

PRE-APPROVAL REQUEST

Paperwork Burden Disclosure Notice

Public reporting burden for this data collection is estimated to average 30 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. This collection of information is required to obtain or retain benefits. You are not required to respond to this collection of information unless a valid OMB control number is displayed in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW., Washington, DC 20472, Paperwork Reduction Project (1660-0017) NOTE: Do not send your completed form to this address.

Privacy Act Statement

The collection of this information is authorized by the Robert T. Stafford Disaster Relief and Emergency Assistance Act, §§ 402-403, 406-407, 417, 423, 427, 428, 502, and 705; 42 U.S.C. 5170a-b, 5172-73, 5184, 5189a, 5189e, 5189f, 5192, 5205; "Public Assistance Project Administration§," 44 C.F.R. 206 Subpart G; and 2 C.F.R. § 200. This information is being collected to provide assistance to eligible jurisdictions and organizations to facilitate the response to and recovery from a Presidentially-declared disaster or emergency, or to provide assistance for hazard mitigation measures during the recovery process. The disclosure of information on this form is voluntary; however, failure to provide the requested information may delay or prevent the agency from receiving funds from FEMA's Public Assistance program.

Purpose and Applicability

Work associated with the following activities requires pre-approval from FEMA:

- Alternate Project
- Alternative Procedures Use of Excess Funds
- Demolition of Commercial Property
- Demolition of Residential Property
- Equipment Rate
- Improved Project
- Host-State/Tribe Sheltering and Evacuation
- Mosquito Abatement
- Non-congregate Sheltering
- Private Property Debris Removal
- Project Amendment
- Replacement Project
- Residential Electric Meter Repair Program
- Safe Rooms for Temporary Schools

Recipients and Applicants should use PA Grants Portal to submit all documentation and information to FEMA. Questions are displayed in an intuitive manner to show the information and documentation needed based on answers provided. All signatures are official and legally binding.

The following information is needed to complete this form:

- Impact information
- Intended recovery work plan, including scope of work and cost
- Explanation of benefits to the general public

Section I – Applicant Information¹

Declaration # [system generated]	Legal Name [system generated]	FEMA PA ID: [system generated]	(Optional) Applicant Project #: [system generated]
----------------------------------	-------------------------------	--------------------------------	--

Section II – Request for Approval Details

Please select the type of Request for Approval:

☐ **Alternate Project.** When an Applicant determines that the public welfare would not be best served by restoring a disaster-damaged facility, FEMA allows the Applicant to use the funding toward a different

¹ Functionality: Generate Declaration # from the Incident Information. Generate Legal Name of Applicant, and FEMA PA ID from the Organization Profile. Generate Applicant Project # from the Project Application, if applicable.

facility (or facilities). FEMA refers to this as an Alternate Project. Select this option to submit the scope of work and estimate for the alternate project.

☐ **Alternative Procedures Use of Excess Funds.** One of the benefits to using the Alternative Procedures for Permanent Work is that Applicants and Recipients may request to use excess funds remaining after the approved scope of work is complete. Select this option to submit the scope of work and estimate for how the excess funds will be used.

☐ **Demolition of Commercial Property.** Demolition of structures owned by commercial enterprises are generally ineligible as it is expected that the commercial enterprise retain insurance that cover the cost of demolition. In very limited, extraordinary circumstances, FEMA may provide an exception. Select this option to submit the details necessary for FEMA to determine if the commercial property is eligible for demolition.

☐ **Demolition of Residential Property.** Demolition of private property are generally ineligible as it is expected that the property owner retain insurance that cover the cost of demolition. In very limited, extraordinary circumstances, FEMA may provide an exception. Select this option to submit the details necessary for FEMA to determine if the residential property is eligible for demolition.

☐ **Equipment Rate.** If the Applicant or Recipient uses equipment that has no established State, local, Tribe, Territory rate, FEMA reimburses that equipment based on the FEMA rate. If FEMA does not have a rate established for the equipment, the Applicant may select this option to submit a rate for approval or request that FEMA provide a rate.

☐ **Host-State/Tribe Sheltering and Evacuation.** When a host-state/tribe provides evacuation and sheltering for a State, Tribe, or Territory impacted by an event, FEMA may be able to provide reimbursement. Select this option to submit the details necessary for FEMA to determine if host-state/tribe activities are eligible for reimbursement.

☐ **Improved Project.** While making repairs to a damaged facility an Applicant may wish to make improvements that are not considered upgrades based on a construction code or standard and are not considered mitigation. FEMA refers to this as an Improved Project. Select this option to submit the scope of work and estimate for the improved project.

☐ **Mosquito Abatement.** Mosquito Abatement measures may be necessary when the mosquito population poses a significant health threat. Select this option to submit the details needed for FEMA to determine if costs associated with mosquito abatement are eligible for reimbursement.

☐ **Non-congregate Sheltering.** Applicants and Recipients can request reimbursement for non-congregate sheltering activities when congregate shelters are not available or sufficient. Select this option to submit the details necessary for FEMA to determine if the non-congregate sheltering activities are eligible.

☐ **Private Property Debris Removal.** Some incidents cause widespread debris on public and private property. When the severity of the incident debris on private property is so widespread that it threatens public health and safety or the economic recovery of the community the Applicant or Recipient may need to perform debris removal activities. Select this option to submit the details necessary for FEMA to determine if private property debris removal is eligible.

☐ **Project Amendment.** The Applicant or Recipient are responsible for completing the work as identified in the FEMA approved scope of work. Any changes to the scope of work after the project has been obligated requires an amendment. Select this option to submit the details associated with the change to the scope of work and cost.

☐ **Replacement Project.** Restoration is divided into two categories: Repair or Replacement. If a facility is damaged to the point where the Applicant thinks the facility should be replaced rather than repaired, FEMA considers the repair cost with the replacement cost to determine whether replacement is eligible.

Select this option to submit the details necessary for FEMA to determine if the replacing the facility is eligible.

☐ **Residential Electrical Meter Repair.** To reduce the number of survivors needing shelter, FEMA may be able to reimburse activities associated with residential electrical meter repair if it is safe to restore power and the dwelling is habitable after power is restored. Select this option to submit details necessary for FEMA to determine if funding is eligible for residential electric meter repair.

☐ **Safe Rooms for Temporary Schools.** Educational facilities determined to be unsafe, inaccessible, or destroyed as a result of the incident may be eligible to temporarily relocate to another facility. A safe room can provide protection for members of the community. Funding for accessible safe rooms as part of a temporary school facility may be eligible if the damaged school contained a safe room or other space that served as a storm shelter and there are no other cost-effective, reasonable alternatives available to address the safety needs of the students and faculty. Select this option to submit the details necessary for FEMA to determine if funding is eligible as part of a temporary school facility.

Alternate Project²

The Request for an Alternate Project and the project application must be approved prior to the start of construction. For a list of how the funds can and cannot be used, please see Use of Alternate Project Funds in the [Public Assistance Program and Policy Guide](#). Funding for alternate projects is limited to the approved estimate to restore the damaged facility to its pre-disaster design and function.

Impact Line Item³ Please select one.	Facility Name(s) [system generated]	Site/Campus Name(s) [system generated]	Location(s) [system generated]
Project # [system generated]	Project Title [system generated]	Project Application # [system generated]	Type of work [system generated]

What does the Applicant intend to use funding for in lieu of repairs?⁴ Please check all that apply:

- ☐ Change the function of the facility during repairs.⁵
- ☐ Conduct hazard mitigation measures to an Applicant-owned facility.⁶

² (Help text) In accordance with the Disaster Recovery Reform Act, FEMA no longer reduces the funding for alternate projects. **Functionality:** Triggered if "Change the function" is selected on the project application. Generate Facility name, site/campus name, location from the Impact List. Generate Project #, Applicant-Assigned Project #, Project Title, and Work Type from the Project Application.

³ **Functionality:** Show the Impact List and allow the Applicant to select any item.

⁴ **Functionality:** Only display for State, local, Tribal Territorial (SLTT) Applicants. (Help text) Funds for Alternate Projects may be used to repair or expand public facilities, construct new public facilities, purchase eligible capital equipment, fund Hazard Mitigation measures, and demolish the original damaged facility when demolition is an associated expense of the project. The funds may not be used to pay the non-Federal share of any project, nor any operating expense, nor any public facility located in a regulatory floodway, nor for any uninsured public facility located in a special flood hazard area identified by FEMA. Only display for Private Nonprofit Applicants. (Help Text) Funds for Alternate Projects may be used to repair or expand other eligible private nonprofit facilities owned or operated by the Applicant; construct new eligible facilities to be owned or operated by the Applicant; purchase equipment needed to repair, restore, expand, or construct an eligible facility; to fund Hazard Mitigation measures that the Applicant determines to be necessary to meet a need for the Applicant's eligible services and functions in the area affected by the major disaster; and demolish the original structure when demolition is an associated expense of the project. These funds may not be used to pay the non-Federal share of any project, nor any operating expense, for any private nonprofit facility located in a regulatory floodway or any uninsured private nonprofit facility located in a special flood hazard area identified by FEMA.

⁵ **Functionality:** Trigger the Codes and Standards section within the Project Application.

⁶ (Help text) Conduct cost-effective hazard mitigation measures, regardless of whether the facility was damaged by the incident and whether the measures reduce the risk of future damage from the same type of incident or of the same type of damage caused by the incident. For more information, please see the Use of Alternate Project Funds section in the [PAPPG](#) for more information.

☐ Demolish the facility or facilities

☐ Fund project shortfalls due to mandatory flood insurance reductions taken from Public Assistance program funding for repairs to buildings in Special Flood Hazard Area (SFHA).⁷ Please provide the project number, if known: .⁸

☐ Purchase capital equipment that has a useful life for at least one year and is equal to, or greater than, \$5,000 per unit.

☐ Repair, expand or construct a facility that would otherwise be an eligible facility under the Public Assistance program.⁹

Please provide the GPS coordinates or address for the proposed Alternate Project location¹⁰

Latitude: Longitude: Address:

☐ Supplement funds for an Improved Project. Please provide the project number, if known: .¹¹

☐ Other.¹² Please describe:

What does the Applicant intend to do with the original facility?¹³

☐ Demolish the facility¹⁴

☐ Make the facility safe and secure (e.g., by restricting access, locking doors and windows, constructing a fence around the property)

☐ Repair the facility with non-Public Assistance funds

☐ Sale or lease of property at the original site

☐ Other. Please describe:

Please describe in detail the intended scope of work or upload documentation.¹⁵ [Optional] Please upload any design drawings, sketches, technical surveys, or reports, if available.

⁷ (Help text) For more information, please see the Use of Alternate Project Funds section in the [PAPPG](#) for more information.

⁸ Functionality: Allow Applicant to select from a list of their projects.

⁹ (Help text) If the Alternate Project involves construction, the Applicant must obtain FEMA approval prior to the start of construction as FEMA must ensure that it complies with appropriate EHP laws, regulations, and EOs

¹⁰ (Help text) GPS coordinates should be latitude and longitude values in decimal degrees formatted to the sixth decimal place (e.g., 38.885431, -77.018781). For facilities more than 200 feet in length, please provide start and stop coordinates.

¹¹ Functionality: Allow Applicant to select from a list of their projects.

¹² (Help text): An Applicant may not use Alternate Project funds to: meet budget shortfalls; create a new community plan; landscape; pay for operating expenses; purchase supplies, furniture, or equipment costing less than \$5,000 per unit; Pay the non-Federal share of any PA project; Fund buyouts for mitigation, such as acquisition of flood-prone property to create open space; Supplement funds on projects that utilize other Federal agency grants; or Fund a project located in a FEMA-designated floodway.

¹³ (Help text) For Alternate and Alternative Procedures Projects, if the Applicant does not repair, replace, or sell the damaged facility for which the capped project funding was based, and that facility is unsafe if not repaired, the Applicant must render the facility safe and secure (e.g., by restricting access, locking doors and windows, constructing a fence around the property) or demolish it. Please see the Disposition of Original Facility section of the [PAPPG](#) to review requirements for these options.

¹⁴ (Help text) If demolition, or other action at the original site, is completed using Public Assistance funds, FEMA must conduct an (EHP) review.

¹⁵ (Help text) Please include: 1) General scope of work for the Alternate Project. 2) Work required to comply with codes, specifications, and standards for the proposed alternate scope of work. 4) Additional or incidental work required for the Alternate Project, including any work that may have Environmental or Historic Preservation (EHP) impacts and any other legal considerations. Functionality: Applicant is required to complete either the text field or the upload before submitting the form.

Please explain how the intended Alternate Project benefits the general public, serving the same general area that was being served by the original facility: ¹⁶

What is the estimated cost for the intended scope of work? \$

Alternative Procedures Use of Excess Funds¹⁷

The Request for Alternative Procedures Use of Excess and the project application must be approved prior to the start of any construction. For a list of how the funds can and cannot be used, please see Use of Alternative Procedures Project Funds in the [Public Assistance Program and Policy Guide](#).

Which of the following activities does the Applicant intend to complete with the use of excess funds from the Alternative Procedures project(s)? Please select all that apply

- ☐ Restore disaster-damaged facilities and equipment.¹⁸
- ☐ Purchase equipment, construct new facilities, and/or add improvements to undamaged facilities in declared areas.¹⁹
- ☐ Implement cost-effective hazard mitigation measures for undamaged facilities.²⁰
- ☐ Cover future insurance premiums, including meeting obtain and maintain insurance requirements, on damaged or undamaged facilities.²¹
- ☐ Conduct or participate in training for response or recovery activities, including Federal grants management or procurement courses.
Course Title: Dates: Location:
- ☐ Plan for future disaster response and recovery operations, such as developing or updating plans,²² integrating these plans into other plans, preparedness activities, exercises, and outreach.
- ☐ Reimburse salaries for Public Assistance (PA) or emergency management staff.²³
- ☐ Other. Please describe:

¹⁶ (Help text) An Alternate Project must be a permanent project that benefits the general public, serving the same general area that was being served by the original facility. For more information, please see the Use of Alternate Project Funds in the (PAPPG).

¹⁷ (Help text) The Applicant must submit a proposed SOW for use of any excess funds, along with a project timeline to the Recipient within 90 days of completing its last Alternative Procedures Project. The Recipient must forward the request to FEMA within 180 days of date the last Alternative Procedures Project was completed. FEMA evaluates the proposed use of excess funds for reasonableness to ensure prudent use of funds. FEMA also evaluates the submitted project timeline and approves an appropriate deadline for work completion, not to exceed the overall disaster period of performance.

¹⁸ Functionality: Select from the Applicant's Facility Inventory.

¹⁹ Functionality: Select from the Applicant's Facility Inventory or allow to add undamaged facility. If adding an undamaged facility, trigger Impact-specific Information section of the Impact List.

²⁰ Functionality: Select from the Applicant's Facility Inventory or allow to add undamaged facility. If adding an undamaged facility, trigger Impact-specific Information section of the Impact List. Trigger the EHP Addendum Hazard Mitigation Addendum and. (More info) For Cost-effectiveness criteria, please see the Hazard Mitigation section in the PAPPG and FEMA's [Mitigate Disaster Damage with FEMA Public Assistance brochure](#).

²¹ (Help text) The Applicant is not required to obtain and maintain insurance on facilities with \$5,000 or less in eligible costs (prior to any reductions). Functionality: Select from the Applicant's Facility Inventory or allow to add undamaged facility. If adding an undamaged facility, trigger Impact-specific Information section of the Impact List.

²² (Help text) Examples of plans include Debris Management Plans, Hazard Mitigation Plans, Pre-disaster Recovery Plans, Emergency Management Plans.

²³ (Help text) This may include but is not limited to, staff performing (PA) award or subaward administration, monitoring, and closeout activities for other (PA) disaster awards, and staff developing or updating disaster plans.

<p>Please describe in detail the intended scope of work or upload documentation. 24 [Optional] Please upload any design drawings, sketches, technical surveys, or reports, if available.</p>			
<p style="text-align: center;">Demolition of Commercial Property</p> <p><i>Demolition of commercial property is usually not eligible. In very limited, extraordinary circumstances, FEMA may grant an exception. The Request for Demolition of Commercial Property is used to collect information needed to determine if demolition is eligible under the Public Assistance Program. If demolition is approved by FEMA, the project application must be approved prior to the start of any demolition activities. For a list of activities associated with demolition that are and are not eligible, please see Demolition of Private Structures in the Public Assistance Program and Policy Guide.</i></p>			
<p>Impact Line Item²⁵ <i>Please select one.</i></p>	<p>Facility Name(s) [system generated]</p>	<p>Site/Campus Name(s) [system generated]</p>	<p>Location(s) [system generated]</p>
<p>Please provide the commercial property address(es) considered for demolition or upload a list. 26</p>			
<p>Please provide a detailed description of the extraordinary circumstances FEMA should consider in approving this request: .</p>			
<p>Does the Applicant have the legal authority and responsibility to enter commercial property and demolish the unsafe structure?</p> <p><input type="checkbox"/> No²⁷</p> <p><input type="checkbox"/> Yes.²⁸ <i>Please provide the following:</i></p> <ul style="list-style-type: none"> Proof that Applicant has responsibility and authority to go onto commercial property and accomplish demolition. Structural assessments or other official certifications based on local ordinances or building codes that the structures are determined to be unsafe or pose an immediate threat to the public because partial or complete collapse is imminent and that other methods of protecting the public interest, such as perimeter fencing, are determined inadequate. Documentation that structure has been viewed by any lienholder and insurance carrier involved. 			

²⁴ (Help text) Please include: 1) General scope of work for the Alternate Project. 2) Work required to comply with codes, specifications, and standards for the proposed alternate scope of work. 4) Additional or incidental work required for the Alternate Project, including any work that may have Environmental or Historic Preservation (EHP) impacts and any other legal considerations. Functionality: Applicant is required to complete either the text field or the upload prior to submitting the form.

²⁵ Functionality: Generate the Impact List and allow the Applicant to select any item unless it requires FEMA approval. Applicants may not select impact items that require FEMA approval (non-congregate sheltering) until FEMA approves the activity via the respective request forms. Generate Facility name, site/campus name, location from the Impact List.

²⁶ Functionality: Documentation required prior to submitting this request. (Help text) Please provide addresses only. No other personally identifiable information should be included (e.g., names, phone numbers, etc.).

²⁷ (Help text) Demolition of structures owned by commercial enterprises are generally ineligible. (More info) See the Commercially Owned Structures Eligible Work section in the [Public Assistance Program and Policy Guide \(PAPPG\)](#) for more information. Functionality: Require the FEMA Ineligibility Determination Form. Notify FEMA and the Recipient for review.

²⁸ (Help text) Documentation includes citation of the law, ordinance, code, or emergency powers for which it is exercising its legal authority to demolish privately-owned unsafe structures. The authority cited must be applicable to the structural condition representing the immediate threat and not merely the Applicant's uniform level of services or confirmation that a legally authorized official of the Applicant has ordered the exercise of public emergency powers or other appropriate authority to enter onto private property in the designated area in order to demolish privately-owned unsafe structures and remove the resulting debris. Functionality: Documentation required prior to submitting the request for approval.

<ul style="list-style-type: none"> All insurance documentation. 			
<p align="center">Demolition of Residential Property²⁹</p> <p><i>Demolition of private property is usually not eligible. In very limited, extraordinary circumstances, FEMA may grant an exception. The Request for Demolition of Residential Property is used to collect information needed to determine if demolition is eligible under the Public Assistance Program. If demolition is approved by FEMA, the project application must be approved prior to the start of any demolition activities. For a list of activities associated with demolition that are and are not eligible, please see Demolition of Private Structures in the Public Assistance Program and Policy Guide.</i></p>			
Impact Line Item ³⁰ Please select one.	Facility Name(s) [system generated]	Site/Campus Name(s) [system generated]	Location(s) [system generated]
<p>Please list the residential property address(es) considered for demolition or upload a list. 31</p> <p>Does the Applicant have the legal authority and responsibility to enter private property and demolish the unsafe structure?</p> <p><input type="checkbox"/> No³²</p> <p><input type="checkbox"/> Yes.³³ Please provide the following documentation:</p> <ul style="list-style-type: none"> Proof that Applicant has responsibility and authority to go onto private property and accomplish demolition. Structural assessments or other official certifications based on local ordinances or building codes that the structures are determined to be unsafe or pose an immediate threat to the public because partial or complete collapse is imminent and that other methods of protecting the public interest, such as perimeter fencing, are determined inadequate. Documentation that structure has been viewed by any lienholder and insurance carrier involved. 			
<p align="center">Equipment Rate</p> <p><i>The Request for an Equipment Rate is used to approve a rate for an Applicant or Recipient that either meets State, local, Territorial, or Tribal rates or establishes a rate for equipment when there is no published FEMA rate. Once an equipment rate is established by being approved by FEMA, the rate is valid for current and future use for that Applicant or Recipient. The approved rate and equipment description will housed on the Organizational Profile for use on all projects. For more information, please see Applicant-Owned and Purchased Equipment rates in the Public Assistance Program and Policy Guide.</i></p>			
Proposed Equipment Rate:	Similar FEMA Equipment Rate:	34	Cost Code: 35
Please select the type of equipment rate the Applicant is proposing to use.			

²⁹ Functionality: Trigger if "Demolition of Residential Structures" is selected on the Impact List Addendum.

³⁰ Functionality: Generate the Impact List and allow the Applicant to select any item. Generate Facility name, site/campus name, location from the Impact List.

³¹ Functionality: Documentation required prior to submitting the request for approval. (Help text) Please provide addresses only. Do not provide personally identifiable information (e.g., names, phone numbers, etc.)

³² Functionality: Activity is not eligible. Require the FEMA Ineligibility Form. Notify FEMA and the Recipient for review.

³³ (Help text) Documentation includes citation of the law, ordinance, code, or emergency powers for which it is exercising its legal authority to demolish privately-owned unsafe structures. The authority cited must be applicable to the structural condition representing the immediate threat and not merely the Applicant's uniform level of services or confirmation that a legally authorized official of the Applicant has ordered the exercise of public emergency powers or other appropriate authority to enter onto private property in the designated area in order to demolish privately-owned unsafe structures and remove the resulting debris. Functionality: Documentation required prior to submitting the request for approval.

³⁴ (Help text) Please enter the similar equipment rate found in the [Schedule of Equipment Rates | FEMA.gov](#), if available.

³⁵ (Help text) Please enter the cost code associated with the equipment type found in the [Schedule of Equipment Rates | FEMA.gov](#)

- ☐ Rate established under State, Territorial, or Tribal guidelines.³⁶ Please upload documentation of the established equipment rate for the equipment related to this request.³⁷ [required]
- ☐ Rate established under local guidelines or government substitution equipment rate.³⁸ Please upload documentation of established equipment rate for the equipment related to this request.³⁹[required]
- ☐ No established rate under the FEMA Schedule of Equipment Rates.⁴⁰

Equipment description:⁴¹

Manufacturer's name
Make and model
Year manufactured
Year purchased
Acquisition cost \$ 42
Rating, size, or horsepower
Capacity
Equipment function 43
Number of units owned
Please provide any other additional description information:

Equipment Survey:

Economic life hours: 44
Annual use hours: 45
Tire cost: \$ 52

³⁶ (Help text) State, Territorial, or Tribal rates are those established under State, Territorial, or Tribal guidelines for use in normal day-to-day operations. This selection is to be chosen if the previously established State, Territorial, or Tribal equipment rate exceeds the FEMA Schedule of Equipment Rate. [Schedule of Equipment Rates | FEMA.gov](#)

³⁷ Functionality: Documentation required prior to submitting form.

³⁸ (Help text) Where local guidelines are used to establish equipment rates, reimbursement will be based on those rates or rates in a Schedule of Equipment Rates published by FEMA, whichever is lower. This selection is to be chosen if the previously established Local government equipment rate exceeds the FEMA Schedule of Equipment Rate. [Schedule of Equipment Rates | FEMA.gov](#)

³⁹ Functionality: Documentation required prior to submitting form.

⁴⁰ (Help text) [Schedule of Equipment Rates | FEMA.gov](#)

⁴¹ (Help text) This applies to applicant-owned equipment in good mechanical condition, complete with all required attachments. This section is intended to capture all costs for ownership and operation of equipment, including depreciation, overhead, all maintenance, field repairs, fuel, lubricants, tires, OSHA equipment and other costs incidental to operation. Standby equipment costs are not eligible. Equipment must be in actual operation performing eligible work in order for reimbursement to be eligible. Labor costs of the operator are not included and should be approved separately from equipment costs.

⁴² (Help text) Include all costs associated with the purchase of this equipment, including freight cost for equipment delivered by the supplier to the initial destination.

⁴³ (Help text) Please describe the general function of the equipment.

⁴⁴ (Help text) Indicate the approximate economically productive hours a new machine will have, even if purchased as used equipment.

⁴⁵ (Help text) Indicate the approximate number of annual equipment hours. A normal year is approximately 2,112 hours (176 hours per month, 12 months per year). Consider deductions for inactive periods due to climate and modifications for market conditions that increase or decrease annual use hours.

⁵² (Help text) Show the total dollar amount you spend for a set of tires and tire repairs for this equipment during the expected tire life.

Salvage value: \$	46	Tire life hours:	53
Equipment overhead: \$	47	Hourly fuel consumption:	54
Annual repair hours:	48	Hourly lube cost: \$	55
Annual repair parts cost: \$	49	Diesel ⁵⁶	
Overhaul labor hours:	50	Price per gallon: \$	
Overhaul parts cost: \$	51	Gasoline	
		Price per gallon: \$	

Equipment Maintenance:

Company:
Address:
Telephone:
Mechanic's hourly wage: \$

Host-State/Tribe Evacuation and Sheltering

If an impacted State or Tribe requests assistance for sheltering and evacuation directly from another State or Tribal government, FEMA can reimburse costs to the State or Tribe based on the mutual aid agreement or FEMA can reimburse the State or Tribe directly. The Request for Host-State/Tribe Evacuation and Sheltering is used to collect information necessary to determine whether the activities associated with sheltering and evacuation activities by the host State or Tribe are eligible under the Public Assistance Program. The Applicant or Recipient should engage in discussions with FEMA as soon as the need for Host-State/Tribe activities are identified. For more information please see Host-State or Host-Tribe Evacuation and Sheltering in the [Public Assistance Program and Policy Guide](#).

Legal name Please select one from the list.	Public Assistance ID	EIN #	DUNS #
Physical address		Mailing address	
Governor's Authorized Representative Name		Governor's Alternate Authorized Representative Name	
State, Tribal, or Territorial Coordinating Officer		State, Tribal, or Territorial Public Assistance Officer	

⁴⁶ (Help text) This is the value of the equipment at the end of its useful life.

⁴⁷ (Help text) When calculated equipment overhead costs, consider annual state and local sales and use taxes, normal risk insurance, storage and security costs, license fees, inspection fees, and mechanics' supervision costs. Do not include general company overhead or interest on investment. Examples include, taxes, license, inspection fees, insurance, prorated storage and security, prorated mechanic's supervision.

⁴⁸ (Help text) Indicate the average total mechanic hours required each year to maintain the equipment in good operating condition. This includes both field repairs and preventive maintenance. Do not include major overhaul costs as these will be considered separately.

⁴⁹ (Help text) Show the average total annual dollars spent on field repair and preventive maintenance parts and supplies. Do not include major component replacement or overhaul costs as these will be considered separately.

⁵⁰ (Help text) Estimate the total mechanic hours that will be required over the economic life of the equipment for major overhaul. Overhaul is considered rebuilding or replacement of major components such as engines, transmissions, undercarriages, etc. (Work performed at an outside shop should also be included).

⁵¹ (Help text) Estimate the total dollars you expect to spend on overhaul parts over the economic life of the equipment. Overhaul is considered rebuilding or replacement of major components such as engines, transmissions, undercarriages, etc. (Work performed at an outside shop should also be included).

⁵³ (Help text) Indicate the average number of hours you expect a set of tires to last under normal, non- severe job conditions.

⁵⁴ (Help text) Show the average hourly fuel consumption in gallons for this equipment under normal job conditions.

⁵⁵ (Help text) Show the average dollars per hour spent on lubrications for this equipment (Labor costs associated with lubrication should be included).

⁵⁶ Functionality: Only allow the selection of either diesel or gasoline. Both cannot be selected.

Please describe how, as the Host-State or Host-Tribe, you have sufficient capability within your jurisdiction to meet the evacuation and sheltering needs requested by the Impact State or Impact Tribe.

Please describe how evacuation and sheltering needs are beyond your ability as the Impact-State or Impact-Tribe to address within your jurisdictional area:

Is the Applicant legally responsible for conducting the evacuation or sheltering needs requested of the Host-State or Host-Tribe?⁵⁷

☐ No⁵⁸

☐ Yes. The Applicant is a government organization, and the State's, Tribe's, or Territory's constitution or laws delegate jurisdictional powers to the Applicant.

☐ Yes. A statute, order, contract, articles of incorporation, charter, or other legal document provides the Applicant authority to conduct the activities. Please upload supporting documentation and describe: ⁵⁹ [required]

Please select the evacuation and sheltering activities requested of the Host-State or Host-Tribe. Please select all that apply.

☐ Evacuation

☐ Congregate sheltering⁶⁰

☐ Non-congregate sheltering⁶¹

What is the timeframe for the requested sheltering?⁶² Start date: (MM/DD/YYYY) End date: (MM/DD/YYYY) Applicants must upload documentation that demonstrates the need or projected need for sheltering during the time period identified.⁶³

Improved Project⁶⁴

The Request for an Improved Project and project application must be approved prior to the start of construction. For a list of examples and funding considerations, please see Use of Improved Project Funds in the [Public Assistance Program and Policy Guide](#).

⁵⁷ (Help text) To determine legal responsibility for, 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.

⁵⁸ (Help text) Per Title 44 Code of Federal Regulations § 206.223(a)(3), work must be the legal responsibility of the Applicant requesting assistance. The Applicant should contact FEMA or the Recipient for more information. Functionality: Activity is not eligible. - Applicants may not proceed if this option is selected.

⁵⁹ Functionality: Documentation required prior to submitting this survey.

⁶⁰ (More Info) Congregate sheltering is that which occurs in facilities with large open spaces, such as schools, churches, community centers, armories, or other similar facilities. See the Sheltering section in the PAPPG for more information.

⁶¹ (Help text) To receive Public Assistance funding, FEMA must approve Non-Congregate Sheltering prior to the activity occurring. See the Non-congregate Sheltering section in the PAPPG for more information.

⁶² Functionality: Trigger question for each selected shelter.

⁶³ Functionality: Allow for document upload.

⁶⁴ Functionality: Trigger if the Applicant selects "Yes" to "Is the facility scheduled for Applicant-driven improvements" is selected in the Impact List or "Applicant-driven improvements" are selected on the Project Application for Infrastructure Restoration or if a Task Force Lead Determines during review of an Applicant-requested scope that requires an Improved Project approval. (More info) The Applicant may wish to make improvements to a damaged facility that eligible codes or standards do not require. A project that restores the pre-disaster function of a facility and incorporates improvements or changes to the pre-disaster design or capacity is an Improved Project. The facility must have the same function and at least the same capacity that existed immediately prior to the disaster.

Impact Line Item ⁶⁵ <i>Please select one.</i>	Facility Name(s) [system generated]	Site/Campus Name(s) [system generated]	Location(s) [system generated]
Project # [system generated]	Project Title [system generated]	Applicant-Assigned Project Application # [system generated]	Type of work [system generated]

Please describe in detail the intended improved scope of work or upload documentation.⁶⁶ *Please upload any design drawings, sketches, technical surveys, or reports, if available. [required]*

What is the estimated cost for the intended improved scope of work? \$

Mosquito Abatement

The Request for Mosquito Abatement is used to collect information necessary to determine whether the activities associated with mosquito abatement are eligible under the Public Assistance Program. The Applicant or Recipient does not need to wait for FEMA approval to start abatement however FEMA must approve the Request for Mosquito Abatement prior to submitting the project application which includes abatement activities. For a list of eligibility criteria, eligible abatement activities, and environmental considerations please see the Mosquito Abatement in the [Public Assistance Program and Policy Guide](#).

Which of the following exists? Please select all that apply:

☐ Evidence of higher levels of disease transmitting mosquitoes in the impacted area following the incident. *Please describe and upload supporting documentation:*

☐ Evidence of a significant number of disease-carrying mosquitoes in the area due to the increase in incident-related standing water. *Please describe and upload supporting documentation:*

☐ Evidence of the potential for disease transmission and human exposure to disease carrying mosquitoes based on the detection of arboviral diseases in sentinel organisms (poultry, wild birds, mosquito pools) in the impacted area prior to the incident, discovered during surveillance as part of mosquito abatement activities, or reported human cases in which transmission occurred prior to the incident. *Please describe and upload supporting documentation:*

☐ A determination that a significant increase in the mosquito population and/or the change of biting mosquito species poses a threat to emergency workers who are required to work out-of-doors, thereby significantly hampering response and recovery efforts. Such evidence may include an abnormal rise in landing rates or trap counts, significant changes in species composition or estimate of infection rates, when compared to pre-incident surveillance results. *Please describe and upload supporting documentation:*

☐ Verification from medical facilities within the affected area that an increase in the general public's exposure to mosquitoes has directly resulted in secondary infections, especially among those with weakened immune systems such as the elderly, the very young, or the sick. This may occur when

⁶⁵ *Functionality: Generate the Impact List and allow the Applicant to select any item. Generate Facility name, site/campus name, location from the Impact List.*

⁶⁶ *(Help text) Please include: 1) General scope of work for the Improved Project. 2) Work required to comply with codes, specifications, and standards for the proposed Improved Project. 3) Quantities, dimensions, and material types. Indicate any adjustments from the Damage, Description, and Dimensions (DDD) are for the Improved scope of work. 4) Additional or incidental work required for the Improved Project, including any work that may have Environmental or Historic Preservation (EHP) impacts. Functionality: Documentation required prior to submitting the request for approval.*

increased numbers of residents in impacted areas with extended power outages are forced to open buildings for air circulation. *Please describe and upload supporting documentation:*

Please provide the following documentation:

Written validation from a public health official that this mosquito population poses a specific health threat in accordance with the guidance on mosquito abatement outlined in the [Public Assistance Program and Policy Guide](#) (PAPPG).

Non-congregate Sheltering

The Request for Non-congregate Sheltering is used to collect information necessary to determine whether the sheltering activities are eligible under the Public Assistance Program. For more information, please see Non-congregate sheltering in the [Public Assistance Program and Policy Guide](#).

What type(s) of non-congregate sheltering does the Applicant intend to utilize?⁶⁷ *Please select all that apply:*

- ☐ Casinos. *Please explain why this type of sheltering is [was] selected:*
- ☐ Dormitories. *Please explain why this type of sheltering is [was] selected:*
- ☐ Hotels. *Please explain why this type of sheltering is [was] selected:*
- ☐ Motels. *Please explain why this type of sheltering is [was] selected:*
- ☐ Retreat Camps. *Please explain why this type of sheltering is [was] selected:*
- ☐ Other. *Please describe the facility type and explain why this type of sheltering is [was] selected:*

What is the timeframe for the requested sheltering?⁶⁸ *Applicants must upload documentation that demonstrates the need or projected need for sheltering during the time period identified.*

Start date: (MM/DD/YYYY) End date: (MM/DD/YYYY)

Please explain and/or upload supporting documentation that demonstrates the necessity of non-congregate sheltering: ⁶⁹ *Please provide the analysis regarding other available sheltering / housing resources, and how and when those resources are expected to support transitioning disaster survivors out of PA -funded, non-congregate sheltering.*

Are there other recovery resources available to transition disaster survivors out of non-congregate sheltering?

- ☐ No. *Please describe the reason other recovery resources are not sufficient to transition disaster survivors due to known and documented disaster-caused housing challenges:*
- ☐ Yes. *Please describe plan to transition disaster survivors out of non-congregate sheltering:*

Has the Applicant requested FEMA's Transitional Sheltering Assistance (TSA)?

- ☐ No

⁶⁷ (Help text) Include considerations for cost, availability and any other factors that led to selecting each facility type.

⁶⁸ Functionality: Trigger question for each selected shelter.

⁶⁹ (Help text) In limited circumstances, such as when congregate shelters are not available or sufficient, FEMA may reimburse costs related to emergency sheltering provided in non-congregate environments. See the Non-congregate Sheltering section of the [Public Assistance Program and Policy Guide](#) (PAPPG) for more information.

<input type="checkbox"/> Yes		
Private Property Debris Removal		
<i>The Request for Private Property Debris Removal is used to collect information necessary to determine whether the debris removal activities on private property are eligible under the Public Assistance Program. The Applicant or Recipient does not need to wait for FEMA approval to start removing debris from residential property or private roads, however the removal of debris from commercial property does require FEMA approval prior to removing the debris. This request must be submitted prior to completing the project application. For more information, please see Debris Removal from Private Property in the Public Assistance Program and Policy Guide.</i>		
Commercial Property⁷⁰		
Impact Line Item⁷¹ Please select one.	Facility Name(s) [system generated]	Site/Campus Name(s) [system generated]
Project # [system generated]	Project Title [system generated]	Applicant-Assigned Project Application # [system generated]
Location(s) [system generated]	Type of work [system generated]	Status of work [system generated]
Please provide the property address(es) that are being considered for commercial property debris removal or upload a list. ⁷² [required]		
Has a public health authority or other public entity determined that the debris on commercial property constitutes an immediate threat? ⁷³		
<input type="checkbox"/> No		
Please provide a detailed description of the extraordinary circumstances FEMA should consider in approving this request: ⁷⁴		
<input type="checkbox"/> Yes. Name: Title: Organization: Please upload supporting documentation ⁷⁵ and describe: [required]		
Private Residential Property⁷⁶		
Impact Line Item⁷⁷ Please select one.	Facility Name(s) [system generated]	Site/Campus Name(s) [system generated]

⁷⁰ Functionality: Generate Site/Campus name, Location, and Status of Work from Impact List. Generate Debris activity on private property from Impact List Addendum.

⁷¹ Functionality: Generate the Impact List and allow the Applicant to select any item. Generate Facility name, site/campus name, location from the Impact List.

⁷² (Help text) Please provide addresses only. Do not include other personally identifiable information (e.g., names, phone numbers, etc.) Functionality: Documentation required prior to submitting this request.

⁷³ (Help text) The determination must be made by the State, Territorial, Tribal, county, or municipal government's public health authority or other public entity that has legal authority to make a determination that disaster-generated debris on commercial property constitutes an immediate threat to life, public health, or safety, or to the economic recovery of the community at large.

⁷⁴ (Help text): Explain how the debris on commercial property threatens public health and safety or the economic recovery of the community at large. Uploading photos can assist in communicating contextual information.

⁷⁵ Functionality: Documentation required prior to submitting the request for approval.

⁷⁶ Functionality: Generate Site/Campus name, Location, and Status of Work from Impact List. Generate Debris activity on private property from Impact List Addendum.

⁷⁷ Functionality: Show the Impact List and allow the Applicant to select any item. Generate Debris activity on private property from Impact List Addendum.

Project # [system generated]	Project Title [system generated]	Applicant-Assigned Project Application # [system generated]
Location(s) [system generated]	Type of work [system generated]	Status of work [system generated]
<p>Please provide the residential property address(es) or geographic area(s) considered for private residential property debris removal or upload a list. ⁷⁸ [required]</p> <p>Has a public health authority or other public entity determined that the debris on private residential property constitutes an immediate threat?⁷⁹</p> <p><input type="checkbox"/> No</p> <p>Please provide a detailed description of the extraordinary circumstances FEMA should consider in approving this request.: ⁸⁰</p> <p><input type="checkbox"/> Yes. Name: Title: Organization: <i>Please upload supporting documentation and describe:</i> ⁸¹ [required]</p>		
Private Roads⁸²		
Impact Line Item⁸³ Please select one.	Facility Name(s) [system generated]	Site/Campus Name(s) [system generated]
Project # [system generated]	Project Title [system generated]	Applicant-Assigned Project Application # [system generated]
Location(s) [system generated]	Type of work [system generated]	Status of work [system generated]
<p>Please provide the name of the private road(s) or location(s) considered for private road debris removal or upload a list. [required] ⁸⁴</p> <p>Has a public health authority or other public entity determined that the debris on private property constitutes an immediate threat?⁸⁵</p> <p><input type="checkbox"/> No</p> <p>Please provide a detailed description of the extraordinary circumstances FEMA should consider in approving this request:</p>		

⁷⁸ (Help text) Please provide addresses only. Do not include other personally identifiable information (e.g., names, phone numbers, etc.) *Functionality: Documentation required prior to submitting this request.*

⁷⁹ (Help text) The determination must be made by the State, Territorial, Tribal, county, or municipal government's public health authority or other public entity that has legal authority to make a determination that disaster-generated debris on private property constitutes an immediate threat to life, public health, or safety, or to the economic recovery of the community at large.

⁸⁰ (Help text): Explain how the debris on private property threatens public health and safety or the economic recovery of the community at large. Uploading photos can assist in communicating contextual information.

⁸¹ *Functionality: Documentation required prior to submitting the request for approval.*

⁸² *Functionality: Generate Site/Campus name, Location, and Status of Work from Impact List. Generate Debris activity on private property from Impact List Addendum.*

⁸³ *Functionality: Show the Impact List and allow the Applicant to select any item.*

⁸⁴ (Help text) Please provide addresses only. No other personally identifiable information should be included (e.g., names, phone numbers, etc.) *Functionality: Documentation required prior to submitting this request.*

⁸⁵ (Help text) The determination must be made by the State, Territorial, Tribal, county, or municipal government's public health authority or other public entity that has legal authority to make a determination that disaster-generated debris on private property constitutes an immediate threat to life, public health, or safety, or to the economic recovery of the community at large.

<input type="checkbox"/> Yes. Name: describe:	Title: ⁸⁶ [required]	Organization:	Please upload supporting documentation and
Does the public have unrestricted access to the road(s)?⁸⁷			
<input type="checkbox"/> No ⁸⁸			
<input type="checkbox"/> Yes			
Are the road(s) used frequently by the public?			
<input type="checkbox"/> No ⁸⁹			
<input type="checkbox"/> Yes			
Recipient Request and Justification⁹⁰			
What is this debris removal request for? Please select all that apply.			
<input type="checkbox"/> Commercial property			
<input type="checkbox"/> Private property			
<input type="checkbox"/> Public property			
Is the request for debris removal:			
<input type="checkbox"/> A specific Applicant. Please select Applicant: ⁹¹			
<input type="checkbox"/> Multiple designated areas. Please select all designated areas for which the debris removal is requested: ⁹²			
Has a public health authority or other public entity determined that the debris removal constitutes an immediate threat?⁹³			
<input type="checkbox"/> No			
Please provide a detailed description of the extraordinary circumstances FEMA should consider in approving this request: ⁹⁴			

⁸⁶ *Functionality: Documentation required prior to submitting the request for approval.*

⁸⁷ *(Help text) Unrestricted access is defined as no locks, gates, or guards, and no signs discouraging public use (e.g., "No trespassing" signs).*

⁸⁸ *(Help text) If access to the road is restricted, then debris removal is not in the public's interest, therefore the debris removal work is ineligible. See the Removal from Private Roads section in the PAPPG.*

⁸⁹ *(Help text) If the road is not frequently used by the public, then debris removal is not in the public's interest, therefore the debris removal work is ineligible per the Removal from Private Roads section of the PAPPG.*

⁹⁰ *Functionality: This section is available for Recipients only.*

⁹¹ *Functionality: Generate list of government organizations and private non-profits from the Grants Portal Applicant Registration. (Help text) Applicants must have a completed Grants Portal Applicant Registration to appear on list.*

⁹² *Functionality: Generate list of Designated Area(s) from Incident Information.*

⁹³ *(Help text) The basis for the determination that removing the debris from the private property locations requested was in the public interest. The determination must be made by the State, Territorial, Tribal, county, or municipal government's public health authority or other public entity that has legal authority to make a determination that disaster-generated debris on private property constitutes an immediate threat to life, public health, or safety, or to the economic recovery of the community at large.*

⁹⁴ *(Help text): Explain how the debris threatens public health and safety or the economic recovery of the community at large. Uploading photos can assist in communicating contextual information.*

<input type="checkbox"/> Yes. Name: Title: Organization: Please upload supporting documentation and describe: ⁹⁵ [required]			
Project Amendment			
<i>The Request for a Project Amendment and the project application must be approved prior to the start of construction on the amended scope of work. For a list of common reasons for amending a project and information needed to support scope of work changes, please see Post Award Change in Scope of Work in the Public Assistance Program and Policy Guide.</i>			
Project # [system generated]		Previous Amendment # [system generated]	
Project title [system generated]	Category of work [system generated]	Project type ⁹⁶ [system generated]	
Capped project ⁹⁷ [system generated]		Is there an open Appeal or Arbitration? ⁹⁸ [system generated]	
Total approved project amount: [system generated]	Federal share obligated [system generated]	Date obligated [system generated]	
Standard Projects⁹⁹			
Previous Scope of Work: ¹⁰⁰ [system generated] Please describe in detail the changes to the scope of work and costs or upload a document with that information: Please select the reason(s) for this scope of work change request: Please select all that apply. <input type="checkbox"/> Add or modify the approved hazard mitigation scope to increase resilience against future incidents ¹⁰¹ <input type="checkbox"/> Adjust project based on outcome of eligible architectural, engineering, and design services ¹⁰² <input type="checkbox"/> Adjust costs to account for actual insurance proceeds <input type="checkbox"/> Applicant wishes to pursue or change an Alternate project ¹⁰³ <input type="checkbox"/> Applicant wishes to pursue or change an Improved project ¹⁰⁴ <input type="checkbox"/> Change in repair method is more cost-effective than the original approved repair method. ¹⁰⁵ Please provide new cost estimate and supporting documentation.			

⁹⁵ Functionality: Documentation required prior to submittal.

⁹⁶ (Help text) Project types include Expedited Projects, Small Projects, and Large Projects.

⁹⁷ Functionality: Populate option "No" "Alternate" "Alternative Procedures" or "Improved" based on the category of work.

⁹⁸ (Help text) Project Amendment cannot be completed if there is an open Appeal or Arbitration. Please consult with Recipient and FEMA for additional information. Functionality: Project Amendment cannot be completed. Notify Recipient and FEMA for review.

⁹⁹ Functionality: Trigger for all projects not utilizing Public Assistance Alternative Procedures.

¹⁰⁰ Functionality: Generate previous Scope(s) of Work

¹⁰¹ Functionality: Trigger option if category of work is an Infrastructure Restoration project

¹⁰² Functionality: Trigger option if category of work is an Infrastructure Restoration project

¹⁰³ Functionality: Trigger option if category of work is an Infrastructure Restoration project. Selection triggers the Alternate Project section in the Request for Approval form for completion.

¹⁰⁴ Functionality: Trigger option if category of work is an Infrastructure Restoration project. Selection triggers the Improved Project form in the Request for Approval form for completion.

¹⁰⁵ Functionality: Trigger option if project is an Infrastructure Restoration project. Generate original cost estimate from Project Application.

- ☐ Change in the damage or impacts assigned to project
- ☐ Error or omission in original scope of work. *Please provide supporting documentation.*
- ☐ Expedited project reconciliation to release additional funding¹⁰⁶
- ☐ Hidden damage discovered during construction and is disaster related.¹⁰⁷ *Please upload the following:*
 - Documentation substantiating the damage is related to the declared incident;
 - Photographs documenting damage; and
 - Change orders or contract amendments
- ☐ Increase in previously approved quantities due to ongoing work, errors, or omissions¹⁰⁸
- ☐ Original repair method is not technically feasible.¹⁰⁹ *Please provide supporting documentation such as technical reports.*¹¹⁰
- ☐ Request to withdraw project
- ☐ Other reason. *Please describe:*

What is the estimated total cost of the proposed amended project? \$

Alternative Procedures Permanent Work Project¹¹¹

Please select the reason(s) for this scope of work change request:¹¹² Please select all that apply.

- ☐ Add or modify the approved Hazard Mitigation scope to increase resilience against future incidents¹¹³
- ☐ Adjust costs to account for actual insurance proceeds
- ☐ Change involves buildings or structures 45 years or older
- ☐ Change involves ground disturbing activities
- ☐ Change involves work in or near water
- ☐ Request to withdraw project
- ☐ Other. *Please describe:*

¹⁰⁶ *Functionality: Trigger option if the Applicant selected "Yes" to "Do you need funding expedited?" on the Request for Public Assistance, Applicant Impact Survey, or Impact List. (More Info) FEMA provides the Federal cost share for the remaining 50 percent of the Expedited Project's cost once the Applicant provides all of the documentation required to support the estimated project cost for a non-Expedited Project.*

¹⁰⁷ *Functionality: Trigger option if category of work is an Infrastructure Restoration project*

¹⁰⁸ *(Help text) For Emergency Work related operations, this could include items such as Debris clearance, Debris Monitoring, Debris removal, disposal of safety hazards, sandbagging, temporary repairs.*

¹⁰⁹ *Functionality: Trigger option if category of work is an Infrastructure Restoration project*

¹¹⁰ *(Help text) If change in repair method is due to a required upgrade, include relevant code or standard.*

¹¹¹ *Functionality: Trigger if the project is a Public Assistance Alternative Procedures.*

¹¹² *(Help text) After FEMA approves a Scope of Work for an Alternative Procedures project, approval is only necessary for changes that involve buildings or structures aged 45 years or older, ground disturbing activities, or work in or near water. Please refer to the Fixed Cost Offer for Alternative Procedures section in the [Public Assistance Program and Policy Guide](#) for more information.*

¹¹³ *(Help text) If the Applicant is requesting hazard mitigation funding, it must determine the actual SOW and hazard mitigation measures to be performed within the 18-month event deadline for fixed cost offers.*

Replacement Project¹¹⁴

The Request for a Replacement Project and the project application must be approved prior to the start of construction. When evaluating whether a damaged facility is eligible for replacement, FEMA compares the repair cost with the replacement cost and evaluates the feasibility of repairing the facility. For more information regarding the calculation used to determine eligibility, cost related considerations, and relocating facilities that meet the replacement determination, please see Repair vs. Replacement and Relocation in the [Public Assistance Program and Policy Guide](#).

Impact Line Item ¹¹⁵ Please select one.	Facility Name(s) [system generated]	Site/Campus Name(s) [system generated]	Location(s) [system generated]
Project # [system generated]	Project Title [system generated]	Applicant-Assigned Project Application # [system generated]	Type of work [system generated]

What is the reason for the replacement of the facility?¹¹⁶

- ☐ Destroyed, or repairs are not feasible. Please provide documentation, such as photos, assessments, or other items to support the claim, if available.¹¹⁷ [optional]
- ☐ Estimated repair cost exceeds 50% of the estimated replacement cost.¹¹⁸ Please provide documentation that supports the 50% Rule claim.
- ☐ Replacement of components within a system meets the cost comparison requirements (50% Rule).¹¹⁹
- ☐ Other. Please describe:

Does the Applicant need assistance from FEMA to develop the scope of work or cost estimate? Please select all that apply:

¹¹⁴ *Functionality:* Trigger if "Replace the facility" is selected in the Impact List or if "Relocate the facility" or "Replace the facility" are selected on the project application. All Replacement project applications must go through Recipient Application Review for Recipient approval of the replacement request prior to being submitted to FEMA.

¹¹⁵ *Functionality:* Show the Impact List and allow the Applicant to select any item.

¹¹⁶ (Help text) A Replacement Project refers to constructing a new facility instead of repairing the existing one. In accordance with 44 C.F.R. § 206.226(f), when evaluating whether a damaged facility is eligible for replacement, FEMA compares the repair cost with the replacement cost and evaluates the feasibility of repairing the facility. A facility is considered repairable when: 1) The cost to repair the disaster-related damage does not exceed 50 percent of the cost to replace the facility based on its pre-disaster size, capacity, and function; and 2) It is feasible to repair the facility so that it can perform the pre-disaster function as well as it did prior to the incident. The comparison of the repair cost to the replacement cost results in a fraction that expresses repair as a percentage of replacement. The percentage is calculated with the repair cost as the numerator and the replacement costs as the denominator. FEMA refers to this as the "50% Rule." The purpose of the 50% Rule is to make an early determination on whether it is more prudent to repair or replace a facility and is not intended to be a full calculation of all eligible project costs.

¹¹⁷ *Functionality:* Allow for multiple uploads. Upload not required.

¹¹⁸ (Help Text): Replacement of the facility meets cost comparison requirement (50% Rule).

¹¹⁹ (Help text) FEMA does not apply the 50% Rule to a facility's structural or mechanical components (e.g., windows, roofs, HVAC; electrical, plumbing). If the facilities' systems are composed of multiple components that may easily differentiated, FEMA applies the 50% Rule to individual components of the system, rather than the entire system. The following are examples of facilities that are systems to which FEMA applies the 50% Rule calculation to individual components: Drainage channel or irrigation system: a section from damaged node to damaged node, which is where there are intersections or connecting point; Water or sewer line system: a section of piping from damaged manhole to damaged manhole, a lift station, or a manhole structure; Water or wastewater treatment plant: a control building, clarifier, or sedimentation pond; Roadway: each damaged roadway section.

- ☐ Repair
- ☐ Scope of work and cost estimate
 - ☐ Cost estimate. *Please upload the repair scope of work.*¹²⁰
 - ☐ Neither. Please provide the total estimated repair cost: \$. *Please upload the repair scope of work and itemized cost estimate.*¹²¹
- ☐ Replacement
- ☐ Scope of work and cost estimate
 - ☐ Cost estimate. *Please upload the replacement scope of work.*¹²²
 - ☐ Neither. Please provide the total estimated replacement cost: \$. *Please upload the replacement scope of work and itemized cost estimate.*¹²³

Does the Applicant want to move the facility to a new location?

- ☐ No¹²⁴
- ☐ Yes.¹²⁵ *Please provide GPS coordinates and address for the new location:*¹²⁶
- Latitude: Longitude: Address:

Please upload the following documentation if available:

- ☐ Technical surveys and report
- ☐ Design drawings and sketches
- ☐ Elevation documentation

Relocation Information¹²⁷

Do any of the following apply to this project? Please select all that apply.

- ☐ The facility is subject to repetitive heavy damage because of its location. *Please upload documentation showing historical damage to the facility.*

How often does this damage occur?

¹²⁰ (Help text) Do not include work associated with upgrades of non-damaged elements even if required by codes or standards or consensus based codes and standards, demolition beyond that which is essential to repair the damaged elements, site work, soft costs, contents, hazard mitigation measures, or emergency work.

¹²¹ (Help text) Do not include work associated with upgrades of non-damaged elements even if required by codes or standards or consensus based codes and standards, demolition beyond that which is essential to repair the damaged elements, site work, soft costs, contents, hazard mitigation measures, or emergency work.

¹²² (Help text) Do not include work associated with upgrades of non-damaged elements even if required by codes or standards or consensus based codes and standards, demolition beyond that which is essential to repair the damaged elements, site work, soft costs, contents, hazard mitigation measures, or emergency work.

¹²³ (Help text) Do not include work associated with upgrades of non-damaged elements even if required by codes or standards or consensus based codes and standards, demolition beyond that which is essential to repair the damaged elements, site work, soft costs, contents, hazard mitigation measures, or emergency work.

¹²⁴ Functionality: No other questions are asked in the Relocation Information section.

¹²⁵ Functionality: Trigger Relocation Information.

¹²⁶ (Help text) GPS coordinates should be latitude and longitude values in decimal degrees formatted to the sixth decimal place (e.g. 38.885431, -77.018781). For facilities more than 200 feet in length, please provide start and stop coordinates. Address Format: [street address, city, state, ZIP code]

¹²⁷ Functionality: Trigger if the Applicant selects 'Yes' to "Does the Applicant want to move the facility to a new location?"

For what length of time is the function of the facility typically impacted by this damage?

Is the original facility in a Special Flood Hazard Area (SFHA) or wildland-urban interface?

☐ No

☐ Yes

☐ An applicable code or standard requires the facility be located away from a hazardous area.

☐ Floodplain management regulation

☐ Other code or standard. *Please provide the applicable code or standard:*

☐ Other. *Please describe:*

What does the Applicant intended to do with the original facility?¹²⁸

☐ Demolish

☐ Repair

☐ Sale or lease of property at the original site

☐ Secure

☐ Other. *Please describe:*

Residential Electrical Meter Repair

The Request for Residential Electrical Meter Repair is used to collect information necessary to determine whether funding for residential electrical meter repair is eligible under the Public Assistance Program. Funding is generally up to \$800 per residential meter. Commercial properties are not eligible. For more information regarding eligible activities and limitations, please see Residential Electrical Meter Repair in the [Public Assistance Program and Policy Guide](#).

Please list the property address(es) requesting residential electric meter repair or upload a list.

129

Safe Rooms for Temporary Schools¹³⁰

The Request for Safe Rooms for Temporary Schools is used to collect information necessary to determine whether the funding for a safe room as part of a temporary school is eligible under the Public Assistance Program. This request and the project application must be approved prior to any facility modifications or the start of construction. For more information, please see Safe Rooms for Temporary School Facilities in the [Public Assistance Program and Policy Guide](#).

Please describe the safe room[s]/safe space[s] that was [were] used as a storm shelter at the damaged school prior to the incident: . *Alternatively, you may upload documentation with at least the same level of information.* Please upload any design drawings, sketches, technical surveys, or reports.¹³¹
[optional]

What communities are within the school district boundaries: . *Please upload school district*

¹²⁸ (Help text) Please refer to the Relocation – Eligible Work and Funding and the Sale or Lease of Property at Original Site sections in the [Public Assistance Program and Policy Guide](#) to review requirements for these options.

¹²⁹ Functionality: Documentation required prior to submitting this request. (Help text) Please provide addresses only. No other personally identifiable information should be included (e.g., names, phone numbers, etc.)

¹³⁰ Functionality: Trigger if “Temporary Relocation of Essential Services” is selected in the Impact List Addendum.

¹³¹ Functionality: Requested, not required.

boundary maps.¹³² [optional]

How many students and faculty will occupy the school's temporary facility: .

Section III - Applicant Acknowledgements and Certifications

I acknowledge that I have reviewed and understand the following information regarding overarching requirements for Public Assistance. Please initial next to each statement.

The requirement to comply with applicable Federal, State, local, Tribal, and Territorial laws, regulations, and executive orders. Non-compliance may result in denial or deobligation of funding. This includes but is not limited to laws prohibiting discrimination; complying with the most restrictive of its own documented policies and procedures used for procurements with non-Federal funds; Federal procurement and contracting laws in accordance with 2 C.F.R. §§ 200, compliance with the Environmental Protection Agency guidelines for procurement of recovered materials; environmental and historic preservation laws; and inclusion of required provisions as applicable.

Applicants must maintain all source documentation for each Project for 3 years after the date of transmission of the Closeout Form as certified by the Recipient. Recipients must keep all financial and program documentation for 3 years after the date it submits the final SF-425, in accordance with Title 2 C.F.R. §200.334-337. Longer retention periods may apply to real property and equipment disposition, audits, and litigation. Additionally, State, local, Tribal, or Territorial government laws may require longer retention periods.

The requirement to inform FEMA of all purchased equipment with a fair market value over \$5,000 after it is no longer needed for federally funded programs or projects in accordance with 2 C.F.R. § 200.313. FEMA reduces eligible funding by this amount.

The requirement to inform FEMA if the aggregate fair market value of unused supplies purchased for FEMA projects is over \$5,000 after they are no longer needed for federally funded programs or projects in accordance with 2 C.F.R. § 200.314. FEMA reduces eligible funding by this amount.

As required by Title VI of the Civil Rights Act of 1964, Sections 308 and 309 of the Stafford Act, and applicable provisions of laws and authorities prohibiting discrimination, all work claimed was [will be] delivered in an impartial and equitable manner.

As required by 44 C.F.R. § 206.228 and 2 C.F.R. Part 200.404, the costs claimed were of a type generally recognized as ordinary and necessary for the type of facility and work.

As required by Stafford Act § 312, I certify that I am not claiming any work or costs that are covered by another source such as revenue, non-federal grants, cash donations, another Federal agency, or another FEMA Program (e.g., Individual Assistance programs or Hazard Mitigation Grant Program). If I receive funding for any work or costs in this project application, I will notify the Recipient and FEMA, and funding will be reconciled to eliminate duplication.

All information provided regarding the project application is true and correct to the best of my knowledge. Upon submittal this project application becomes a legal document. The Recipient or FEMA may use external sources to verify the accuracy of the information entered. It is a violation of Federal law to intentionally make false statements or hide information when applying for Public Assistance. The False Claims Act (31 U.S.C. §§3729-3733) prohibits the submission of false or fraudulent claims for payment to the federal government. Suspicion of fraudulent activities should be reported to the FEMA Disaster

¹³² *Functionality: Requested, not required.*

Fraud Hotline, the Department of Homeland Security's Office of the Inspector General, or the Department of Justice Fraud Hotline. 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 including a fine of up to \$250,000, imprisonment, or both. (18 U.S.C. §§ 287, 1001, 1040, and 3571).

Alternate Project

I acknowledge that in accordance with 44 C.F.R. § 206.203(d)(2)(ii) and (iii) FEMA limits Federal funding for an Alternate Project to the lesser of the following: The Federal share of the approved estimate to restore the damaged facility to its pre disaster design and function; or the Federal share of the actual costs of completing the Alternate Project. Pursuing an Alternate Project will result in a capped funding project.

I acknowledge that if the Alternate Project request is approved for a facility which FEMA approved for temporary relocation of the services to a temporary facility, FEMA will not reimburse any temporary facility costs incurred after the date of the Alternate Project request.

I acknowledge that the proposed project benefits the general public, serving the same general area that was being served by the original facility and has provided documentation to support this.

I acknowledge that in accordance with 44 C.F.R. § 206.203(d)(2)(v), if the Alternate Project involves construction, I must obtain FEMA approval prior to the start of construction, as FEMA must ensure that it complies with appropriate Environmental and Historic Preservation laws, regulations, and Executive Orders. Beginning work before FEMA's approval of the requested scope of work may jeopardize funding.

I acknowledge that FEMA only increases eligible funding for an Alternate Project if the Applicant identifies an error or omission in the base Scope of Work or cost estimate related to restoring the facility to its pre disaster design and function.

Alternative Procedures Use of Excess Funds

I acknowledge that excess funds exist when the final actual cost of the work under all the projects is less than the cost estimate used for the capped projects. I understand that this award will be funded with these available excess funds and FEMA will not obligate additional funds related to the work.

I acknowledge that any excess funds remaining after the approved Scope of Work is complete may be used for cost-effective activities that reduce the risk of future damage, hardship, or suffering from a major disaster, and activities that improve future Public Assistance operations or planning.

I acknowledge that failure to notify FEMA prior to making scope of work changes that involve buildings or structures that are 45 years of age or older, ground disturbing activities, or work in or near waterways could result in loss of funding.

I acknowledge that I must submit a proposed scope of work for use of any excess funds, along with a project timeline to the Recipient within 90 days of completing the last Alternative Procedures Project. The Recipient must forward the request to FEMA within 180 days of date the last Alternative Procedures Project was completed. FEMA evaluates the proposed use of excess funds for reasonableness to ensure prudent use of funds. FEMA also evaluates the submitted project timeline and approves an appropriate deadline for work completion, not to exceed the overall disaster period of performance.

Demolition of Commercial Property

The structure(s) is [are] located in an area designated by the disaster declaration. The structure(s) was [were] damaged and made unsafe by the incident and was [were] usable and not condemned prior to the event.

The structure(s) is [are] determined to be unsafe poses an immediate threat to the public and asserts that other methods of protecting the public interest, such as perimeter fencing, have been determined inadequate.

The legally authorized official has formally condemned the premises using local ordinances and ordered the demolition to protect public health and safety. This unsafe (condemnation) certification is to be made by the State or local government's building inspector based upon a structural assessment in accordance with local ordinances and building codes.

The unconditional authorization was [will be] received from the property owner for entry to carry out demolition or has complied with local codes or state law that allow use of police power to establish demolition authority despite owner objection.

I agree to indemnify the Federal government and its employees, agents, and contractors from any claims arising from the demolition work.

The unconditional access for demolition has been obtained through use of rights-of-entries or police power, and formal official notice of condemnation, noting demolition is required.

Demolition of Residential Property

I certify that the structure(s) is [are] located in an area designated by the disaster declaration. The structure(s) was [were] damaged and made unsafe by the incident and was [were] usable and not condemned prior to the event.

I certify that the structure(s) is [are] determined to be unsafe poses an immediate threat to the public and asserts that other methods of protecting the public interest, such as perimeter fencing, have been determined inadequate.

I certify that a legally authorized official has formally condemned the premises using local ordinances and ordered the demolition to protect public health and safety. This unsafe (condemnation) certification is to be made by the State or local government's building inspector based upon a structural assessment in accordance with local ordinances and building codes.

I certify that unconditional authorization was [will be] received from the property owner for entry to carry out demolition or has complied with local codes or state law that allow use of police power to establish demolition authority despite owner objection.

I certify to indemnify the Federal government and its employees, agents, and contractors from any claims arising from the demolition work.

I certify that the demolition is in the public interest, unconditional access for demolition has been obtained through use of rights-of-entries or police power, and formal official notice of condemnation, noting demolition is required.

Improved Project

I acknowledge that in accordance with 44 C.F.R. § 206.203(d)(1) FEMA limits Federal funding for an Improved Project to the lesser of the following: The Federal share of the approved estimate to restore the damaged facility to its pre disaster design and function; or The Federal share of the actual costs of completing the Improved Project. Pursuing an Improved Project will result in a capped funding project.

I acknowledge that if a subrecipient desires to make improvements, but still restore the pre-disaster function of a damaged facility, the recipient's approval must be obtained. Federal funding for such improved projects shall be limited to the Federal share of the approved estimate of eligible costs, per 44 C.F.R. § 206.203(d).

I acknowledge that Public Assistance funds can be combined with funding from another Federal agency to construct the Improved Project. However, the funding from another Federal agency cannot be applied toward the non-Federal cost share of the PA-funded project, unless the legislation for the other grant allows such use.

I acknowledge that FEMA only increases eligible funding for an Improved Project if the Applicant identifies an error or omission in the base Scope of Work or cost estimate related to restoring the facility to its pre disaster design and function.

Host-State/Tribe Evacuation and Sheltering

I acknowledge that I will provide evacuation and sheltering to evacuees from the Impact-State or Impact-Tribe based on need and without restriction.

I acknowledge the requirement to comply with applicable Federal, State, local, Tribal, and Territorial laws, regulations, and executive orders. Non-compliance may result in denial or de-obligation of funding. This includes but is not limited to, Federal procurement and contracting laws, environmental and historic preservation laws, and laws prohibiting discrimination.

I acknowledge that I must amend the State or Tribal Administrative Plan pursuant to § 206.207 and submit a Standard Form SF-424 Application for Federal Assistance directly to FEMA to apply for reimbursement of eligible costs for evacuating and/or sheltering individuals from an impact-State or impact-Tribe. Upon award, I assume the responsibilities of the "Recipient" under this part with respect to its grant award.

I acknowledge the Applicant must maintain all source documentation for each Project for 3 years after the date of transmission of the final expenditure report for project completion as certified by the Recipient. The Recipient must keep all financial and program documentation for 3 years after the date it submits the final SF-425, in accordance with Title 2 Code of Federal Regulations (C.F.R.) §200.302(b)(3) and 200.333. Longer retention periods may apply to real property and equipment disposition, audits, and litigation. Additionally, State, local, Tribal, or Territorial government laws may require longer retention periods.

I acknowledge the requirement to comply with the requirements of The False Claims Act (31 U.S.C. §§3729-3733) which prohibits the submission of false or fraudulent claims for payment to the federal government. Suspicion of fraudulent activities should be reported to the FEMA Disaster Fraud Hotline, the Department of Homeland Security's Office of the Inspector General, or the Department of Justice Fraud Hotline.

I certify that all information provided regarding the request for approval is true and correct to the best of my knowledge. Upon submittal the request for approval becomes a legal document. The Recipient or FEMA may use external sources to verify the accuracy of the information I have entered. 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 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.

Mosquito Abatement

I acknowledge a determination of the need for vector control measures should be based on surveillance data provided by local agencies, or on surveillance conducted as a component of the emergency response. Similarly, termination of control efforts should be based on mosquito density and disease transmission monitoring, and on the degree of exposure to mosquitoes of residents and responders.

I acknowledge that if the request is approved, I must provide information in relation to the mosquito abatement activities, i.e., chemical application, method of application, application date and time, and GPS locations, in the project application.

I acknowledge that to be eligible for Public Assistance funding, insecticide formulations must be among those approved and registered by the U.S. Environmental Protection Agency for use in urban areas for mosquito control and must be applied according to label directions and precautions by appropriately trained and certified applicators. Furthermore, mosquito abatement measures must comply with all Federal, State, local, Territorial, and Tribal laws, ordinances, and regulations concerning vector control.

Non-Congregate Sheltering

I certify that the incident's impact is beyond the capability of the Applicant and Recipient to effectively manage emergency sheltering needs without conducting non-congregate sheltering.

I certify that prior to requesting assistance for non-congregate sheltering from FEMA that analysis has been done to identify and consider other available sheltering/housing resources. It has been identified how and when those resources are expected to support transitioning disaster survivors out of PA-funded, non-congregate sheltering.

I acknowledge that if there is a multi-state event that is impacting the Recipient or Applicant's ability to manage sheltering in some other manner that FEMA may consider a one-time extension under an emergency declaration.

I acknowledge to inform FEMA if other recovery resources are not sufficient to transition identified disaster survivors due to known and documented disaster-caused housing challenges.

I acknowledge that the criteria for each disaster survivor household (individuals and households) served by non-congregate sheltering meets the following:

- Each household is in an IA designated county/parish/jurisdiction;
- Each household has registered with FEMA IA program for disaster assistance;
- Each household has not requested to withdraw its FEMA registration
- The Applicant has determined that the home (primary residence) is not habitable (see FEMA Policy 104-009-18, Appendix A for more information); and
- The Applicant has determined the household is able to document status as an owner or renter of the home (primary residence) pre-incident

I acknowledge that FEMA expects Applicants to develop a data management component that captures specific information regarding individuals/households when conducting non-congregate sheltering operations to ensure eligible work criteria is met and prevent duplication of benefits. Although

FEMA does not require regular reporting of the information, the data could be requested by FEMA. The information collected should contain the following data points:

- FEMA Registration ID (if available)
- Head of Household: First Name
- Head of Household: Last Name
- Head of Household: Mobile or other phone number
- Number of individuals in the Household
- Damaged Dwelling: Street Address
- Damaged Dwelling: City
- Damaged Dwelling: State
- Damaged Dwelling: Zip Code
- Pre-incident residence habitability status (if available)

Private Property Debris Removal

I certify that the organization has legal authority and responsibility to remove debris from private property.

I agree to indemnify the United States for any claim arising from the debris removal.

Residential Electrical Meter Repair Program

I acknowledge that to be eligible for Public Assistance funding that the State, local, Territory, or Tribal government must issue a finding of an immediate threat to safety due to loss of power caused by damaged meters or weatherhead.

I acknowledge that only residential properties are eligible for this program. Commercial properties, including apartment complexes, are ineligible.

I certify that a signed right-of-entry has [will] be obtained from each residential property owner, reasonable measures to document any known insurance proceeds will be taken, licensed electricians did [will] perform all electrical meter repairs, and the State, local, Tribe, or Territory did [will] coordinate the work with the property owner, power company, and contracted electricians.

Safe Rooms for Temporary Schools

I acknowledge and certify that the damaged school contained a safe room or other space that served as a storm shelter and there are no other cost-effective, reasonable alternatives available to address the safety needs of the students and faculty.

I acknowledge that the safe room capacity is based on student population and the number of faculty who are expected to use the temporary school facility. The capacity of the safe room will not exceed the pre-disaster capacity of the safe room in the damaged school and the safe room will be available no later than the opening day of classes at the temporary facility.

I acknowledge that the safe room provided as part of a temporary school facility must comply with the requirements of Safe Rooms for Tornadoes and Hurricanes, Guidance for Community and Residential Safe Rooms ([FEMA P-361](#)).

Applicant Authorized Representative [system generated]	Title [system generated]	Signature [system generated]	Date submitted¹³³ [system automated]
--	------------------------------------	--	---

Section IV – Recipient Review and Recommendation

Does the Recipient recommend approval of the Applicant's request?

- ☐ No. *Please provide the basis for the denial, including the provisions of law, regulation, or policy that support the determination and a complete list of all documents reviewed:*
- ☐ Partially. *Please provide the basis for the portion denied, including the provisions of law, regulation, or policy that support the determination and a complete list of all documents reviewed:*
- ☐ Yes, the Recipient recommends approval of the Applicant's request.

Please provide any additional comments or information regarding the request for alternate project activities:

Authorized Representative [system generated]	Title [system generated]	Signature [system generated]	Date submitted¹³⁴ [system automated]
--	------------------------------------	--	---

Section V – FEMA Review and Determination

Does FEMA approve the Applicant's request?

- ☐ No¹³⁵
- ☐ Partially¹³⁶
- ☐ Yes, FEMA approves the request.

FEMA Authorized Representative [system generated]	Title [system generated]	Signature [system generated]	Date submitted¹³⁷ [system automated]
---	------------------------------------	--	---

¹³³ *Functionality: Automate based on the date submitted.*

¹³⁴ *Functionality: Automate based on the date submitted.*

¹³⁵ *Functionality: Require the FEMA Ineligibility Determination Form.*

¹³⁶ *Functionality: Require the FEMA Ineligibility Determination Form.*

¹³⁷ *Functionality: Automated.*