the total overtime cost here:

Completed Costs \$ Future Costs \$

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

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

☐ Straight time. Please enter the total straight time cost here:

Completed Costs \$ Future Costs \$

☐ Overtime. Please enter the total overtime cost here:

Completed Costs \$ Future Costs \$

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

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

☐ Mutual aid. Please provide written mutual aid agreement.

Completed Costs \$ Future Costs \$

- ☐ Prison labor. Please provide prison labor pay policy and pay rate.
Completed Costs \$ Future Costs \$
- ☐ National Guard. Please provide National Guard pay policy.
Completed Costs \$ Future Costs \$
- ☐ Other. Please describe other type of labor:
Completed Costs \$ Future Costs \$

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

<input type="checkbox"/> Equipment. Including applicant owned, purchased, or rented.	Completed Cost	+	Future Cost	=	Total Cost
	\$		\$		\$

Please enter the completed cost of equipment. If no equipment-related costs are complete enter 0. To calculate the completed cost, complete [FEMA Form 009-0-127 Force Account Equipment Summary](#) and [FEMA Form 009-0-125 Rented Equipment Summary Record](#) or provide all information contained therein.

Which of the following types of equipment costs is the Applicant claiming for the activities in this project?

- ☐ Applicant Owned Completed Costs \$ Future Costs \$
Please provide an equipment inventory list (include type of equipment, size/capacity (e.g., horsepower, wattage) and an equipment usage log (include usage locations with days and hours used, operator names).
- ☐ Purchased Completed Costs \$ Future Costs \$
Please provide invoices or receipts, and a rental vs. purchase cost comparison. If purchase or rental was over \$250,000, the federal simplified acquisition threshold, please also provide all information requested of contracts above.
- ☐ Rented Completed Costs \$ Future Costs \$
Please provide rental agreement, invoices or receipts, and a rental vs. purchase cost comparison. Include the amount of fuel used, if not included in rental cost.

What was the basis of the rate used in the equipment summary? Please select all that apply.

- ☐ FEMA [Schedule of Equipment Rates](#).
- ☐ Applicant's Equipment Rates. FEMA uses the lesser of either the Applicant's local rate or FEMA's rate.
- ☐ State, Territorial, or Tribal Rates. Rates established by State, Territories, or Tribes used in day-to-day operations. If Applicant provides no established equipment rates, FEMA reimburses the equipment costs based on FEMA rates.

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

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

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

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

- ☐ From stock Completed Costs \$ Future Costs \$
Please provide cost documentation such as original invoices or other historical cost records, inventory records, and—if available—supporting documentation such as daily logs.
- ☐ Purchased Completed Costs \$ Future Costs \$
Please provide invoices or receipts, and justification if purchased materials or supplies were not used. If purchase was over \$250,000, the federal simplified acquisition threshold, please also provide all information requested of

contracts above.

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

<input type="checkbox"/> Other costs. Including other eligible expenses not listed above.	Completed Cost	+	Future Cost	=	Total Cost
	\$		\$		\$

Please enter the completed other costs. If no other costs are complete, enter 0. To calculate the other costs, please use the cost incurred. Please also provide invoices or receipts. If claiming travel costs provide a travel policy.

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

Which of the following types of other costs is the Applicant claiming for the activities being claimed on this project?

- | | | |
|--|--------------------|-----------------|
| <input type="checkbox"/> Travel costs | Completed Costs \$ | Future Costs \$ |
| <input type="checkbox"/> Meals and incidentals costs | Completed Costs \$ | Future Costs \$ |
| <input type="checkbox"/> Miscellaneous costs | Completed Costs \$ | Future Costs \$ |

Please provide high-level information which can substantiate costs:

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

3. DEDUCTIONS

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

<input type="checkbox"/> Insurance Proceeds.	Deduction \$
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Actual or anticipated insurance proceeds covered under the Applicant's Insurance policy. This does not include payment from patient insurance; for that, continue to medical payments below.

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

<input type="checkbox"/> Salvage Value.	Deduction \$
--	------------------------

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

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

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

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

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

and not duplicated, the Applicant may not receive funding for otherwise eligible activities.

<input type="checkbox"/> Other Funding Sources.	Deduction \$
<i>Please enter the total amount of other goods and services provided to for-profit entities or any other proceeds or payments received or expected.</i>	
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Other Federal Awards <i>Please describe:</i> If the Applicant receives funds from another Federal agency for the same purpose as PA funding, it is a duplication of benefits. FEMA cannot duplicate funds provided by another Federal agency. See the Public Assistance and Program Policy Guide, Other Federal Awards. </div> <div style="width: 50%; text-align: right;"> Deductions \$ </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Non-Federal Grants and Cash Donations <i>Please describe:</i> Grants and cash donations from non-Federal sources are subject to differing criteria based on whether the funds are provided toward a specific purpose and whether that specific purpose is otherwise eligible for PA funding. See the Public Assistance and Program Policy Guide, Non-Federal Grants and Cash Donation, for more details. </div> <div style="width: 50%; text-align: right;"> Deductions \$ </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Third-Party Liability Proceeds <i>Please describe:</i> When a third party causes damage (e.g., an oil spill) or increases the cost of repair or cleanup and the Applicant requests FEMA funding for the costs, FEMA requires the Applicant to make reasonable efforts to pursue claims to recover costs it is entitled to receive from the third party. See the Public Assistance and Program Policy Guide, Third-Party Liability. </div> <div style="width: 50%; text-align: right;"> Deductions \$ </div> </div>	
NET COST <i>Please subtract all proceed deductions from the subtotal.</i>	
<div style="border: 2px solid black; display: inline-block; padding: 2px 10px;">\$</div>	
<i>You have completed this schedule. Return to Section III.</i>	

Large Project Eligibility Survey

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

- Purchase of face masks–Complete part 2.
- Temperature scanning–Complete part 3.
- Purchase of PPE and other medical supplies–Complete part 4.
- Purchase of supplies and equipment–Complete part 5.
- Purchase of land or buildings–Complete part 6.
- Purchase and distribution of food, water, ice, or other commodities–Complete part 7.
- Purchase of meals for emergency workers–Complete part 8.
- Pre-positioning or movement of supplies, equipment, or other resources–Complete part 9.
- Emergency medical care–Complete part 10 and 11.
- Facility disinfection–Complete part 12.
- Installation of barriers and wall-mounted equipment–Complete part 13.
- Security, law enforcement, barricading, and patrolling–Complete part 14.
- Sheltering–Complete part 15.

1. GENERAL ELIGIBILITY

Are all activities being claimed on this project only being performed by the Applicant as a result of COVID-19?

- ☐ Yes.
- ☐ No. *Please explain:*

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

Is the Applicant legally responsible for performing the activities being claimed on this project?

- ☐ Yes, the Applicant is a government organization and the state's, tribe's, or territory's constitution or laws delegate jurisdictional powers to the Applicant.
- ☐ Yes, a statute, order, contract, articles of incorporation, charter, or other legal document makes the Applicant responsible to conduct the activities for the general public. *Please attach and describe how the Applicant has legal responsibility:*
- ☐ Yes, for other reasons. *Please attach supporting documentation and describe:*
- ☐ No. *Please describe how the Applicant is eligible for funding:*

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

Please describe the activities being claimed on this project address an immediate threat to life, public health, or safety:

EXAMPLE: Establishing a non-congregate shelter in response to COVID-19 pandemic assists us in creating emergency protective measures in order to eliminate an immediate threat to life, public health or safety in a cost effective manner

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

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

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

- ☒ No.

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

private property= the hotels/motels. describe the mou or contract you have to use the property

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

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

2. PURCHASE OF FACE MASKS

When did or will the activities start and end?

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

Which emergency protective measures are or were the face masks necessary to perform? Select all that apply.

- ☐ Medical care
- ☒ Purchase and distribution of food
- ☒ Non-congregate medical sheltering
- ☐ Operation of Emergency Operations Centers
- ☐ Communications to disseminate public information regarding health and safety measures and provide warnings and guidance
- ☐ Mass casualty management, including storage of human remains and mass mortuary services
- ☐ Other. Please describe where, to whom, and why it was necessary:

FEMA may provide assistance for purchase and distribution of face masks, including cloth facial coverings, provided to persons conducting eligible emergency work and/or in facilities where eligible emergency work is performed.

3. TEMPERATURE SCANNING

When did or will the activities start and end?

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

In what types of facilities were the activities conducted?

Which emergency protective measures were being conducted in the facility? Select all that apply.

- ☐ Medical care
- ☐ Purchase and distribution of food
- ☐ Non-congregate medical sheltering
- ☐ Operation of Emergency Operations Centers
- ☐ Communications to disseminate public information regarding health and safety measures and provide warnings and guidance
- ☐ Mass casualty management, including storage of human remains and mass mortuary services
- ☐ Other. Please describe and explain why it was necessary:

FEMA may provide assistance for temperature scanning, including purchase and distribution of hand-held temperature measuring devices and associated supplies.

4. PURCHASE OF PPE AND OTHER MEDICAL SUPPLIES

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

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

For which emergency protective measures was the PPE necessary? (Select all that apply):

- ☐ Distribution to healthcare workers, patients with confirmed or suspected COVID-19 infection, and first responders
- ☐ Medical care
- ☐ Mass casualty management, including storage of human remains and mass mortuary services
- ☐ Other. Describe other emergency protective measures that required PPE or other medical supplies:

Explain how the PPE or other medical supplies are or were necessary to perform the selected activities:

5. PURCHASE OF SUPPLIES OR EQUIPMENT

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

- ☐ No. Please skip the remaining questions in this part.
- ☐ Yes. Please proceed to the next question.

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

- ☐ Unsure. Please skip the remaining question in this part. Please ensure you keep accurate records of unused supplies as the Recipient or FEMA may request this information during an audit or when closing the Applicant's subaward(s).
- ☐ No. Please skip the remaining questions in this part.
- ☐ Yes. Please ensure the Applicant included disposition proceeds in Schedule B or C as applicable.

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

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

- ☐ No.
- ☐ Yes. Please ensure the Applicant included disposition proceeds in Schedule B or C as applicable.

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

- ☐ No.
- ☐ Yes. Please ensure the Applicant included disposition proceeds in Schedule B or C as applicable.

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

- ☐ No.
- ☐ Yes. *Please describe how the Applicant will seek reimbursement for the fair market value of the supplies or equipment:*

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

not necessary?

6. PURCHASE OF LAND OR BUILDINGS**Did or will the Applicant acquire or improve any real property?**

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

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

7. PURCHASE AND DISTRIBUTION OF FOOD, WATER, ICE, OR OTHER COMMODITIES**When did or will purchase and distribution of food, water, ice or other commodities start and end?**

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

Please 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. *Please describe the work necessary for acquiring distribution and storage space:*
- ☐ Delivery and distribution. *Please describe the work necessary for delivery and distribution:*
- ☐ Other. *Please describe the other necessary work:*

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

- ☐ No.
- ☐ Yes. *Please describe how the Applicant will seek reimbursement for the fair market value of the food, water, ice or other commodity:*

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

- ☐ No.
- ☐ Yes. *Please ensure contract costs are captured and associated questions answered in Schedule B or C as applicable.*

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

- ☐ Reduced mobility of those in need due to government-imposed restrictions.
- ☐ Marked increase or atypical demand for feeding resources.
- ☐ Disruptions to the typical food supply chain within the relevant jurisdiction.
- ☐ Other. *Please describe the other impacts:*

not necessary?

8. PURCHASE OF MEALS FOR EMERGENCY WORKERS**Why are meals for emergency workers being claimed?** *Please select all that apply.*

- ☐ A labor policy or written agreement requires the provision of meals. *Please attach Labor Policy.*
- ☐ Conditions constituted a level of severity that requires employees to work abnormal, extended work hours without a reasonable amount of time to provide for their own meals. *Please describe these conditions:*
- ☐ Food or water was or is not reasonably available for employees to purchase. *Please describe the lack of availability:*
- ☐ Other. *Please describe the other reasons:*

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.

not necessary?

9. PRE-POSITIONING OR MOVEMENT OF SUPPLIES, EQUIPMENT, OR OTHER RESOURCES**When did or will the activities start and end?**

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

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

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

For which emergency protective measures was pre-positioning or movement necessary? (Select all that apply)

- ☐ Medical care
- ☐ Purchase and distribution of food
- ☐ Non-congregate medical sheltering
- ☐ Operation of Emergency Operations Centers
- ☐ Communications to disseminate public information regarding health and safety measures and provide warnings and guidance
- ☐ Mass casualty management, including storage of human remains and mass mortuary services
- ☐ Other. *Describe the other emergency protective measures requiring pre-positioning or movement:*

Explain how pre-positioning or movement was necessary to support the selected activities:

FEMA may provide assistance for movement of equipment and supplies, including transportation and storage, in response to COVID-19-declared events only when necessary to perform otherwise eligible emergency work as defined in the [Coronavirus \(COVID-19\) Pandemic Work Eligible for Public Assistance Policy \(Interim\)](#).

not necessary?

10. EMERGENCY MEDICAL CARE – GENERAL ELIGIBILITY

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

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

- ☐ No, the Applicant directly provided the care.
- ☐ Yes. *Please ensure contract costs are captured and associated questions answered in Schedule B or C as applicable.*

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

- ☐ No.
- ☐ Yes. *Please describe how the Applicant will seek reimbursement for the fair market value of the emergency medical care:*

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

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

11. EMERGENCY MEDICAL CARE – MEDICAL SERVICES

Is the Applicant requesting funding to expand existing medical care capacity in response to COVID-19?

This does not include set-up costs for alternate care sites, other temporary medical facilities, or expansion of existing medical facilities, which are covered under "Establishment of Temporary Facilities."

- ☐ No.
- ☐ Yes. **When did or will the medical service activities start and end?**
Activities started _____ (MM/DD/YY) and completed _____ (MM/DD/YY).

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

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

12. INTERIOR FACILITY DISINFECTION

Warning Message: Only costs in excess of current operating costs are eligible, disinfection of closed facilities is generally not eligible, and disinfection must be necessary to protect public health and safety. See [Coronavirus \(COVID-19\) Pandemic Work Eligible for Public Assistance Policy \(Interim\)](#) and https://www.cdc.gov/coronavirus/2019-ncov/community/pdf/Reopening_America_Guidance.pdf for more information. CDC does not recommend disinfection of sidewalks, roads, or most other outdoor spaces. Spraying disinfectant on sidewalks, roads, and other outdoor spaces is not an efficient use of disinfectant supplies and has not been proven to reduce the risk of COVID-19 to the public. The risk of spreading the virus that causes COVID-19 from these surfaces is very low and disinfection is not effective on these surfaces.

When did or will the activities start and end?

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

Describe the activities conducted:

this might include individual rooms, shared spaces etc.

Please provide documentation to support that these activities and costs are above and beyond routine cleaning and maintenance.

Is the facility being re-opened?

- ☐ No.
- ☐ Yes. **Was the facility being used in the 7 days prior to disinfection?**
 - ☐ No. Facility disinfection is not eligible for facilities that were closed and unoccupied for seven or more days before disinfection. The CDC's Cleaning and Disinfection Guidance for Reopening states: "If your workplace, school, or business has been unoccupied for 7 days or more, it will only need your normal routine cleaning to reopen the area".
 - ☐ Yes.

Was facility disinfection performed at the direction of or pursuant to guidance from a public health official.

- ☐ No. **Was there a suspected or confirmed COVID case in the facility?**
 - ☐ No.
 - ☐ Yes.
- ☐ Yes.

For which emergency protective measures was disinfection necessary? (Select all that apply)

- ☐ Medical care
- ☐ Purchase and distribution of food
- ☐ Non-congregate medical sheltering
- ☐ Operation of Emergency Operations Centers
- ☐ Communications to disseminate public information regarding health and safety measures and provide warnings and guidance
- ☐ Mass casualty management, including storage of human remains and mass mortuary services
- ☐ Other. Describe the other emergency protective measures that required disinfection:

Explain how facility disinfection was necessary to support the activities selected:

FEMA may provide assistance for the facility disinfection in response to COVID-19-declared events only when necessary to perform otherwise eligible emergency work as defined in the [Coronavirus \(COVID-19\) Pandemic Work Eligible for Public Assistance Policy \(Interim\)](#). Disinfection, in accordance with CDC guidance, in facilities where eligible emergency work is performed, including purchase and provision of necessary supplies and equipment, and in excess of current operating costs.

13. INSTALLATION OF BARRIERS AND WALL-MOUNTED EQUIPMENT**When did or will the activities start and end?**

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

Describe the activities conducted:

including creation of barriers in public spaces, at front desks, etc.

For which emergency protective measures was installation necessary? (Select all that apply)

- ☐ Medical care
- ☐ Purchase and distribution of food
- ☒ Non-congregate medical sheltering
- ☐ Operation of Emergency Operations Centers
- ☐ Communications to disseminate public information regarding health and safety measures and provide warnings and guidance
- ☐ Mass casualty management, including storage of human remains and mass mortuary services
- ☐ Other. *Describe the other emergency protective measures that required installation:*

Explain how installation was necessary to support the selected activities:

FEMA may provide assistance for acquisition and installation of temporary physical barriers in response to COVID-19-declared events only when necessary to perform otherwise eligible emergency work as defined in the [Coronavirus \(COVID-19\) Pandemic Work Eligible for Public Assistance Policy \(Interim\)](#).

14. SECURITY, LAW ENFORCEMENT, BARRICADING, AND PATROLLING**When did or will the activities start and end?**

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

Describe the activities conducted:

security 24/7 for the protection of the residents and the building; fencing to protect the building and the residents, etc.

For which emergency protective measures was security, law enforcement, barricading, and patrolling necessary? (Select all that apply)

- ☐ Medical care
- ☐ Purchase and distribution of food
- ☒ Non-congregate medical sheltering
- ☐ Operation of Emergency Operations Centers
- ☐ Communications to disseminate public information regarding health and safety measures and provide warnings and guidance
- ☐ Mass casualty management, including storage of human remains and mass mortuary services
- ☐ Other. *Describe the other emergency protective measures that required security, law enforcement, barricading, or patrolling:*

Explain how security, law enforcement, barricading, or patrolling were necessary:

FEMA may provide assistance for law enforcement and security in response to COVID-19-declared events only when necessary to perform otherwise eligible emergency work as defined in the [Coronavirus \(COVID-19\) Pandemic Work Eligible for Public Assistance Policy \(Interim\)](#).

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

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

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

E.g.: Non congregate shelter was needed to house community residents who were 65 and older who were at risk of contracting COVID-19 and suffering from serious health risks associated with this disease, including death. Such sheltering was needed for people who have been exposed to COVID-19 but do not require hospitalization, but need isolation OR people who cannot isolate, or high risk individuals that need social distancing as a precautionary measure.

End date can be stated as "within 30 days of the end of the national emergency due to the COVID-19 pandemic." BUT it is better to submit multiple smaller applications that are within a range of dates, rather than waiting until the complete end of 12-18 months of PRK

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

E.g.: Individuals were housed in separate hotel rooms. Meals were brought to their rooms three times a day. Persons were not allowed to congregate in shared spaces. Lobby areas and other spared spaces were set up according to guidance from our Public Health department with dividers, constant cleaning and disinfecting and greater than 6 feet between persons using the space. All staff were protected with PPE, front desk had plexiglass protectors, and residents were always given PPE.

Was the sheltering conducted in a non-congregate environment?

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

- ☒ Yes. Please proceed to the next question.
- ☐ No. Please skip the remaining questions in this part.

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

- ☐ Yes. Please attach your request, all supporting documentation, and a copy of the FEMA approval.
- ☐ No. This activity requires the FEMA approval. Please submit a request through the Recipient directly to the FEMA Regional Administrator.

For more information on these requirements, see [Coronavirus \(COVID-19\) Pandemic: Non-Congregate Sheltering - FAQ](#).

Are the non-congregate sheltering activities completed?

- ☐ No.
- ☐ Yes. The Applicant needs to provide sufficient documentation to establish eligibility, including the following information:
- Specific need for each individual sheltered
 - Length of stay for each individual sheltered
 - Age of each individual sheltered
 - If applicable, number of meals provided for each individual sheltered. Please also answer questions related to the purchase and distribution of food, water, ice, or other commodities
 - If applicable, number of individuals with access or functional needs sheltered
 - If applicable, number of household pets sheltered
 - If applicable, number of assistance and service animals sheltered
 - If applicable, type of shelter provided for animals as stand-alone, co-located, co-habitational
 - Description of services provided to sheltered individuals

Remember, if you are submitting multiple applications the answer to this question is about the time-period you are apply for

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

You have completed this schedule. Return to Section II.

Small Project Costs (Schedule EZ)

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

1. BUDGET ESTIMATE

Please attach an itemized budget estimate. 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). Develop the estimate using standard procedures the Applicant would use absent federal funding.

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

What is the basis for the estimate? Select all that apply.

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

If your jurisdiction instituted new purchasing procedures due to the National Emergency, explain that here and check OTHER.

2. PROJECT COST

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

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

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

- ☐ Applicant's own staff (Force Account Labor). *Please provide labor pay policy (documentation must cover each employee type used, for example part time, full time, and temporary).*

- ☐ Budgeted Employees.

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

☐ Overtime Completed Costs \$ Future Costs \$

- ☐ Unbudgeted Employees.

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

☐ Straight time Completed Costs \$ Future Costs \$

☐ Overtime

Completed Costs \$

Future Costs \$

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

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

☐ Mutual aid.

Completed Costs \$

Future Costs \$

Please provide written mutual aid agreement.

☐ Prison labor.

Completed Costs \$

Future Costs \$

Please provide prison labor pay policy and pay rate.

☐ National Guard.

Completed Costs \$

Future Costs \$

☐ Other. Please describe:

Completed Costs \$

Future Costs \$

☐ Equipment

fax machines, cell phones, copy machines, PPE, etc.

Completed Cost

\$

+

Future Cost

\$

=

Total Cost

\$

Which of the following types of equipment costs is the Applicant claiming for the activities in this project?

☐ Applicant Owned

Completed Costs \$

Future Costs \$

Please provide an equipment inventory list (include type of equipment, size/capacity (e.g., horsepower, wattage) and an equipment usage log (include usage locations with days and hours used, operator names).

☐ Purchased

Completed Costs \$

Future Costs \$

Please provide invoices or receipts, and a rental vs. purchase cost comparison. If purchase or rental was over \$250,000, the federal simplified acquisition threshold, please also provide all information requested of contracts above.

☐ Rented

Completed Costs \$

Future Costs \$

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

☐ Materials and Supplies.

Completed Cost

\$

+

Future Cost

\$

=

Total Cost

\$

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

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

☐ From stock

Completed Costs \$

Future Costs \$

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

☐ Purchased

Please provide invoices or receipts, and justification if purchased materials or supplies were not used. If purchase was

over \$250,000, the federal simplified acquisition threshold, please also provide all information requested of contracts above.

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

<input type="checkbox"/> Other costs. Including other eligible expenses not listed above.	Completed Cost \$	+	Future Cost \$	=	Total Cost \$
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Travel costs. </div> <div>Completed Costs \$</div> <div>Future Costs \$</div> </div> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Meals and incidentals costs. </div> <div>Completed Costs \$</div> <div>Future Costs \$</div> </div> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Miscellaneous costs. </div> <div>Completed Costs \$</div> <div>Future Costs \$</div> </div> <p><i>Please provide high-level information which can substantiate costs:</i></p> <p>Other costs may include travel costs, utilities and other expenses directly tied to the performance of eligible work. Not all costs incurred as a result of the incident are eligible. See the <i>Public Assistance Program and Policy Guide</i> for detailed requirements.</p>					
GROSS COST Please add together costs of contracts, labor, equipment, materials and other costs.					\$
3. DEDUCTIONS					
Please select the credits available to offset costs of activities reported in Section II. For each selected, please provide the deduction.					
<input type="checkbox"/> Insurance Proceeds.					Deduction \$
<p>Please enter the actual or anticipated insurance proceeds covered under the Applicant's Insurance policy. This does <u>not</u> include payment from patient insurance; for that, continue to medical payments below.</p> <p>FEMA cannot provide funding that duplicates insurance proceeds. FEMA requires the Applicant to take reasonable efforts to pursue claims to recover insurance proceeds that the Applicant is entitled to receive from its insurer(s). See FEMA's Public Assistance Policy on Insurance.</p>					
<input type="checkbox"/> Salvage Value.					Deduction \$
<p><i>Please enter the total salvage value of purchased equipment and supplies (if greater than \$5,000).</i></p> <p>When purchased equipment, supplies, or materials are no longer needed for federally funded projects, FEMA reduces eligible funding by the fair market value of each piece of equipment valued at \$5,000 or more and unused residual supplies and materials that total \$5,000 or more. If the Applicant acquires or improves real property with funds, disposition and reporting requirements apply. See PAPPG at pp. 29-30.</p>					
<input type="checkbox"/> Medical Payments.					Deduction \$
<p><i>Please enter the total amount of medical payments received or expected from for-profit entities, Medicare, Medicaid, or a pre-existing private payment agreement.</i></p> <p>FEMA cannot provide funding for emergency medical care costs if they are covered by another source, including private insurance, Medicare, Medicaid, or a pre-existing private payment agreement. See PAPPG at pp. 63-64 and FEMA Fact Sheet: Coronavirus (COVID-19) Pandemic: Emergency Medical Care. It is extremely important that Private Non-Profit and government medical care providers, as well as any other Applicant completing Emergency Medical Care activities, take caution to capture and document these cost deductions. If clear documentation is not available to show how medical payments are deducted and not duplicated, the Applicant may not receive funding for otherwise eligible activities.</p>					
<input type="checkbox"/> Other Funding Sources.					Deduction \$
<p><i>Please enter the total amount of proceeds or payments received or expected from another source for the same work claimed in this project application.</i></p>					

Which of the following additional funding sources is the Applicant reporting?☐ Other Federal Awards

Deductions \$

Please describe:

If the Applicant receives funds from another Federal agency for the same purpose as PA funding, it is a duplication of benefits. FEMA cannot duplicate funds provided by another Federal agency. See the Public Assistance and Program Policy Guide, Other Federal Awards.

☐ Non-Federal Grants and Cash Donations

Deductions \$

Please describe:

Grants and cash donations from non-Federal sources are subject to differing criteria based on whether the funds are provided toward a specific purpose and whether that specific purpose is otherwise eligible for PA funding. See the Public Assistance and Program Policy Guide, Non-Federal Grants and Cash Donation, for more details.

☐ Third-Party Liability Proceeds

Deductions \$

Please describe:

When a third party causes damage (e.g., an oil spill) or increases the cost of repair or cleanup and the Applicant requests FEMA funding for the costs, FEMA requires the Applicant to make reasonable efforts to pursue claims to recover costs it is entitled to receive from the third party. See the Public Assistance and Program Policy Guide, Third-Party Liability.

NET COST *Please subtract all proceed deductions from the subtotal.* \$***You have completed this schedule. Return to Section III, Part 2.***

Environmental and Historic Preservation Survey

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

- Staging resources at an undeveloped site–Complete part 1.
- Storage of human remains or mass mortuary services–Complete part 2.
- Medical waste disposal–Complete part 3.
- Interior Facility Disinfection –Complete part 4.
- Installation of temporary barriers or wall-mounted equipment–Complete part 5.
- Establishment of temporary facilities–Complete part 6.
- Renovation and construction information–Complete part 7.

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

1. STAGING RESOURCES AT AN UNDEVELOPED SITE

Please describe the staging activities:

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

Provide a list of Latitude and Longitude coordinates for each site (decimal degrees with five decimal places) separated by a semicolon (;) *

2. STORAGE OF HUMAN REMAINS OR MASS MORTUARY SERVICES

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

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

- ☐ Jurisdiction-wide
- ☐ Geographic area(s). Please attach a list of all areas.
- ☐ Specific sites. Please attach a list of all addresses or GPS coordinates.

Please list the Latitudes and Longitudes separated by a semicolon (;)

3. MEDICAL WASTE DISPOSAL

What is the intended method of disposal?

- ☐ Using an existing licensed disposal site.
- ☐ Creating a new landfill disposal site.
- ☐ Creating a new incinerator disposal site

Provide a list of Latitude and Longitude coordinates for each site (decimal degrees with five decimal places) separated by a semicolon (;) *

Probably did this!

4. INTERIOR FACILITY DISINFECTION

What type of activities occurred or will occur?

- ☐ Use of high-powered fogging, misting, or spraying equipment
- ☐ Use of EPA-registered disinfectants products
- ☐ Other. Please describe the other activity that has occurred or will occur _____

FEMA may provide assistance for disinfection in facilities that is conducted in accordance with CDC guidance. Work should be consistent with current PAPPG and public health guidance as it relates to disinfection recommendations.

The CDC provides disinfection guidance online at <https://www.cdc.gov/coronavirus/2019-ncov/community/clean-disinfect/>.

Provide the GPS coordinates for each site (decimal degrees with five decimal places) separated by a semicolon (;) *

Where did or will the disinfection activity occur?

- ☒ Interior (Disinfection of countertops, floors, walls, etc.)

Please provide location within the facility that the disinfection activities took place or will take place:

- ☐ Exterior (Disinfection of interior components conducted outside the facility) *Based on the Center for Disease Control Guidance - Reopening Guidance for Cleaning and Disinfecting Public Spaces, Workplaces, Businesses, Schools, and Homes, disinfection of exterior components (i.e. located outside of a building) is ineligible.*

Please provide location outside the facility that the disinfection activities took place or will take place

Did exterior activities result in wastewater runoff?

- ☐ Yes. *Please provide runoff disposal method/location:*
- ☐ No
- ☐ Unsure. *Please describe why you are unsure:*

Was or were disinfectant, sanitizing, or decontamination products disposed of according to Manufacturer Guidance and Environmental Regulations?

- ☒ Yes
- ☐ No. *Please describe how products were disposed:*
- ☐ Unsure. *Please describe how products were disposed:*

Has there been any coordination with any regulatory agencies?

- ☐ Yes

Please select the relevant agencies:

- ☐ Environmental Protection Agency (EPA)
- ☐ State, Local or Tribal Agency
- ☐ Other

Please list Agency: _____

Please attach documentation of coordination with Regulatory Agencies.

- ☐ No

Probably Did this!

5. INSTALLATION OF TEMPORARY BARRIERS OR WALL-MOUNTED EQUIPMENT

The Applicant should complete this section for each facility where they are conducting installation activities.

Name of building where barriers or wall-mounted equipment were or will be installed: _____**What type of barriers, wall-mounted equipment, or other modifications were or will be installed?**

- ☐ Sneeze Guards (Plexi-glass, polycarbonate, Lexan, acrylic, etc.) FEMA may provide assistance in response to COVID-19-declared events only when necessary to perform otherwise eligible emergency work listed in C.4 (interim policy)
- ☐ Physical Barriers (e.g. queuing poles) Only if temporary, cannot be permanent in nature. Changes to an eligible facility's design and function could occur under section 406 through updated codes and standards and hazard mitigation, for example. However, Public Assistance Categories C through G (permanent work) is not authorized under current COVID-19 declarations.
- ☐ Doorbell
- ☐ Shelving
- ☐ Modification of interior/exterior doors, windows or walls. Only if temporary, cannot be permanent in nature. Changes to an eligible facility's design and function could occur under section 406 through updated codes and standards and hazard mitigation, for example. However, Public Assistance Categories C through G (permanent work) is not authorized under current COVID-19 declarations.
- ☐ Other:
Describe the other modifications that were or will be installed: _____

How did or will the Applicant install the temporary barriers or wall mounted equipment? Please select all that apply):

- ☐ Metal components (affixed with bolts, screws, etc.)
- ☐ Adhesives (Command strips, tape, epoxy, etc.)
- ☐ Freestanding (no installation)
- ☐ Other. *Describe the other method of installation for the temporary barriers or wall-mounted equipment*

Where did the Applicant conduct the activities? (Please check all that apply.)

- ☐ Interior. *Please describe the surface (drywall, brick, wood, tile, etc.):* _____
- ☐ Exterior. *Please describe the surface (wood, concrete, brick, metal, etc.):* _____
- ☐ Unsure. *Please explain why you are unsure:* _____

Are these installations/modifications permanent?

- ☐ Yes. Permanent modifications to facilities, particularly those of historic or cultural significance, has the potential to impact environmental and historic preservation (EHP) resources and may require a more complex EHP review.
- ☐ No

What was the year of construction of the building where barriers or equipment were or will be installed?Date _____ ☐ Approximate ☐ Exact***Please provide the physical address for each building:***

Street:

City:

State:

Zip Code:

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

Latitude: Longitude:

Have there been *any* previous renovations to the building where barriers or equipment will be or were installed?

☐ Yes

Please provide details and dates of past renovations _____

☐ No

Is the building listed on a locally designated or National Register of Historic Places or within a historic district?

☐ Yes.

Please provide the name of the building and reference number if available. _____

☐ No

☐ Unsure

Please provide photos of all angles of the area where installation of barriers or wall mounted equipment will or were installed.

not necessary?

6. ESTABLISHMENT OF TEMPORARY FACILITIES

The Applicant should complete this section for each temporary facility.

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. *Describe the other services provided:*

Please describe the temporary facility:

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

Latitude:

Longitude:

Why was or is the temporary facility needed?

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

☐ Quarantine of COVID-19 affected individuals.

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

☐ Other. *Describe the other need for the temporary facility:*

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

☐ Yes, the existing facility is in compliance with the Americans with Disabilities Act and no alterations were or will be required to make the facility ADA-compliant.

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

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

For additional information on the Americans with Disabilities Act, see [PAPPG](#) at pp. 95-96.

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

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

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

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

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

- ☐ Repurposing or reusing an existing facility. No construction, demolition, or ground disturbing activities.

What year was the facility built? _____ ☐ Approximate ☐ Exact

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

- ☐ Yes. Please skip the remaining questions in this survey.
- ☐ No. Describe the temporary use and the most recent use of the facility:
- ☐ Renovating an existing facility. Includes interior/exterior construction, demolition or ground disturbing activities.

What year was the facility built? _____ ☐ Approximate ☐ Exact

- ☐ Placing prefabricated facilities on a site.
- ☐ Constructing new facilities.

If the Applicant selected renovating an existing facility, placing prefabricated facilities on a site, or constructing new facilities, complete **Section 7. Renovation and construction information**.

not necessary?

7. RENOVATION AND CONSTRUCTION INFORMATION

Complete this section for each applicable temporary facility. See **Section 6. Establishment of temporary facilities** for more information.

Describe the work in detail, to include any ground disturbing activities, or attach plans or other documentation describing the work. The description should include a description of the following: For existing buildings, interior and exterior modification descriptions including quantities, dimensions, and material types; and utility upgrade descriptions. For construction of new facilities, a description of site activities and new construction. For placement of prefabricated facilities on sites, a description of the prefabricated facility and any site work to be carried out.

Will the activity occur entirely within an already-developed area?

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

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

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

☐ No.

☐ Yes. Please describe planned demolition activities:

Will any ground disturbing activities occur as part of construction?

Ground disturbing activities may include site clearing and preparation, laying utilities, or expanding of existing utilities.

☐ No.

☐ Yes. Please include approximate dimensions and depth of ground disturbing in the "Describe the work in detail" box above.

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

☐ No.

☐ Yes. Will rooted vegetation be removed or cleared?

☐ No.

☐ Yes. Where will the rooted vegetation be removed or cleared from? Provide a list of Latitude and Longitude coordinates for each location (decimal degrees with five decimal places) separated by a semicolon (;):

Will trees be removed?

☐ No.

☐ Yes. Where will the trees be removed from? Provide a list of Latitude and Longitude coordinates for each location (decimal degrees with five decimal places) separated by a semicolon (;):

Number of trees:

Diameter of trees (approximate): Units: ☐ Meter ☐ Foot ☐ Inch

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

☐ No.

☐ Yes. Where are the staging areas? Provide a list of Latitude and Longitude coordinates for each location (decimal degrees with five decimal places) separated by a semicolon (;):

Describe the surface type each area has (paved, gravel, grass field, etc.):

Will the activities include expansion of parking facilities?

☐ No.

☐ Yes. Where are the expanded parking facilities? Provide a list of Latitude and Longitude coordinates for each location (decimal degrees with five decimal places) separated by a semicolon (;):

Describe the work to expand the parking facilities If there is any ground disturbance, please include approximate dimensions and depth of ground disturbing in the "Describe the work in detail" box above.

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

☐ No.

☐ Yes. What are the types of debris? Please select all that apply.

☐ Vegetative

☐ Construction and demolition

☐ Hazardous Materials

☐ Large Appliances

☐ Electronics

☐ Other. *Please describe:*

How will debris be removed?

- ☐ Using a contractor. *Please provide the name of the vendor:*
- ☐ Using other non-contracted resources.

Will there be any temporary staging of debris?

- ☐ No.
- ☐ Yes. **Where will the debris be staged?** *Please provide permits (if available) and a list of Latitude and Longitude coordinates for each location (decimal degrees with five decimal places) separated by a semicolon:*

Where is the final disposal location of the debris? *Provide a list of Latitude and Longitude coordinates for each location (decimal degrees with five decimal places) separated by a semicolon (;)*

Is this location an existing facility? *If this is a new facility, it will constitute a new ground disturbance.*

- ☐ No.
- ☐ Yes.

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

- ☐ No.
- ☐ Yes.

If vegetative was selected above, will any vegetative debris be burned?

- ☐ No.
- ☐ Yes. **What is the method of ash disposal?** *Please provide permits, if available.*
- ☐ Disposing in a Landfill.
 - ☐ Spreading.
 - ☐ Burying.
 - ☐ Other. *Please describe:*

Will fill or borrow material be used for site preparation?

- ☐ No.
- ☐ Yes. **What is the quantity of fill?** _____ *Select units:* ☐ Cubic yards ☐ Tons ☐ Other:

What is the type of fill and borrow material?

- ☐ Soil
- ☐ Sand
- ☐ Gravel
- ☐ Rock
- ☐ Other. *Describe the other material:*

What is the source of the fill and borrow material?

- ☐ Commercial. *Please provide name of vendor:*
- ☐ Private
- ☐ Municipal
- ☐ Other location. *Describe the other source:*

Where are the fill and borrow sources?

Provide a list of Latitude and Longitude coordinates for each location (decimal degrees with five decimal

places) separated by a semicolon:

Are there any large, undeveloped or undisturbed areas on, or near, the site?

Select yes if there are large tracts of forestland, farmland, grassland, or naturally preserved areas, etc.

- ☐ No
- ☐ Yes. Describe the undeveloped or undisturbed areas:

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

- ☐ Conservation Area or Wildlife Refuge
- ☐ Non-Attainment Area (Clean Air Act)
- ☐ Underground storage tanks
- ☐ Old gas stations or other potential toxic substance generators like dry cleaning, laboratories, landfills, dumps, industrial sites
- ☐ Brownfield or Superfund sites
- ☐ Fuel or oil spills
- ☐ Other. Describe the environmental issue:
- ☐ None apply
- ☐ Unsure if any apply

Are there any of the following known hazardous materials at or adjacent to the site?

If any are selected, please attach applicable permits, if available.

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

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

- ☐ A facility listed in or eligible for listing in a local, state, or national register. Describe the facility and local, state, or national register listing:
- ☐ A site in or adjacent to a historic district. Describe the site and historic district:
- ☐ A locally recognized landmark. Describe the landmark:
- ☐ A National Historic Landmark. Describe the landmark:
- ☐ No
- ☐ Unsure

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. Return to Section II.

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.
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Only available from single source <input type="checkbox"/> Public exigency or emergency <input type="checkbox"/> FEMA authorized <input type="checkbox"/> Recipient authorized <input type="checkbox"/> Inadequate competition <input type="checkbox"/> Other:	<input type="checkbox"/> Fixed price <input type="checkbox"/> Cost-reimbursement <input type="checkbox"/> Time and materials <input type="checkbox"/> Cost-plus % of cost <input type="checkbox"/> Other:			
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Only available from single source <input type="checkbox"/> Public exigency or emergency <input type="checkbox"/> FEMA authorized <input type="checkbox"/> Recipient authorized <input type="checkbox"/> Inadequate competition <input type="checkbox"/> Other:	<input type="checkbox"/> Fixed price <input type="checkbox"/> Cost-reimbursement <input type="checkbox"/> Time and materials <input type="checkbox"/> Cost-plus % of cost <input type="checkbox"/> Other:			
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Only available from single source <input type="checkbox"/> Public exigency or emergency <input type="checkbox"/> FEMA authorized <input type="checkbox"/> Recipient authorized <input type="checkbox"/> Inadequate competition <input type="checkbox"/> Other:	<input type="checkbox"/> Fixed price <input type="checkbox"/> Cost-reimbursement <input type="checkbox"/> Time and materials <input type="checkbox"/> Cost-plus % of cost <input type="checkbox"/> 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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