

**PUBLIC ASSISTANCE PROGRAM APPLICANTS BRIEFING INFORMATION PACKET
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Documents to be submitted **TODAY**:

1. REQUEST FOR PUBLIC ASSISTANCE (RPA) FORM
2. RECEIPT OF LIST OF APPLICANT ASSURANCES
3. DUNS NUMBER AND FEIN NUMBER FORM
4. PNP ORGANIZATION CERTIFICATION FORM

REQUEST FOR PUBLIC ASSISTANCE FORM

FEDERAL EMERGENCY MANAGEMENT AGENCY REQUEST FOR PUBLIC ASSISTANCE		O.M.B. No. 3067-0151 Expires September 30, 2005	
PAPERWORK BURDEN DISCLOSURE NOTICE Public reporting burden for this form is estimated to average 10 minutes. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing and submitting the forms. 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 the forms. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472, Paperwork Reduction Project (3067- 0151). Submission of the form is required to obtain or retain benefits under the Public Assistance Program. NOTE: Do not send your completed survey to the above address.			
APPLICANT <i>(Political subdivision or eligible applicant.)</i>			DATE SUBMITTED
COUNTY <i>(Location of Damages. If located in multiple counties, please indicate.)</i>			
APPLICANT PHYSICAL LOCATION			
STREET ADDRESS			
CITY	COUNTY	STATE	ZIP CODE
MAILING ADDRESS <i>(If different from Physical Location)</i>			
STREET ADDRESS			
POST OFFICE BOX	CITY	STATE	ZIP CODE
Primary Contact/Applicant's Authorized Agent		Alternate Contact	
NAME		NAME	
TITLE		TITLE	
BUSINESS PHONE		BUSINESS PHONE	
FAX NUMBER		FAX NUMBER	
HOME PHONE <i>(Optional)</i>		HOME PHONE <i>(Optional)</i>	
CELL PHONE		CELL PHONE	
E-MAIL ADDRESS		E-MAIL ADDRESS	
PAGER & PIN NUMBER		PAGER & PIN NUMBER	
Did you participate in the Federal/State Preliminary Damage Assessment (PDA)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Private Non-Profit Organization? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which of the facilities identified below best describe your organization? _____			
Title 44 CFR, part 206.221(e) defines an eligible private non-profit facility as: "... any private non-profit educational, utility, emergency, medical or custodial care facility, including a facility for the aged or disabled, and other facility providing essential governmental type services to the general public, and such facilities on Indian reservations." "Other essential governmental service facility means museums, zoos, community centers, libraries homeless shelters, senior citizen centers, rehabilitation facilities, shelter workshops and facilities which provide health and safety services of a governmental nature. All such facilities must be open to the general public."			
Private Non-Profit Organizations must attach copies of their Tax Exemption Certificate and Organization Charter or By-Laws. If your organization is a school or educational facility, please attach information on accreditation or certification.			
Official Use Only: FEMA-____-DR-____ - ____ FIPS# _____			Date Received:

RECEIPT
OF
LIST OF APPLICANT ASSURANCES

I, _____,
(Print your name & title)

of the _____
(Town, city, borough, private non-profit agency)

have received/reviewed the List of Assurances and will submit a copy to the Administrative Head and the Finance Office of my agency.

I am also aware that I have to keep complete records and cost documents for all approved work for three years from the date the last project was completed or on the date of receipt of final payment, whichever is later, as specified in 44 CFR §13.42 (b) and (c).

(Signature)

(Title)

(Date)

EMAIL to: demhs.pa@ct.gov
FAX to: 860-256-0821, ATT: *State Public Assistance Office*

APPLICANT ASSURANCES (revised 5/07)

The applicant hereby assures and certifies that he will comply with the FEMA regulations, policies, guidelines and requirements including OMB's Circulars A-102 for local governments and A-110 for institutions of higher education, hospitals and Private Non-Profits (PNPs), as they relate to the application, acceptance and use of Federal funds for this Federally-assisted project. Also, the Applicant gives assurance and certifies with respect to and as a condition for the grant that:

1. It possesses legal authority to apply for the grant, and to finance and construct the proposed facilities; that its charter and/or ordinances direct and authorize the person identified as the official dealing with the state to act in connection with the application and to provide such additional information as may be required.
2. It will comply with the provisions of: Executive Order 11988, relating to Floodplain Management, and Executive Order 11990, relating to Protection of Wetlands.
3. It will have sufficient funds available to meet the non-Federal share of the cost for construction projects. Sufficient funds will be available when construction is completed to assure effective operation and maintenance of the facility for the purpose constructed.
4. It will not enter into a construction contract(s) for the project or undertake other activities until the conditions of the grant program(s) have been met.
5. It will provide and maintain competent and adequate architectural engineering supervision and inspection at the construction site to insure that the completed work conforms to the approved plans and specifications; that it will furnish progress reports and such other information as the Federal grantor agency may need.
6. It will operate and maintain the facility in accordance with the minimum standards as may be required or prescribed by the applicable Federal, State and local agencies for the maintenance and operation of such facilities.
7. It will give the grantor agency and the Comptroller General, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the grant.
8. It will require the facility to be designed to comply with the "American Standard Specifications for Making Buildings and Facilities Accessible to, and Usable by the Physically Handicapped," Number A117.1-1961, as modified (41 CFR 101-17-7031). The applicant will be responsible for conducting inspections to insure compliance with these specifications by the contractor.
9. It will cause work on the project to be commenced within a reasonable time after receipt of notification from the approving Federal agency that funds have been approved and will see that work on the project will be prosecuted to completion with reasonable diligence.
10. It will not dispose of or encumber its title or other interests in the site and facilities during the period of Federal interest or while the Government holds bonds, whichever is the longer.
11. It agrees to comply with Section 311, P.L. 93-288 and with Title VI of the Civil Rights Act of 1964 (P.L. 83-352) and in accordance with Title VI of the Act, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance and will immediately take any measures necessary to effectuate this agreement. If any real property or structure is provided or improved with the aid of Federal financial assistance extended to the Applicant,

this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

12. It will establish safeguards to prohibit employees from using their positions for a purpose that is or gives the appearance of being motivated by a desire for private gain for themselves or others, particularly those with whom they have family, business, or other ties.

13. It will comply with the requirements of Title II and Title III of the Uniform Relocation Assistance and Real Property Acquisitions Act of 1970 (P.L. 91-646) which provides for fair and equitable treatment of persons displaced as a result of Federal and Federally assisted programs.

14. It will comply with all requirements imposed by the Federal grantor agency concerning special requirements of law, program requirements and other administrative requirements approved in accordance with OMB Circular A-102, P.L. 93-288 as amended and applicable Federal Regulations.

15. It will comply with the provisions of the Hatch Act which limit the political activity of employees.

16. It will comply with the minimum wage and maximum hour's provisions of the Federal Fair Labor Standards Act, as they apply to hospital and educational institution employees of State and local governments.

17. To the best of his knowledge and belief the disaster relief work described on each Federal Emergency Management Agency (FEMA) Project Application for which Federal Financial assistance is requested is eligible in accordance with the criteria contained in 44 Code of Federal Regulations, Part 206, and applicable FEMA Handbooks.

18. The emergency or disaster relief work therein described for which Federal Assistance is requested hereunder does not or will not duplicate benefits received for the same loss from another source.

19. It will (1) provide without cost to the United States all lands, easements and rights-of-way necessary for accomplishments of the approved work; (2) hold and save the United States free from damages due to the approved work or Federal funding.

20. This assurance is given in consideration of and for the purpose of obtaining any and all Federal grants, loans, reimbursements, advances, contracts, property, discounts of other Federal financial assistance extended after the date hereof to the Applicant by FEMA, that such Federal Financial assistance will be extended in reliance on the representations and agreements made in this assurance and that the United States shall have the right to seek judicial enforcement of this assurance. This assurance is binding on the applicant, its successors, transferees, and assignees, and the authorized to sign assurances on behalf of the applicant.

21. It will comply with the flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973, Public Law 93-234, 87 Stat. 975, approved December 31, 1973. Section 102(a) requires, on and after March 2, 1975, the purchase of flood insurance in communities where such insurance is available as a condition for the receipt of any Federal financial assistance for construction or acquisition purposes for use in any area that has been identified by the Director, Federal Emergency Management Agency as an area having special flood hazards. The phrase "Federal financial assistance" includes any form of loan, grant, guaranty, insurance payment, rebate, subsidy, disaster assistance loan or grant, or any other form of direct or indirect Federal assistance.

22. It will comply with the insurance requirements of Section 314, P.L. 93-288, to obtain and maintain any other insurance as may be reasonable, adequate, and necessary to protect against further loss to any property which was replaced, restored, repaired, or constructed with this assistance.

23. It will defer funding of any projects involving flexible funding until FEMA makes a favorable environmental clearance, if this is required.

24. It will assist the Federal grantor agency in its compliance with Section 106 of the National Historic Preservation Act of 1966, as amended, (16 U.S.C. 470), Executive Order 11593, and the Archeological and Historic Preservation Act of 1966 (16 U.S.C. 469a-1 et seq.) by (a) consulting with the State Historic Preservation Officer on the conduct of investigations, as necessary, to identify properties listed in or eligible for inclusion in the National Register of Historic places that are subject to adverse effects (see 36 CFR Part 800.8) by the activity, and notifying the Federal grantor agency of the existence of any such properties, and by (b) complying with all requirements established by the Federal grantor agency to avoid or mitigate adverse effects upon such properties.

25. It will, for any repairs or construction financed herewith, comply with applicable standards of safety, decency and sanitation and in conformity with applicable codes, specifications and standards; and will evaluate the natural hazards in areas in which the proceeds of the grant or loan are to be used and take appropriate action to mitigate such hazards, including safe land use and construction practices.

26. Applicant agrees to conform to revisions to these assurances that may from time to time be posted on the DESPP/DEMHS website: www.ct.gov/demhs. Then click on Emergency Management and then click on Public Assistance.

STATE ASSURANCES

The State agrees to take any necessary action within State capabilities to require compliance with these assurances and agreements by the applicant or to assume responsibility to the Federal government for any deficiencies not resolved to the satisfaction of the Regional Administrator.

DUNS # and FEIN # Form

APPLICANT _____

ADDRESS _____

CONTACT PERSON _____

CONTACT PHONE NUMBER _____

CONTACT E-MAIL ADDRESS _____

CONTACT FAX NUMBER _____

FEIN NUMBER _____

DUNS NUMBER _____

STATE TAX NUMBER _____

EMAIL to: demhs.pa@ct.gov

Or FAX to: 860-256-0821, ATT: *State Public Assistance Office*

DUNS NUMBER REQUIRED FOR ALL APPLICATIONS

Dun & Bradstreet (D&B) keeps track of more than 70 million businesses world-wide through its Data Universal Numbering System (DUNS). In recent years, the DUNS number has become increasingly important to both federal and local governments.

First, the federal government, adopted a new policy that requires all organizations to provide a DUNS number as part of their grant applications. Even Subgrantees are now required to obtain the DUNS number on there applications.

There is no fee for registering for a DUNS number. Organizations may register by phone or online. However, online registrations may take up to 30 days, so it is important that you begin the process now.

What's the easiest way to get a DUNS number?

It only takes a day to get a DUNS number from D&B by phone (you may be on hold for a little while), but Internet applications can take up to 30 days! Note that an authorizing official, not a project director, of the organization should request a DUNS number.

Call D&B's special toll-free number for federal grant applicants: **1-866-705-5711**. When you call, tell the operator that you are applying to a federal grant program and need to register for a DUNS number. The process will take about ten minutes. You will be asked to provide the following information (subject to minor changes):

- Legal name of organization
- Physical address (and PO box if you have one)
- Telephone number
- Web address
- Name of the authorizing official (e.g., president, director, etc.)
- The purpose of your organization (e.g., non-profit dance company to perform and create work)
- Total number of employees

Your organization can also register for a DUNS number via [D&B's Web site](#). Choose the "DUNS number only" option. **Please note that registration via the website may take up to 30 business days to complete.**

FEMA Funds will not be disbursed unless the Applicant has filed a DUNS #.

ELIGIBLE APPLICANTS

Following a disaster declaration by the President and a designation for Public Assistance grant funding by FEMA, assistance for response and recovery operations is made available to eligible applicants. **Four types of entities are eligible applicants: State governments, local governments, Indian Tribes or authorized Tribal organizations and PNP organizations.**

State and Local Governments

State and local government agencies are eligible applicants for Public Assistance. Examples of State departments include transportation, environmental resources, parks and recreation, air and water quality, and solid waste and hazardous materials. **A multitude of local governments are eligible, including:**

towns, cities, counties, municipalities, townships, local public authorities, councils of governments, regional and interstate government entities, agencies or instrumentalities of local governments, special districts or regional authorities organized under State law, school districts, and rural or unincorporated communities represented by the State or a political subdivision of the State.

Special District Governments

(Some Examples - **Fire Districts, Tax Districts, Regional School Districts, separate Water or Sewer or Water Pollution Control Authorities, and borough governments may be eligible as special district government entities. Some volunteer fire departments may be eligible as special district government entities or as critical PNPs.**)

excerpt from **Public Assistance Guide FEMA 322 / June 2007**. See FEMA website at:

<http://www.fema.gov/public-assistance-policy-and-guidance/public-assistance-guide>

REVIEW CHECKLIST FOR SPECIAL DISTRICT GOVERNMENTS

Agency Name: _____

- Request for Public Assistance Form
- Receipt of List of Assurances
- DUNS/FEIN/State Tax Sheet
- Proof of Legal Existence as a Government Entity
- Bylaws/Charter
- Form W-9 (Federal)
- Agency Vendor Form (State of CT)

PRIVATE NON-PROFIT ORGANIZATIONS

excerpt from **Public Assistance Guide FEMA 322 / June 2007**. See FEMA website at: <http://www.fema.gov/public-assistance-policy-and-guidance/public-assistance-guide>

See [FEMA Policy 9521.3, Private Nonprofit Facility \(PNP\) Eligibility](http://www.fema.gov/public-assistance-9500-series-policy-publications/private-nonprofit-facility-eligibility-0) at <http://www.fema.gov/public-assistance-9500-series-policy-publications/private-nonprofit-facility-eligibility-0>

PNP Organizations

PNP organizations that own or operate facilities that provide certain services of a governmental nature are eligible for assistance. These organizations, their facilities, and their services must meet additional eligibility criteria beyond those that apply to governmental applicants.

Critical PNPs

Critical PNPs are those that provide:

- **education**
- **medical care**, including hospital, clinics, outpatient services, hospices, nursing homes and rehabilitation facility, or facility for long-term care. A medical facility is also any facility similar to those listed that offers diagnosis or treatment of mental or physical injury or disease
- **custodial care**, provide institutional care for persons who do not require day-to-day medical care, but do require close supervision and some physical constraints on their daily activities for their self-protection
- **emergency services, including** fire protection, ambulances, and rescue
- **utilities**, utility includes buildings, structures, or systems, even if not contiguous, of energy, communication, water supply, sewage collection and treatment, or other similar public service facilities.
 - Water facilities for treatment, transmission, and distribution by a water company supplying municipal water. Water provided by an irrigation company for potable, fire protection, or electricity generation purposes
 - Sewer and wastewater facilities for collection, transmission, and treatment
 - Communications facilities for transmission, switching, and distribution of telecommunications traffic
 - Power facilities for generation, transmission and distribution of electric power
- Eligible facilities supporting facilities that provide critical services (e.g., hospital labs, storage, administration, and records areas) except for irrigation facilities
- **certain irrigation facilities**, This includes PNP irrigation facilities that provide water for essential services of a governmental nature. Eligible irrigation facilities include those that provide water for fire suppression, generating electricity, and drinking water supply.

Non-Critical PNPs

Non-Critical PNPs are those that do not qualify as critical service facilities. **PNPs with non-critical services must first apply to the SBA for a low-interest loan for permanent work. They may apply directly to FEMA for emergency work.**

Non-Critical PNPs are:

- museums
- performing arts facilities
- community arts centers
- zoos
- community centers
- libraries
- homeless shelters
- rehabilitation facilities that do not provide medical care
- senior citizen centers
- shelter workshops
- health and safety services of a governmental nature, such as:
 - low-income housing (as defined by Federal, State, or local law or regulation);
 - alcohol and drug treatment centers that do not provide medical care;
 - residences and other facilities offering programs for battered spouses;
 - facilities offering food programs for the needy; and
 - daycare and before/after school centers for children
 - daycare center for those individuals with special needs (such as those with Alzheimer's disease, autism, and muscular dystrophy).
 - Homeless shelters
 - Residential facilities for the disabled
 - Residences and facilities offering services for battered spouses
 - Assisted living facilities
 - Custodial care
 - Facilities offering food programs for the needy
 - Animal control facilities directly related to public health and safety when under contract with State or local government

Ineligible PNP Facilities

- Advocacy or lobbying groups facilities not directly providing health services
- Cemeteries
- Conference facilities
- Daycare centers for those other than included as eligible
- Irrigation facilities used solely for agricultural purposes
- Job counseling and training centers
- Political education facilities
- Property owners associations' facilities such as roads and recreational facilities, except those facilities that could be classified as utilities or emergency facilities
- Public housing, other than low income
- Recreation facilities
- Facilities for religious services or religious education
- Parking facilities not in direct support to an eligible facility
- Facilities for social events
- parking facilities not in direct support of an eligible facility
- community development districts
- homeowners' associations and gated communities
- roads owned and operated by a Homeowners' Association or gated community
- irrigation unless the facility provides water for fire suppression, drinking, or generating electricity

REVIEW CHECKLIST FOR PRIVATE NON-PROFIT ORGANIZATIONS

Agency Name: _____

- Request for Public Assistance Form
- Receipt of List of Assurances
- DUNS/FEIN/State Tax Sheet
- Private Non-Profit Organization Certification Form
- Private Non-Profit Organization Questionnaire
- Effective ruling letter from the Internal Revenue Service at the time of the disaster granting tax exemption under Sections 501(c), (d), or (e) of the Internal Revenue Code,
OR
- Satisfactory evidence from the State that the organization is a non-revenue producing, nonprofit entity organized or doing business under State law
- Mission Statement/Brochure
- Bylaws/Charter
- Form W-9 (Federal)
- Agency Vendor Form (State of CT)

PRIVATE NON-PROFIT ORGANIZATION CERTIFICATION FORM

This is to certify that:

1. _____ is seeking Federal Disaster Assistance under P.L. 93-288, as amended by P.L. 100-707, as a private non-profit organization and meets the requirements outlined in Section 406(A)(2) of P.L. 93-288, as amended by P.L. 100-707.
2. The above-named organization has been granted tax exempt status by the Internal Revenue Service (IRS) under Section 501(c) or (e) of the Internal Revenue Code of 1954, as amended, or that it is a non-revenue-producing organization or entity and is a non-profit organized or doing business under State law. **(Attach a current IRS ruling letter or a State Tax Exempt Status Certification. Also attach completed pnp questionnaire and copy of agency's bylaws.)**
3. The above-named organization has the necessary permits and licenses to repair, restore, reconstruct, or replace the facility in accordance with the project application and to maintain and operate the facility thereafter.
4. The above-named organization will conform to all applicable cods, specifications, and standards during the performance of restorative work.
5. The above-name organization owns the damaged facility, and in the case of real property, has or will have a title or fee simple or such other estate or interest in the site, including necessary easements and rights-of-way, sufficient to assure for a reasonable time period undisturbed use and possession for the purpose of the construction and operation of the facility.
6. The facility will continue to be operated in such a manner as to maintain either tax exemption status granted under the Internal Revenue Service Code or the non-profit status under State law during the normal anticipated useful life of the restored facility or the useful life of the restorative work, whichever is lesser.
7. The above-named organization will maintain adequate and separate accounting and fiscal records which account for all funds provided from any source to pay the cost of the project and permit audit of such records and accounts at any reasonable time, and that claims for Federal reimbursement do not duplicate funding provided from any other source.
8. The above-named organization will provide and maintain competent and adequate architectural or engineering supervision and inspection at the construction site to assure that the completed work conforms to the appropriate plans and specifications.
9. Adequate financial support will be available for maintenance and operation when completed.
10. Insurance required by P.L. 93-288, as amended by P.L. 100-707 and Federal Disaster Regulations will be obtained and maintained.

Signature of private non-profit organization authorized official

Date

FEMA PRIVATE NON-PROFIT FACILITY QUESTIONNAIRE

PNP FACILITY QUESTIONNAIRE

INSTRUCTIONS TO APPLICANT:

This questionnaire is to be used by FEMA and state personnel to help determine the eligibility of specific facilities of an approved Private Non-Profit (PNP) organization.

Obtain answers to the following questions for each PNP organization. If the organization has more than one facility that incurred damage, complete a separate sheet for each facility.

1. Name of PNP Organization:
2. Name of the damaged facility and location:
3. What is the primary purpose of the damaged facility?
4. Who may use this facility?
5. What fee, if any, is charged for the use of the facility?
6. Was the facility in use at the time of the disaster?
7. Did the facility sustain damage as a direct result of the disaster?
8. What type of assistance is being requested?
9. Does the PNP organization own the facility? YES _____ NO _____
10. If "Yes," obtain proof of ownership; check here if attached. _____
11. If "No," do they lease/rent the facility? _____
12. . If "Yes," obtain a copy of the lease or rental agreement for the damaged facility; check here if attached. _____
13. Are the repairs of this facility the legal responsibility of the organization?
14. Is the facility insured?
15. If "Yes," obtain a copy of the insurance policy; check here if attached. _____

Additional information or comments:

Name of Contact Person

APPLICANT'S GUIDE AND CHECKLIST FOR SUBMITTING PUBLIC ASSISTANCE DOCUMENTS

The following pages provide a GUIDE for preparing a properly documented application/project worksheet package to be submitted to FEMA. Submitting a complete package with the required backup materials will expedite the processing of your reimbursement.

You are requested to use the Public Assistance Forms located on the Department of Emergency Services and Public Protection/Division of Emergency Management and Homeland Security (DESPP/DEMHS) web site at <http://www.ct.gov/demhs>. Click on Emergency Management in the left-hand column, then click on Public Assistance in the right-hand box. These user-friendly forms have been revised by DESPP/DEMHS to automatically calculate specific fields for you. In addition, blank forms are provided within this briefing package.

To make your job easier, just use this guide to check off items as they are completed.

Required Documents

1. **Time Period & Disaster Declaration Number** – on many forms you will be asked to provide the following:
 - Disaster declaration number
 - The days and hours of selected time period for the event (i.e., TIME/DATE through TIME/DATE)
(Applicants should pick the time period based on whatever time/date is most beneficial to them.)
 - Federal Employer Identification (FEIN) number
 - DUNS number

2. **Work Summary Record** – Lists the amount claimed for each submitted category and the total claim. If a specific category does not apply to your submission, place a “0” in the “AMOUNT CLAIMED” field.
 - Disaster declaration number
 - Applicant name
 - Requested time period
 - Federal Employer Identification Number (FEIN)
 - DUNS number

3. **Applicant's Benefits Calculation Worksheet** – Displays the fringe benefit costs related to overtime work. Aside from Social Security and Medicare (FICA), the eligible items for overtime are contingent upon the terms of individual labor contracts.
 - Disaster declaration number
 - Applicant name
 - Requested time period
 - Certifying representative signature/title/date

4. **Force Account Labor Summary Record** – Only the overtime labor costs of regular employees are eligible for reimbursement for emergency work. (However, show the number of regular hours worked on the disaster as well, so that force account equipment time – both regular and overtime can be reimbursed.)

Additional hires or temporary staff hired solely for response to the event may be claimed for both regular time and overtime worked.

Please show regular time pay rate for all claimed employees.

Only time associated with employees who actually used equipment in response to the event is eligible for reimbursement.

- Applicant name
- Disaster declaration number
- Time period covered
- Employee name
- Employee title
 - (In the Employee title area, you may also show a cross-reference with the equipment identified on the Force Account Equipment Summary Record.)
- Regular hourly rates for all employees
- Show regular and overtime hours for employees.
- Show regular hourly rate and hours worked for additional hires
- Overtime rate used: Both time and a half and double time (if applicable)
- Benefit rate per hour shown in \$ based on % calculated on Applicant's Benefits Calculation Worksheet
- Totals – both across rows and down columns
- Certifying representative signature/title/date
- Supporting documents
 - Time Cards and/or Time Sheets (for applicants with 25 or fewer employees.) (Applicants with more than 25 employees must submit time cards for work hour verification for 20% of their employees, and must be aware that the State and FEMA have the authority to request such documentation as they feel necessary to verify the number of hours submitted for reimbursement for any or all employees.)
 - Labor Contract(s) – selected pages, including:
 - (1) the cover page that identifies the union being represented and duration of the contract, and (2) the pages of the contract showing overtime policy and meal reimbursement policy, if any, need to be included.
 - Town Personnel Policy – selected pages showing overtime policy and other benefit policies such as meal reimbursement need to be included.
 - Any other documents and/or explanations to support your labor submission.

5. **Force Account Equipment Summary Record** – Documents the total time a piece of equipment was operated during the selected time period (regular time and overtime). The form cross-references the equipment claimed with the operator's name. Equipment time cannot exceed labor time. All employees must be cross-referenced with a piece of equipment in order to qualify for reimbursement. If an employee's time was spent shoveling, please list them on the Force Account Equipment Summary Record even though there is no code, or rate, for shovels. This will avoid disqualification of the claim for their time reimbursement.

- Applicant name
- Disaster number
- Location
- Time period covered
- Description of equipment

A truck, a plow, and a sander are three separate pieces of equipment, even if they are being utilized by the same person in the same time frame, and therefore, each piece must be listed separately. (Account for the actual hours that the sander was used and the actual hours that the plow was used.)

- Correct equipment code number from the **FEMA Schedule of Equipment Rates**
- Operator's name associated with each listed piece of equipment
- Date and time of operation matching the operator's time on the **Force Account Labor Summary Record**
- Correct equipment rate from the **FEMA Schedule of Equipment Rates**
- Certifying representative signature/title/date

6. **Force Account Material Summary Record** – Identifies the actual quantity of materials used during the designated event time period. The calculation for the actual amount of materials used must be attached. Unit prices must be given and backup information provided, i.e. copy of invoice.

- Applicant name
- Disaster declaration number
- Time period covered
- Vendor name
- Description of product
- Quantity used
- Unit price

Price must reflect unit rate/cost for purchase of materials prior to or during the disaster. After-event materials replenishment rates are not acceptable.

- Date materials were purchased
- Date materials were used (Indicate from stock or invoice.)
- Certifying representative signature/title/date
- Attach invoices stating purchase date and unit prices

7. **Rented Equipment Summary Record** – Identifies equipment that was rented for this event only. If equipment was rented on a seasonal contract, only that portion of the rental fee occurring within the designated time period of the event is reimbursable. Rental contracts must be included.

- Applicant name
- Disaster declaration number
- Time period covered
- Description of rented equipment
- Dates and hours used
- Rate per hour
- Vendor name
- Certifying representative signature/title/date
- Contracts and invoices attached

8. **Contract Work Summary Record** – Summarizes and documents contracted work assistance for this event. (Annual fixed rate contracts, those that have been pre-negotiated for a set, all inclusive price, are not eligible for reimbursement.) A copy of all contracts must be attached and clearly show the contract duration and the per-hour or the per-event charges.

- Applicant name
- Disaster declaration number
- Time period covered
- Description of the work performed
- Dates and hours the contractor worked
- Contractor name
- Invoice number
- Invoice amount
- Certifying representative signature/title/date
- Contracts and invoices attached

For additional information on the public assistance program and policies, refer to the Public Assistance Guide FEMA 322 / June 2007 on FEMA website at:

<http://www.fema.gov/public-assistance-policy-and-guidance/public-assistance-guide>

Also, see FEMA website at: <http://www.fema.gov/public-assistance-grant-application-process>

Revised 112112 – DESPP/DEMHS

FEDERAL EMERGENCY MANAGEMENT AGENCY

**WORK SUMMARY RECORD
EMERGENCY SNOW DECLARATION**

APPLICANT	P.A. ID NO.	DISASTER NUMBER
PERIOD COVERING		FEIN
CATEGORY		AMOUNT CLAIMED
FORCE ACCOUNT LABOR		
FORCE ACCOUNT EQUIPMENT		
FORCE ACCOUNT MATERIAL		
RENTED EQUIPMENT		
CONTRACT WORK		
MISCELLANEOUS / OTHER		
GRAND TOTAL --		
COMMENTS:		

APPLICANT'S BENEFITS CALCULATION WORKSHEET

FEMA DISASTER DECLARATION # FEMA DR - - CT

BENEFIT	REGULAR TIME %	OVERTIME %
FICA	7.65%	7.65%
Retirement (if applicable)		
Health Insurance		Not Applicable
Life Insurance		Not Applicable
Workers Compensation		
Unemployment Insurance		
Annual Leave		Not Applicable
Sick Leave		Not Applicable
Holiday Leave		Not Applicable
TOTAL:		
COMMENTS:		
I certify that the information above was transcribed from payroll records or other documents which are available for audit.		
Certified by:		
Title:		
Date:		

FORCE ACCOUNT LABOR SUMMARY RECORD										Page		of																	
1. APPLICANT					2. P/A ID		3. PROJECT NO.		4. DISASTER NUMBER																				
5. LOCATION / SITE						6. CATEGORY		7. PERIOD COVERING to																					
8. DESCRIPTION OF WORK PERFORMED										DATES AND HOURS WORKED EACH DAY					LABOR COSTS														
										EMPLOYEE NAME: JOB TITLE:										DATE									
										REG														\$	\$				
										O.T.																\$	\$		
										2X REG																	\$	\$	
										REG																	\$	\$	
										O.T.																	\$	\$	
										2X REG																	\$	\$	
										REG																	\$	\$	
										O.T.																	\$	\$	
										2X REG																	\$	\$	
										REG																	\$	\$	
										O.T.																	\$	\$	
										2X REG																	\$	\$	
										REG																	\$	\$	
										O.T.																	\$	\$	
										2X REG																	\$	\$	
GRAND TOTALS ---																												\$	\$
I CERTIFY THAT THE ABOVE INFORMATION WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.																													
CERTIFIED										TITLE					DATE														

FORCE ACCOUNT EQUIPMENT SUMMARY RECORD

Page _____ of _____

1. APPLICANT	2. P/A ID	3. PROJECT NO.	4. DISASTER NUMBER
5. LOCATION / SITE		6. CATEGORY	7. PERIOD COVERING to

8. DESCRIPTION OF WORK PERFORMED

TYPE OF EQUIPMENT		OPERATOR'S NAME	DATES AND HOURS USED EACH DAY								EQUIPMENT COSTS		
INDICATE SIZE, CAPACITY, HORSEPOWER, MAKE AND MODEL AS APPROPRIATE	EQUIPMENT CODE NUMBER		DATE								TOTAL HOURS	EQUIP. RATE	TOTAL COST
			HOURS									\$	
			HOURS									\$	
			HOURS									\$	
			HOURS									\$	
			HOURS									\$	
			HOURS									\$	
			HOURS									\$	
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			HOURS									\$	
			HOURS									\$	
			HOURS									\$	
			HOURS									\$	
			HOURS									\$	
			HOURS									\$	
GRAND TOTALS ---												\$	

I CERTIFY THAT THE ABOVE INFORMATION WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.

CERTIFIED	TITLE	DATE
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FORCE ACCOUNT MATERIAL SUMMARY RECORD

1. APPLICANT	2. P/A ID	3. PROJECT NO.	4. DISASTER NUMBER
5. LOCATION / SITE		6. CATEGORY	7. PERIOD COVERING _____ to _____

8. DESCRIPTION OF WORK PERFORMED

VENDOR	DESCRIPTION	QUAN.	UNIT PRICE	TOTAL PRICE	DATE OF PURCHASE	DATE USED	INFO. FROM	
							INVOICE	STOCK
				\$			<input type="checkbox"/>	<input type="checkbox"/>
				\$			<input type="checkbox"/>	<input type="checkbox"/>
				\$			<input type="checkbox"/>	<input type="checkbox"/>
				\$			<input type="checkbox"/>	<input type="checkbox"/>
				\$			<input type="checkbox"/>	<input type="checkbox"/>
				\$			<input type="checkbox"/>	<input type="checkbox"/>
				\$			<input type="checkbox"/>	<input type="checkbox"/>
				\$			<input type="checkbox"/>	<input type="checkbox"/>
				\$			<input type="checkbox"/>	<input type="checkbox"/>
				\$			<input type="checkbox"/>	<input type="checkbox"/>
				\$			<input type="checkbox"/>	<input type="checkbox"/>
				\$			<input type="checkbox"/>	<input type="checkbox"/>
				\$			<input type="checkbox"/>	<input type="checkbox"/>
				\$			<input type="checkbox"/>	<input type="checkbox"/>
GRAND TOTAL --				\$				

I CERTIFY THAT THE ABOVE INFORMATION WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.

CERTIFIED	TITLE	DATE
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CONTRACT WORK SUMMARY RECORD			Page	of
1. APPLICANT	2. P/A ID	3. PROJECT NO.	4. DISASTER NUMBER	
5. LOCATION / SITE		6. CATEGORY	7. PERIOD COVERING to	
8. DESCRIPTION OF WORK PERFORMED				
DATES WORKED	CONTRACTOR	AMOUNT	BILLING / INVOICE NUMBER	COMMENTS - SCOPE
TO		\$ -		
TO		\$ -		
TO		\$ -		
TO		\$ -		
TO		\$ -		
TO		\$ -		
TO		\$ -		
TO		\$ -		
TO		\$ -		
TO		\$ -		
TO		\$ -		
TO		\$ -		
GRAND TOTAL --		\$ -		
I CERTIFY THAT THE ABOVE INFORMATION WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.				
CERTIFIED		TITLE		DATE

RENTED EQUIPMENT SUMMARY RECORD						Page _____ of _____		
1. APPLICANT		2. P/A ID	3. PROJECT NO.			4. DISASTER NUMBER		
5. LOCATION / SITE			6. CATEGORY		7. PERIOD COVERING _____ to _____			
8. DESCRIPTION OF WORK PERFORMED								
TYPE OF EQUIPMENT <small>Indicate size, capacity, horsepower, make and model as appropriate</small>	DATES AND HOURS USED	RATE WITH OPER.	PER HOUR without Operator	TOTAL COST	VENDOR	INVOICE NO.	DATE AND	
							AMOUNT PAID	CHECK NO.
				\$ -				
				\$ -				
				\$ -				
				\$ -				
				\$ -				
				\$ -				
				\$ -				
				\$ -				
				\$ -				
				\$ -				
				\$ -				
				\$ -				
				\$ -				
				\$ -				
GRAND TOTAL --				\$ -				
I CERTIFY THAT THE ABOVE INFORMATION WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.								
CERTIFIED		TITLE					DATE	

Notes: