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PUBLIC ASSISTANCE PROGRAM

(Infrastructure Support Program)

HANDBOOK

of

POLICIES AND GUIDELINES

for

APPLICANTS

FEMA 4397-DR-NY

August Flooding 2018

Incident Period: August 13, 2018 to August 15, 2018

Declaration Date: October 1, 2018

Andrew M. Cuomo
Governor

Roger L. Parrino, Sr.
Commissioner

**APPLICANTS HANDBOOK POLICIES AND GUIDELINES
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**NYS DIVISION OF HOMELAND SECURITY AND EMERGENCY SERVICES
FEDERAL EMERGENCY MANAGEMENT AGENCY
PUBLIC ASSISTANCE PROGRAM**

PROGRAM OVERVIEW

Infrastructure Support Program

The Federal Emergency Management Agency (FEMA) Public Assistance (PA) Program provides reimbursement for the repair or restoration of infrastructure and facilities to pre-disaster condition after the declaration of a major disaster by the President. The New York State Division of Homeland Security and Emergency Services (DHSES) is responsible for the program management and administration within the State of New York.

The PA Program is voluntary. If all eligibility requirements are met and you wish to seek federal reimbursement, you must adhere to the program guidelines. If you choose not to participate, you will not be eligible for any grants under the PA Program. However, deciding not to participate in this Program does not preclude your eligibility from other federal programs, nor from participating in future declarations.

Eligible Applicants include State Agencies, Municipalities, Native American Tribal Organizations, and certain Private Non-Profit Organizations that provide essential services of a governmental nature to the general public.

Reimbursement is generally provided on a 75% Federal share, 25% non-Federal share.

In order for disaster expenditures to be considered as part of an eligible PA project, it must meet the following criteria:

1. The damage must be a direct result of an incident for which there is a Presidential declared disaster.
2. The damage must be within the federally designated disaster area.
3. The damage must have occurred within the designated disaster incident period.
4. Eligible damage cost for a project must meet the minimum threshold.
5. The damaged infrastructure must be owned by and/or be the legal responsibility of an eligible Applicant at the time of the incident.
6. Generally, the damage and work performed must not be eligible for reimbursement under the authority of another federal program.
7. Insurance proceeds and reimbursements from other sources are deducted from eligible cost.

The deadline for completion of emergency work (debris removal and emergency protective measures) is six (6) months from the date of the Presidential Disaster Declaration. The deadline for permanent work is eighteen (18) months from the Presidential Disaster Declaration. The State may extend the emergency work deadline for an additional six (6) months and permanent work deadline can be extended for an additional thirty (30) months with justification. Any additional extensions must be approved by FEMA.

DISASTER FACT SHEET
NYS Division of Homeland Security and Emergency Services
State of New York

DISASTER NUMBER: FEMA-4397-DR-NY
TYPE OF DISASTER: August Flooding 2018
DATE OF DECLARATION: October 1, 2018
INCIDENT PERIOD: August 13, 2018 to August 15, 2018
TYPE OF ASSISTANCE AVAILABLE:

- ❖ **Public Assistance:** Assistance to State and Local Governments and certain Private Nonprofit Organizations for the repair or replacement of disaster-damaged Public Facilities in:

Broome, Chemung, Chenango, Delaware, Schuyler, Seneca, and Tioga Counties
- ❖ **Hazard Mitigation Grant Program:** Assistance to State and Local Governments for actions taken to prevent or reduce long term risk to life and property from natural hazards. **All Counties in the State of New York are eligible to apply for assistance under the Hazard Mitigation Grant Program.**

NYS DIVISION OF HOMELAND SECURITY AND EMERGENCY SERVICES ADDRESS:

New York State DHSES
1220 Washington Avenue
Building 7A, 4th Floor
Albany, New York 12242
Recovery Facsimile: (518) 322-4984
Recovery Section: (518) 292-2293
Alternate Phone: (518) 292-2469
Website: <http://www.dhSES.ny.gov/recovery>

Chief of Public Assistance: Vacant
Deputy Chiefs of Public Assistance: Joseph Collorafi & Joseph Stinson
Disaster Assistance Manager (DAM): Bernadette Moran
DAM Phone Number: 518-292-2888

Deadlines:

Applicant Submit RPA: October 31, 2018
Applicant Identification of Damage: 60 days from Recovery Scoping Meeting
Emergency Work Completion: April 1, 2019 (6 months from declaration date)
Permanent Work Completion: April 1, 2020 (18 months from declaration date)

APPLICATION REQUIREMENTS & INSTRUCTIONS

The Applicant is responsible for documenting, providing and maintaining ALL information pertaining to damage and claims.

DISASTER ASSISTANCE APPLICATION REQUIREMENTS

POTENTIAL APPLICANTS SHOULD SUBMIT THE FOLLOWING ITEMS BEFORE LEAVING THE APPLICANT BRIEFING:

- 1. A completed Request for Public Assistance (RPA) form**

Can be obtained from FEMA Web Site:

<http://www.fema.gov/library/viewRecord.do?id=2690>

-Or-

NYSDHSES Web Site:

<http://www.dhSES.ny.gov/recovery/public/forms-publications.cfm>

- 2. A completed Applicant Certification**
- 3. A completed Drug Free Workplace Certification**
- 4. Federal Tax ID Form**
- 5. DUNS Number Form (Dun and Bradstreet)**

THE RPA SHOULD BE SUBMITTED AS SOON AS POSSIBLE. APPLICANTS HAVE 30 DAYS FROM THE DATE OF DECLARATION TO SUBMIT THEIR RPA. FEMA WILL ONLY ENTERTAIN LATE SUBMISSIONS WHEN THE APPLICANT AND STATE CAN CLEARLY SHOW IT WAS DUE TO CIRCUMSTANCES BEYOND THEIR CONTROL.

Any authorized official of the governmental unit or organization can sign and submit the above documents.

An electronic copy of this handbook can be obtained from www.dhSES.ny.gov. Appendix III to the handbook contains forms that may be copied and completed electronically or printed and completed manually.

I. PREPARATION OF DOCUMENTS FOR RECOVERY SCOPING MEETINGS, REIMBURSEMENTS, APPEALS, AUDITS, ACCOUNTING INSTRUCTIONS

A. DAMAGE ELIGIBILITY

FEMA has implemented the New PA Model process for this disaster. Changes in FEMA personnel titles and duties have occurred. NYS DHSES personnel responsibilities remain the same and will assist all Applicants with every phase of Disaster Recovery as needed. Applicants must establish an account in FEMA's Grants Portal to participate in this disaster. All documentation is submitted through the Grants Portal. For an expenditure to be eligible under the Public Assistance Program, all disaster related damages must meet the following criteria:

1. The damage must be a direct result of an incident for which there is a Presidential Declared Disaster.
2. The damage must be within the Federally designated disaster area.
3. The damage must have occurred within the designated disaster incident period.
4. Eligible damage cost for a Project must meet the minimum threshold.
5. The damaged infrastructure must be owned by and/or be the legal responsibility of an eligible Applicant at the time of the incident.
6. The damage and work performed must not be eligible for reimbursement under the authority of another Federal Program.
7. Insurance proceeds and reimbursements from other sources are deducted from eligible cost.

**The Applicant is responsible for
*documenting, providing, and maintaining all information
pertaining to damage and claims.***

B. INITIAL RECOVERY SCOPING MEETING — PROJECT IDENTIFICATION

The Public Assistance Program gives the Applicant the opportunity for reimbursement for the costs associated with the repair of the damages sustained by the incident, based on the Applicant's identification of the damages. The development of the Applicant's Damage Inventory List identifies damages that, if eligible, can be incorporated into to a Project as the basis for all reimbursement of recovery activities after a Presidential Disaster Declaration.

1. Recovery Scoping Meeting (RSM)

The Recovery Scoping Meeting (RSM) is the initial meeting between FEMA, the State, and the Applicant to determine potential eligible Projects within the Applicant's jurisdiction. The FEMA Program Delivery Manager (PDMG) and the NYS DHSES Program Disaster Assistance Representative (PDAR) will meet with the Applicant to provide detailed information, guidelines, and assistance regarding the Public Assistance Program.

The PDMG/PDAR team will assist the Applicant in preparing, documenting, and submitting Projects through the Grants Portal. All Projects identified as not complete, will be assigned a PDMG/PDAR team to work closely with the Applicant in the preparation of the project scope of work and associated costs. The Applicant has 60 days from the date of the RSM meeting to identify event related damage. If an Applicant is unable to identify any event related damage within 60 days, their status as an eligible Applicant will be revoked by FEMA.

The RSM should include discussion regarding Section 406 Hazard Mitigation, which is any sustained action taken to reduce or eliminate long-term risk to people and property from same type event and its effects.

Projects which have been identified as technically complex in nature, such as the replacement of a School Building or Bridge, should be discussed with the PDMG/PDAR team at the RSM meeting. It may be desirable to request funding for an architectural and/or engineering design study (or other specialized study) to be conducted. In such a study one or more of the following may be required:

- a. Provide documentation of specific codes and design standards adopted by the community prior to the incident which are included in the final recommendation.
- b. Provide at least three (3) viable alternatives, with estimated costs.
- c. All alternatives should address their impacts on environmental, historical, floodplain, endangered species, and coastal zones and barriers.
- d. The impact on the areas upstream and downstream of the damages must be considered.
- e. All permits (Federal, State, Local) must be obtained.

The Final Design Study must be forwarded to NYS DHSES for review and submission to FEMA for final Scope of Work approval. Funding for the Project will be held by FEMA until their final determination on the scope of work. Any Engineer Study/Work Product must be Stamped and signed by the Engineer. Any improvements/mitigation must be clearly identified and a separate cost estimate provided.

2. Categories of Work

To facilitate the processing of Public Assistance Program Grants, FEMA has divided disaster related work into seven Categories of Work. These categories are listed below.

Emergency Work

Category A: Debris Removal

Clearance of trees and woody debris; building wreckage; sand, mud, silt, and gravel; vehicles; and other disaster-related material deposited on public and, in very limited cases, private property

Category B: Emergency Protective Measures

Measures taken before, during, and after a disaster to save lives, protect public health and safety, and protect improved public and private property. Emergency Protective Measures may include providing emergency generators, EOC operations, sand bagging, search and rescue, emergency access routes and others.

Permanent Work

Category C: Roads and Bridges

Repair of Roads, Bridges, and associated features, such as Shoulders, Ditches, Culverts, Lighting, Curbs, Sidewalks and Signs on non-FHWA roads.

Category D: Water Control Facilities

Repair of Irrigation Systems, Drainage Channels, and Pumping Facilities. Repair of Levees, Dams, and Flood Control Channels fall under Category D, but the eligibility of these Facilities is restricted.

Category E: Buildings and Equipment

Repair or replacement of Buildings, including their contents and systems; Heavy Equipment; and Vehicles.

Category F: Utilities

Repair of Water Treatment and Delivery Systems; Power Generation Facilities and Distribution Lines; and Sewage Collection and Treatment Facilities.

Category G: Parks, Recreational Facilities, and Other Items

Repair and restoration of Parks, Playgrounds, Pools, Cemeteries, and Beaches. This Category also is used for any work or Facility that cannot be characterized adequately by Categories A-F.

3. Special Considerations

The term “Special Considerations” is used to describe issues other than program eligibility that could affect the Scope of Work and funding for a Project. These issues include Insurance, Hazard Mitigation measures, and compliance with other Federal Laws and Regulations, such as those pertaining to environmental protection and historic preservation.

The Applicant has a critical role in identifying — and quickly resolving — special consideration issues based on their knowledge of the community. By considering the issues below before meeting with State-Federal staff, the Applicant can speed the reimbursement process. As part of the project development, the PDMG/PDAR team will discuss the following nine (9) special consideration questions for each project with the Applicant. Projects that have special considerations will be individually reviewed and the Applicant will receive guidance and instructions based on results of the special considerations review.

Insurance

Does the damaged facility or item of work have insurance and/or is it an insurable risk? (e.g., buildings, vehicles, etc.)

Floodplain

Is the damaged facility located within a floodplain or coastal high hazard area or does it have an impact on a floodplain or wetland?

Coastal Barriers

Is the damaged facility or item of work located within or adjacent to a Coastal Barrier Resources System Unit or an Otherwise Protected Area?

Environmental Impact

Will the proposed facility repairs/reconstruction change the pre-disaster condition? (e.g., footprint, location, capacity, use or function).

Hazard Mitigation

Does the Applicant have a Hazard Mitigation Proposal or would the applicant like technical assistance for a hazard mitigation proposal?

Historic Preservation

Is the damaged facility on the National Register of Historic Places or the State Historic Listing? Is it older than 50 years? Are there more, similar buildings near the site?

Historic properties may not be obvious to the casual observer, and may include districts, buildings, structures, objects, landscapes, archeological sites, and traditional cultural properties that are included in, or eligible for inclusion in, the National Registers of Historic Places. These are not just old buildings or well-known historic sites, but places important in Local, State or National history. Facilities as diverse as bridges, culverts, and water treatment plants may be considered historic.

Pristine or Natural Areas

Are there pristine or undisturbed areas on, or near, the project site? Are there large tracts of forestland?

Hazardous Materials

Are there any hazardous materials at or adjacent to the damaged facility and/or item of work?

Controversy

Are there any other known environmental or controversial issues associated with the damaged facility and/or item of work?

It is always the responsibility of the Applicant to obtain the necessary work and environmental permits prior to beginning any repair or reconstruction work. In New York State, agencies which could have a role in issuing the various permits include (but are not limited to) the following:

1. New York State Department of Environmental Conservation
2. Adirondack Park Agency
3. Catskill Park Agency
4. County Soil and Water Conservation Agencies
5. County Drainage Agencies
6. Utility Companies
7. US Army Corps of Engineers
8. US Environmental Protection Agency
9. New York State Office of Parks, Recreation, and Historic Preservation
10. Local building departments which could include considerations of Americans with Disabilities Act provisions
11. Endangered Species under the jurisdiction of the US Fish and Wildlife Service
12. Beaches – Coastal Zone Management under the New York State Department of State
13. County Health Departments

II. PROJECT MANAGEMENT AND FUNDING INSTRUCTIONS

A. REIMBURSEMENT AND PAYMENT PROCEDURES

Two different payment methods have been established for Public Assistance Program grants. Small Projects can be paid on estimate *before* project completion and the Large Projects are paid on actual cost *after* project completion. FEMA has established \$3,200 as the minimum amount of damage, on each Project, required for an Applicant to be eligible for PA funding.

1. Small Project (under \$128,900)

Small Projects are funded using an initial estimate of costs. Once FEMA obligates a Small Project, FEMA generally does not adjust the approved amount of an individual Small Project. This applies even when FEMA obligates the Project based on an estimate and actual costs for completing the eligible SOW differ from the estimated amount. FEMA only adjusts the approved amount on individual Small Projects if one of the following conditions applies:

- The Subrecipient did not complete the approved SOW;
- The Subrecipient requests additional funds related to an eligible change in SOW;
- The Project contains inadvertent errors or omissions; or
- Actual insurance proceeds differ from the amount deducted in the Project.

In these cases, FEMA only adjusts the specific cost items affected.

FEMA does not perform a final inspection of completed Small Projects; however, the Applicant must certify and the State must provide reasonable assurance that the Applicant completed the approved

Scope of Work in compliance with all applicable laws, regulations, and policies. FEMA will require this documentation on all completed Small Projects.

NYS DHSES will process for payment the **authorized Federal and Non-Federal shares (if applicable)**.

Small Projects are **not** usually eligible for cost overruns. **HOWEVER**, if a **major omission or error** in the Scope of Work is identified, the Applicant can request this be corrected through a Small Project Reconciliation Appeal. (See cost overruns)

2. Small Project Validation

The intent of validation is to reduce the overall administrative costs associated with the Public Assistance Program and to get reimbursement funds into the Applicant's hands quickly. Validation applies to all Small Projects (including Emergency Work, Permanent Work and Small Projects with special considerations) written by the Applicant and submitted to the PDMG/PDAR team.

During validation, FEMA reviews the Applicant's small projects to confirm that they have accurate Scopes of Work and cost estimates and that the Applicant has sufficient documentation to support the project eligibility and cost.

It is imperative the Applicant documents all work submitted for reimbursement. The Applicant's method of estimating the costs to accomplish the eligible Project and related costs must be documented. Any work already completed on the Project should be reflected as the actual costs incurred. The documentation for these actual costs must be available for the review. All claimed expenses must be for work completed because of the incident.

In addition to the required paper documentation, photographs of damages and work sites before the repair work begins, during repair or reconstruction, and as soon as the work is complete are an effective way to support the cost documentation for the repair efforts. Photographs accomplish three (3) things:

- a. Verify the extent of damages,
- b. Verify that the work had been accomplished,
- c. Provide documentation of the repaired condition in the event that a subsequent disaster was to destroy the facility or road after it was repaired.

For particularly vulnerable sites or facilities, an Applicant may wish to take photographs annually to establish the pre-disaster condition. This makes it easier to prove damages occurred as a result of an event.

3. Large Projects (\$128,900 and over)

Reimbursements for Large Projects are based on the **actual documented costs incurred** in the completion of the approved scope of work following all applicable procurement practices. The steps for processing a Large Project are described below:

- a. A Project is prepared by the PDMG/PDAR team working with the Applicant. FEMA approves funding using the estimate and obligates the Federal Share of the funds to the State.
- b. When the Project is complete, the State determines the final cost of accomplishing the eligible work, often performing inspections to do so. The State then submits a report on the completed Project to FEMA, stating that the Applicant's costs were incurred in the completion of eligible work.

- c. After reviewing the State's report, FEMA will consider adjusting the amount of the grant to reflect the actual cost of the eligible work.

While proceeding with the Project, the Applicant must ensure that grant funds are used only for eligible work. Payment cannot be processed until work has been completed, documented and paid for.

The cost estimating methodology that is used in the development of large projects is called the **Cost Estimating Format (CEF)**. This allows for a better estimate of the total cost of Large Projects. The CEF is a forward-pricing model that allows FEMA to account for all possible costs associated with a construction Project. FEMA uses experienced Cost Estimators and Construction Engineers to apply the CEF.

Cost Overruns:

Sometimes the actual costs incurred by the Applicant during performance of the work exceed the approved estimated amount. This situation is known as a **Cost Overrun**. When this occurs, the Applicant must determine the reason for the cost overrun. Overruns are usually caused by one of the following:

- **Variations in unit pricing:** The unit prices used in the cost estimate may have been lower than those the Applicant was charged.
- **Change in the scope of work:** While performing the work, the Applicant may find that additional eligible work or changes in the prescribed work are necessary. If this occurs the Applicant must notify the State immediately. Scope of Work changes must be approved **prior** to initiating work.
- **Delay in starting or completion times:** Problems beyond the Applicant's control may contribute to delays in starting or completing work.

The Applicant should evaluate cost overruns on large projects. The Applicant should notify NYS DHSES if the cost overrun significantly exceeds the approved amount. If the additional costs are justified, the Applicant can request additional funding. The Applicant should contact the State to ensure that proper guidelines for documenting any additional costs are followed. When necessary, the State will forward requests for additional funding to FEMA. Such requests must contain documentation to support that the additional costs were incurred during the performance of eligible work.

Small Projects are handled differently. Cost overruns are not handled on a Project-by-Project basis; rather, the Applicant may request supplemental funding for a net cost overrun on all Small Projects by submitting an Appeal through the State to FEMA. An Appeal should be submitted only when the total actual costs for **all** Small Projects combined exceed the total cost approved for all small projects. The Appeal must be submitted within 60 days of the completion of that Applicant's last Small Project. The Appeal must include documentation of actual costs correlated to each line item in the Scopes of Work. This includes Projects with under runs as well as those with overruns. An explanation of all cost and quantity differences with the approved Scopes of Work should be included.

4. Large Project Progress Payment Procedure

Applicants may request Progress Payments based upon documented expended costs. The Applicant will need to provide supporting documentation such as, Permits, Contracts, Proof of Payments, and indicate the percentage of work complete on the Project. NYS DHSES will then review the submitted documentation and may grant a Progress Payment up to 50% of the approved amount on the Project.

5. Alternate Project

If a decision is made that the public welfare would not be best served to repair, restore or reconstruct a damaged facility to its pre-disaster condition, an Alternate Project can be requested.

NYS DHSES and FEMA must approve this option prior to construction. To obtain this approval, the Applicant must submit to NYS DHSES the following: description of the proposed Alternate Project, a schedule of the proposed Project, and projected cost of the proposed Project. In the development of the Alternate Project, it is necessary to supply assurance of compliance with special requirements including, but not limited to, floodplain management, environmental assessment, Hazard Mitigation, protection of Wetlands, and general hazard or flood insurance. NYS DHSES will provide technical assistance to the Applicant in the development of Alternate Project documents and forward the recommendation to FEMA.

The Federal funding for Alternate Projects for State and Local Government Applicants is limited to 90% of the Federal Share of the costs that would be associated with repairing the damaged facility to its pre-disaster condition. (Funding for Private Non-Profits is limited to 75% of the Federal Share of those costs) Possible Alternate Projects include:

- a. Repair or expansion of other Public Facilities.
- b. Construction of new Public Facilities.
- c. Purchase of Capital Equipment (items with an individual value of greater than \$5,000).
- d. Funding of hazard mitigation measures.
- e. Funding project shortfalls due to mandatory NFIP reductions on Applicant Buildings in the Floodplain.
- f. Supplemental funds used on an Improved Project.

Funding may not be used for operating costs or to meet the non-Federal Cost Share requirement on other Public Assistance Projects or Projects that utilize other Federal Grants.

Alternate Projects must be requested prior to beginning any repairs on the damaged facility, must be approved prior to construction, and can only be used on permanent, restorative work.

6. Improved Project

The Improved Project Funding option can be used for Projects when damaged facilities are restored to the pre-disaster condition or function, but improvements are made at the time of restoration or repair. The Applicant must request State approval for an Improved Project prior to beginning construction. NYS DHSES will advise the Applicant of the determination and will forward approvals to FEMA.

Federal Funding for these Projects is limited to the Federal Share of the estimated costs that would be associated with repairing or restoring the facility to its pre-disaster condition. Funds to construct the Improved Project can be combined with a Grant from another Federal Agency. However, Federal Grants cannot be used to meet the non-Federal Cost Share associated with the Grant.

This option must be approved prior to construction and can only be used on permanent, restorative work.

7. Direct Administrative Cost (DAC)

Direct Administrative Costs are costs incurred by the Applicant that can be identified separately and assigned to a specific Project. Such costs can include staff's time to conduct an initial inspection, prepare and submit a Project, and make interim and final inspections of the project. These costs will be identified on each specific Project.

B. DOCUMENTATION REQUIREMENTS, INSTRUCTIONS AND ELIGIBILITY

Disaster reimbursement is based on verification of completed work and actual eligible costs. Therefore, proper documentation of costs and other records is an absolute requirement. It is not enough to complete the disaster work; the work must also be fully and accurately documented. Incomplete documentation

could result in a municipality or organization not receiving reimbursement for which it might otherwise have been entitled.

The Applicant is responsible for documenting, providing and managing all information pertaining to damages and claims.

1. Documentation Forms

Realizing that a single Employee may work on more than one site in one day, and that different types of equipment and materials may be used at each site, report forms for labor, equipment, materials, and contracts, are attached (See Appendix III). These forms are to assist the applicant in keeping track of the actual work performed at each work-site. Use the attached forms to summarize all labor, materials, equipment and contract information from the original documentation.

For example, materials/supplies are ordered for repairs to a building. If the order exceeds what is required for the disaster repairs, you must subtract the pertinent information (vendor, item, etc.) and the exact amount needed for the disaster repair from the original purchase order or invoice. You must also enter this information onto the Materials Record form. The original purchase order/invoice is kept in the appropriate file as back up to verify the purchase.

If an Applicant has the capability to generate automated summary reports, they are free to do so. Please keep in mind that whichever method is used, the same information must be provided when requested.

2. Insurance

Public Assistance Reimbursement is only available for uninsured losses. The Applicant is responsible for providing the Insurance Policy prior to FEMA providing any funding.

In the case of insurable facilities in a Floodplain, the Applicant must have flood insurance equivalent to that issued by the National Flood Insurance Program. If the facility is not insured, FEMA will reduce the eligible costs for the Project by the maximum amount of insurance proceeds the Applicant would have received if the facility had been fully covered by an NFIP standard Flood Insurance Policy.

The applicant must provide the following to the PDMG/ (PDAR) team:

- a. Policies (general hazard and flood) currently in effect during the declared incident period;
- b. Deductible information; and
- c. Proof of Loss Statement received from the insurance carrier identifying the equipment/building which have sustained damages.

The only reimbursable expense for insured damages is the deductible plus any eligible items over and above the insurance policy limits. For example, the insurance policy is for \$5,000 with a \$500 deductible. Damage received amounts to \$7,000. Assuming the applicant received the \$4,500 insurance claim, the Project would be written for \$2,500 which covers the \$500 deductible and the \$2,000 expense not covered by insurance.

Claims with the Insurance Company MUST be filed before seeking FEMA assistance. FEMA is the funding source of last resort, not first.

FEMA requires the Applicant to obtain and maintain Insurance on any insurable facility that receives funding of over \$5,000 from the Public Assistance Program. Failure to comply may result in the loss of funding.

Self-Insurance: FEMA does not recognize self-insurance for Government Entities below the State level.

3. Funds Received from Other Sources

The Applicant is required to inform the PDMG/PDAR team of other sources of funding and the amounts utilized toward the repair or restoration of those damages being claimed. The amount received from other sources will be deducted from the Project amount. Examples might include funding made available from another State or Federal Program or a Capital Project included in the jurisdiction's annual budget for that year, insurance proceeds, and other grants from any source.

If duplicate funding has occurred, for example FHWA Aid, the Applicant will be responsible for paying back the duplicate amount.

4. Labor Requirements

a. Force Account Labor Eligibility:

Force account work is defined as using your regularly employed personnel and Applicant owned equipment to repair/restore disaster damages.

Federal regulation establishes the cost of straight-time salaries and benefits of force account labor (an Applicant's own Permanent Employees) to be ineligible when performing Emergency Work (Categories A and B); with the exception under the PA Alternative Procedures Pilot Program for Debris Removal when authorized.

Only force account labor overtime costs are eligible when performing Emergency Work; all force account labor costs for permanent work (Categories C-G) are eligible.

NOTE: Records for straight-time Employees on emergency work are still required to verify equipment usage.

Only direct additional expenses are eligible for emergency work. The basis for this federal policy is that costs associated with the Applicant's regular Employees performing emergency work would be incurred regardless of whether a disaster occurred.

NOTE: Superintendents, Supervisors and Foremen are generally **not** eligible for reimbursement. However, if the Manager was a "**working**" supervisor (i.e., operating a piece of equipment, not delegating who does the work), the time is reimbursable. But you must document and show this! The payroll and equipment logs must also support each request.

b. Labor Documentation:

Each Employee to be claimed must be identified by name and title. The summary of labor costs should include:

- 1) Dates worked,
- 2) Hours per day,
- 3) Rate of pay (regular and/or overtime),
- 4) Applicant fringe benefits rate, based on the total payroll for the applicant.

This information may be obtained from the individual daily time cards and Supervisor's field notes. It is important to consolidate this information on the Labor Record form at least once a week, if not daily. This will enable the official responsible for disaster record keeping showing exactly who did what, when, where, and for how long on each job site.

c. Temporary Personnel/Extra Hires:

When a regular Employee is sent to the field to perform disaster work, frequently a backup person fills in for them in their normal position. There are a few circumstances that affect the eligibility of the backup person:

- 1) If a backup person (full-time or part-time) is an extra hire, the cost of this extra person represents an extra cost to the Applicant. Regular salary and overtime pay of this employee is eligible if the Employee being replaced is performing eligible Emergency Work.
- 2) If the additional person is an Applicant's regular Employee from another department who is working his/her normal shift, overtime and pay differential for work outside their normal duties are authorized if the Applicant has an established pay policy prior to the disaster.
- 3) If the additional person is a regular Employee who is called in on his/her day off (and thereby works time in addition to the regular workweek), regular and overtime are eligible because there is an extra cost incurred by the Applicant.
- 4) If the additional person is called in from vacation, only overtime is eligible. There will be no extra cost because the vacation usually can be rescheduled.
- 5) Seasonally employed personnel are budgeted costs and are considered permanently employed for the purpose of eligibility.
- 6) Regular and overtime will be determined according to the Applicant's written policies and labor union contracts in effect prior to the disaster.
- 7) The costs of salaries and benefits for individuals sent home or told not to report due to emergency conditions are not eligible for reimbursement.
- 8) Costs of contractors hired to accomplish emergency work are eligible for reimbursement.

d. Overtime Pay:

Overtime pay must be in accordance with the Applicant's policies in effect before the disaster. Overtime for disaster work is not eligible if a pre-existing overtime pay policy was not in effect.

e. Donated Resources/Volunteer Work:

Donated Resources used on eligible work that is essential to meeting immediate threats to life and property resulting from a major disaster may be credited toward the non-Federal Share of the Grant. Donated Resources may include volunteer labor, donated equipment and donated materials.

Eligibility: Donated Resources are eligible to offset the cost of the non-Federal Share of eligible emergency work (Category A and B) costs if they meet the following criteria:

- 1) Donated Resources must be documented by a Local Public Official or a person designated by a Local Public Official. Documentation must include a record of hours worked, the work location and a description of the work for each volunteer as well as equivalent information for equipment and materials.

- 2) Donated Resources **must** apply to Emergency Work that is eligible under the Public Assistance Program. Examples include the following:
 - a. Removing eligible debris.
 - b. Filling and placing sandbags.
 - c. Donating equipment to raise or reinforce a levee.
 - d. Donating materials, such as rock or sand.
 - e. Search and rescue when part of an organized search and rescue operation
 - f. Professional safety inspections.
 - g. Mass food and shelter for victims, when not the mission of the organization.
- 3) Donated Resources must be documented on a separate project for the recipient.

Value of Resources: The following instruction on the valuing of donated resources is based on FEMA Public Assistance Program and Policy Guide (PAPPG):

- 1) *Volunteer Labor:* The hourly rate placed on volunteer labor should be the same hourly pay rate (plus reasonable fringe benefits) ordinarily paid for similar work within the applicant's organization. If the Applicant does not have employees performing similar work, the rate used should be consistent with those performing the work in the same labor market. To determine the value of volunteer labor, the labor rate should be multiplied by the total number of volunteer labor hours.
- 2) *Donated Equipment:* The value of the donated equipment is calculated by multiplying the applicable applicant rate for the piece of equipment (or FEMA's equipment rate) by the total number of hours that equipment piece was used.
- 3) *Donated Materials:* Only materials donated by third party entities are eligible for credit. To determine the value of donated materials, use the current commercial rate for such material based on previous purchases or information available from vendors. Materials donated from other federal agencies are not considered "donated" for this purpose.

f. Mutual Aid/Inter-Municipal Assistance Agreements:

If costs are incurred under a written/formal mutual aid or other agreement, the applicant must pay the salaries of the jurisdiction's employees who are providing assistance. FEMA has determined that these agreements serve the same purpose as extra hires and that they are eligible costs. **HOWEVER**, if the mutual aid is provided at no additional expense to the applicant, then the value of the mutual aid provided may be treated as donated resources.

5. Equipment Requirements

a. Force Account Equipment Eligibility:

Force account equipment is the term used to identify the Applicant's own equipment used in the repair of disaster damages. Eligibility guidelines for Applicant-owned equipment allow ***operating time only: down time cannot be included. Equipment not in actual use is considered standby and is not eligible for reimbursement.***

* Repairs, maintenance and fuel costs are included in the FEMA Schedule of Equipment Rates as part of the established rate. Extraordinary repair costs due solely to damage caused by operating in the incident (e.g. operation of response vehicles in salt water) may be eligible.

b. FEMA Schedule of Equipment Rates:

The FEMA Equipment Rate List can be used for applicant-owned equipment (see Appendix II). FEMA Schedule of Equipment Rates can also be found on the FEMA website: www.fema.gov/schedule-equipment-rates

FEMA will provide rates for any equipment not listed; the Applicant will need to provide the make, model number and any other pertinent information that may help in establishing a rate.

c. Equipment Documentation:

Documentation for Applicant-owned and rented equipment must show the following:

- 1) Equipment description and operators name,
- 2) Dates and total hours used,
- 3) Cost per hour with total cost for each item and,
- 4) Total cost of all equipment used.

Total equipment hours should be compared to appropriate personnel hours to ensure both are accurate. If a piece of equipment is used by being attached to another piece of equipment (for example, trailer hitched to a truck), this should be noted.

Equipment logs and records must identify each piece of equipment used for disaster-related work at each site. Ensure operator/dispatcher logs and other actual field records are accurately kept, copied and consolidated onto the Force Account Equipment or the Rented Equipment record forms.

d. Rental Equipment:

For rented equipment, the documentation must also show the date and amount paid, and the check number for evidence of payment. This agreement must specify who is responsible for all repairs to the equipment. A separate vendor invoice file should be established with copies of all rental agreements and invoices from equipment vendors. Also, a copy of the rental agreement must be maintained in the work site file (see Appendix III).

6. Materials Requirements (rip-rap, plywood, sandbags, etc.)

The Applicant must document all materials and supplies purchased or taken from stock and used on each job. Provide and attach invoices, receipts, purchase orders, paid vouchers, etc., showing the actual purchase and price of all materials used for disaster work. Use the Materials Record form to consolidate the information to one place (see Appendix III).

a. Purchased Materials:

If special materials were purchased to perform disaster work, show the documentation citing that purchase. Specifically, documentation must show the vendor, quantity, description, unit price, total price, date used, and the date of purchase and check number.

b. Inventory Materials:

If materials were taken from stock, provide an invoice or voucher showing the last purchase of those items or stock, even if it was prior to the disaster. Some type of evidence of cost is required for reimbursement for all materials used.

7. Contract Work Documentation & Eligibility

Contracts must be of reasonable cost, generally must be competitively bid, and must comply with Federal, State, and Local procurement standards. Contract requirements for Local Governments are outlined in the NYS General Municipal Law.

a. Competitive, Fixed Price Contracts:

The preferred and most generally accepted means to assure contract work is undertaken at a reasonable cost is to follow competitive, fixed-price procurement procedures. Firm fix-price contracts provide for an established price to maximize incentive for the contractor to control costs and perform effectively.

Fixed-price contracts are achieved by competitive bidding that includes:

- 1) Developing specific contract work specifications;
- 2) Proper advertising;
- 3) Selecting of the lowest qualified bid; and
- 4) Direct solicitation to MWBE firms (must be documented).

The above items must be documented for validation and audit purposes.

The Applicant must solicit two or more proposals from responsible suppliers, when possible, to ensure the selection of the lowest qualified bid. **IF** the lowest bidder is not awarded the contract, a written statement or justification is required as part of the documentation explaining the reason for not taking the lowest bid. Place this statement in the appropriate Project file. Use of non-competitive proposals is governed by 44 CFR 200.320(f).

For new contracts as well as contracts already in place, the Applicant must document and maintain:

- 1) The contract.
- 2) The vendor invoice showing the charges and rates, applicable to disaster work.
- 3) A copy of the bid advertisement.
- 4) Justification for selection of other than a lowest bidder (if applicable).

b. Time and Materials Contract:

Time and materials contracts should be avoided but may be allowed for work that is immediately necessary after the disaster occurred in instances where a clear scope of work cannot be developed. Generally, FEMA will accept time and materials contracts with a work duration of 70 hours immediately after a disaster. The Applicant must carefully monitor and document contractor expenses, and a cost ceiling or "not to exceed" provision must be included in the contract. If a time and materials contract has been used, the Applicant should contact the State to ensure proper guidelines are followed.

c. Types of Contracts NOT ELIGIBLE are:

- 1) Cost plus or percentage of cost methods.
- 2) Contracts containing a provision which makes payment for eligible work contingent upon reimbursement.
- 3) Contracts with any contractor included on any FEMA debarment and suspension listing <http://www.labor.ny.gov/workerprotection/publicwork/PDFs/debarred.pdf>

d. Emergency Contracting Period:

An emergency contracting period usually occurs immediately following a disaster or incident AND is limited to a matter of days.

Waiving competitive procurement procedures for emergency situations or circumstances may only be accepted under limited conditions that preclude using normal procurement procedures. That is, contracts necessitated by a public emergency arising as a direct result of the declared event such as an accident or other unforeseen occurrence or condition affecting public buildings, public property or the life, health, safety or property of the inhabitants of a municipality may be awarded without competitive bid.

This emergency phase will vary depending on the disaster and the immediate threat to public health and safety. Justification must accompany all contracts not competitively bid. Contract requirements for local governments are outlined in the NYS General Municipal Law.

C. COMPLETION OF WORK

The deadline for completion of emergency work (debris removal and emergency protective measures) is six (6) months from the date of the Presidential Disaster Declaration. The deadline for permanent work is eighteen (18) months from the Presidential Disaster Declaration. The State may extend the emergency work deadline for an additional six (6) months and permanent work deadline can be extended for an additional thirty (30) months with justification.

1. Work/Time Extensions

Applicants must request an extension of deadlines PRIOR to assigned dates. **Requests for extensions should be submitted 90 days prior to the deadline to allow time for the request to be reviewed.** The requests are submitted in writing to NYS DHSES Public Assistance Section using the attached "Request for Time Extension Form". (See Appendix III)

All requests for a time extension must include detailed justification for the request. The request must specify each Project for which an extension is requested and detail the efforts being made to complete the work prior to the established deadlines. Previous time extensions must be listed on the request.

If an Applicant does not complete the work within the established deadline, and the Applicant does not request and receive a time extension, reimbursement could be denied for any work completed after the established deadlines.

Applicants should not presume that their time extension requests will be approved; however, the disaster work must continue. Notification will be sent to the applicant advising them of the final determination regarding the request. An unfavorable response may be appealed with additional justification.

2. Quarterly Progress Reports

The Applicants are required to report to NYS DHSES on the status of all large projects that are not complete using the quarterly report progress form. This allows the NYS DHSES to obtain the information needed to comply with FEMA requirements and provides the opportunity to identify possible problems being incurred by the Applicants in their efforts to complete their projects.

REMEMBER all work must be completed within the existing time limitations. All costs for which the Applicant seeks reimbursement, including DAC, must be incurred (paid) within the approved period of performance. If work cannot be completed within the existing time limitation, a time extension **MUST** be requested. If at any time problems are encountered or concerns exist, notify the NYS DHSES Public Assistance Section.

3. Approved Project Notification Folder (Blue Book)

Upon receipt of the Approved Project Notification Folder, please promptly review the package for the following information:

- a) Changes in the Scope of Work or discrepancies from the project as identified immediately following the disaster. If any discrepancies are discovered, promptly notify NYS DHSES to avoid payment problems at the time of final inspection.
- b) Large Projects which were not 100% complete at the time the PW was prepared, must have a report submitted quarterly detailing the status of the projects.
- c) If a Project is no longer under consideration, notify NYS DHSES of the need to withdraw the Project from consideration.
- d) As Projects are completed, the Project Completion and Certification Report (P.4 form) must be completed and returned to NYS DHSES Public Assistance Section.

4. Disapproved Project Notification (FEMA Decision Memorandum)

Upon receipt of FEMA Decision, please review all project documentation. Receipt of this notification starts the Applicant sixty (60) day timeframe to appeal the decision.

D. FINAL INSPECTIONS

Because Federal payments are based on final inspections and validation, proper documentation of costs is an absolute requirement. The final inspection process will begin once NYS DHSES Public Assistance Section is notified by the Applicant that all work has been completed and costs associated with the project have been paid. A final inspection will be conducted on all Large Projects for which the work was not 100% complete at the time the Project was prepared.

The Applicant must notify NYS DHSES within thirty (30) days of completion of all work associated with a Project (Large or Small), using the Project Completion and Certification Report (P.4) included in the Project Application Supplement of the project completion. This notification consists of completing the P.4 indicating the Project cost and completion date. The Applicant's authorized agent must sign the P.4 certification statement indicating the work was completed in accordance with Public Law 93-288, as required.

All correspondence should be addressed to the Public Assistance Section at NYS DHSES. **REMEMBER the burden of proof and the need to provide detailed justification is the Applicant's responsibility.**

E. APPEALS

An Applicant may submit an Appeal through NYS DHSES to FEMA for reconsideration of any determination (for example, funding amounts, eligibility determinations, etc.) that FEMA made related to federal assistance pertaining to the Applicant. Some of the determinations which can be appealed include:

- 1) An entity is not an eligible Applicant.
- 2) A facility or a specific Project is not eligible.
- 3) The approved eligible cost is less than what the Applicant believes is necessary to complete the approved scope of work.
- 4) Denial of a requested time extension.
- 5) Denial of specific costs claimed for a Project.

The Applicant's written appeal request must be sent to NYS DHSES within sixty (60) days of the date of receipt of FEMA's written Determination. The appeal must include documented justification supporting the appeal, the monetary figure in dispute, and the Law/Regulation/Policy that supports the appeal (44

CFR 206.206(a)). It is the Applicant's responsibility to prepare the appropriate appeal documentation and justification to be presented to FEMA for their review and consideration. FEMA will deny late appeal submissions.

An Applicant has two (2) opportunities to appeal a FEMA decision. Both Appeals are submitted through NYS DHSES. Each Appeal will be processed through NYS DHSES for review and comment before being referred to FEMA.

F. AUDIT REQUIREMENTS

1. A review of all Large Projects (and Small Projects with significant cost overruns) will be conducted by the State once those projects are completed.
2. In accordance with the Single Audit Act of 1984 (P.L.98-502), as amended in 1996 (P.L. 104-156), a Sub-Recipient (Applicant) which expends \$750,000 or more of Federal funds from all sources during its fiscal year, must have an independent audit conducted in accordance with the circular. OMB Circular A-133 further requires that the final report for such audit be completed within nine (9) months of the end of the sub-recipients fiscal year. Additionally, per the New York State Budget Policy and Reporting Manual Item I-300, State agencies that provide funds to sub-recipients pursuant to OMB Circular A-133 must obtain copies of the sub-recipient's A-133 audit reports and determine whether any audit findings affecting its programs are significant and warrant follow-up.

Therefore, all Sub-recipients (Applicants) must provide one copy of such audit report or notification that they are exempt from the requirements to DHSES within nine (9) months of the end of their fiscal year. Please submit the A-133 report or exemption notification to:

**New York State Division of Homeland Security and Emergency Services
Fiscal Monitoring Unit
State Campus, Building 7A
1220 Washington Avenue
Albany, NY 12242**

Electronic copies or a link to the report is acceptable and can be directed to: FMU@dhses.ny.gov. An e-mail response submitted to FMU@dhses.ny.gov indicating that your entity is exempt **which includes the applicable fiscal period associated with the exemption** is acceptable as well.

Failure to provide a copy of the A-133 Single Audit report or notification your entity is exempt from the requirement within nine (9) months of your fiscal year end may result in a stop payment status being placed on all DHSES awards until compliance is met. Continued non-compliance can also negatively impact future funding opportunities and/or result in disallowance of expenditures.

Questions regarding the Single Audit Requirement should be addressed to the DHSES Fiscal Monitoring Unit by submitting them to FMU@dhses.ny.gov or by calling (518) 242-5069.

3. **Important Change:** Please note that the Single Audit Requirements are now codified under CFR Title 2, Part 200 Subpart F. The effective date of the higher audit threshold is located at CFR Title 2, Part 200 Subpart F, § 200.110(b), which can be found at the link below:

http://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl

Disaster 4397

Applicant Handbook

Appendices

- I. Private Non-Profit Eligibility Guidelines
- II. FEMA Cost Codes/Equipment Rates
- III. Project Worksheet and Cost Summary Sheets
- IV. Debris Removal Fact Sheet

I. RPA Forms for State, Local and Tribal Applicants

RPA Forms for State, Local and Tribal Applicants

- 1. RPA Form 90-49 (must include valid e-mail addresses)**
 - a. Instructions are Included*
- 2. DUNS Number Form**
 - a. Instructions are Included*
- 3. Drug Free Work Place Form**
- 4. Applicant Certification Form**
- 5. Federal Tax ID Number Form**

Send Completed Forms To:

patricia.debboli@dhses.ny.gov

Office: 518-417-6043

Cell: 518-410-1243

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
REQUEST FOR PUBLIC ASSISTANCE

OMB Control Number 1660-0017
Expires December 31, 2019

Paperwork Burden Disclosure Notice

Public reporting burden for this data collection is estimated to average 15 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

Authority: FEMA is authorized to collect the information requested pursuant to the Robert T. Stafford Disaster Relief and Emergency Assistance Act, §§ 402-403, 406-407, 417, 423, and 427, 42 U.S.C. 5170a-b, 5172-73, 5184, 5189a, 5189e; The American Recovery and Reinvestment Act of 2009, Public Law No. 111-5, § 601; and "Public Assistance Project Administration," 44 C.F.R. §§ 206.202, and 206.209.

| | |
|---|----------------|
| APPLICANT (Political subdivision or eligible applicant) | DATE SUBMITTED |
|---|----------------|

COUNTY (Location of Damages. If located in multiple counties, please indicate)

APPLICANT PHYSICAL LOCATION

STREET ADDRESS

| | | | |
|------|--------|-------|----------|
| CITY | COUNTY | STATE | ZIP CODE |
|------|--------|-------|----------|

MAILING ADDRESS (If different from Physical Location)

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 (Optional) | HOME PHONE (Optional) |
| 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)? YES NO

Private Non-Profit Organization? YES 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 _____

DUNS NUMBER
Disaster No. FEMA-_____ -DR-NY
(REQUIRED FOR ALL APPLICANTS)

In order to process your payment for disaster assistance funds, the Division of Homeland Security and Emergency Services will need to provide the Federal Emergency Management Agency with your DUNS Number. Your application cannot be processed until the appropriate DUNS number is received.

Located in the County of: _____

DUNS # (9 Digits): _____

Applicant Name: _____

Applicant Address: _____

City, Zip Code: _____

Telephone #: _____

Signature: _____ Date: _____

**Please provide this number, as it will assist us in providing
your funding in a timely manner**

Please mail or fax, as soon as possible, to:

Public Assistance/Recovery Section
Division of Homeland Security and Emergency Services
1220 Washington Avenue
Building 7A, 4th Floor
Albany, New York 12242
Phone: 518-292-2293
Fax: 518-322-4984

DUNS Number Requirement for Federal Grant Applications

Organizations are required to have a Data Universal Numbering System (DUNS) number to apply for a grant or cooperative agreement from the Federal Government.

The DUNS number is a unique nine-character identification number provided at no charge by the commercial company Dun and Bradstreet. The DUNS number is also a prerequisite for another Applicant organizational requirement: registration in the Federal Government's Central Contractor Registry. Registration in this system (CCR) is a requirement for all grantees and a current requirement for grantees applying for federal assistance through <http://www.grants.gov/>

To obtain a DUNS number in about 10 minutes, call 1-866-705-5711. Be prepared to answer the following questions:

- a. Name of Business
- b. Business Address
- c. Local Phone Number
- d. Name of the CEO/Business Owner
- e. Legal structure of the business (corporation, partnership, proprietorship)
- f. Year Business Started
- g. Primary Line of Business
- h. Total Number of Employees (Full and Part-Time)

You may also obtain a DUNS number online at the Dun & Bradstreet website, which may take up to 14 business days:

<https://fedgov.dnb.com/webform>

CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

This certification is required by the regulations implementing the Drug-Free Workplace Act of 1988, 2 CFR Part 182, Subpart B. The regulations, published in the May 25, 1990 Federal Register, require certification by sub grantees, prior to award, that they will maintain a drug-free workplace. The certification set out below is a material representation of fact upon which reliance will be placed when the Division of Homeland Security and Emergency Services determines to award the sub grant. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of grants or government wide suspension or debarment. (See 2 CFR Part 180, Subpart G, 180.700, and Subpart H, 180.800)

A. The sub grantee certifies that it will or will not continue to provide a drug-free workplace by:

- (a) publishing a statement notifying employees that the unlawful manufacture, distribution, dispersing, possession, or use of a controlled substance is prohibited in the sub grantees workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- (b) establishing an ongoing drug-free awareness program to inform employees about-
 - (1) the dangers of drug abuse in the workplace;
 - (2) the sub grantees policy of maintaining a drug-free workplace;
 - (3) any available drug counseling, rehabilitation, and employee assistance programs;
 - (4) the penalties that may be imposed upon the employee for drug abuse violations occurring in the workplace;
- (c) making it a requirement that each employee to be engaged in the performance of the sub-grant be given a copy of the statement required by paragraph (a);
- (d) notifying the employee in the statement required by paragraph (a) that, as a condition of employment under sub grant, the employee will-
 - (1) abide by the terms of that statement; and
 - (2) notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- (e) notifying the Division of Homeland Security and Emergency Services in writing within ten calendar days after receiving notice under subparagraph (d) (2) from an employee or otherwise receiving actual notice of such conviction. Such notice shall include the position title of the employee and the federal identification number of the sub grantee.
- (f) taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d) (2), with respect to any employee who is so convicted-
 - (1) taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - (2) requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- (g) making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a),(b), (c), (d), (e), and (f).

B. The sub grantee may insert in the space provided below the site (s) for the performance of work done in connection with this grant:

Organization Name: _____ **Disaster Name: FEMA-** _____ **-DR or EM-NY**

(Please Print) Name and Title of Authorized Representative: _____

Signature: _____ **Date:** _____

FEDERAL TAX IDENTIFICATION NUMBER
(Not for use by State Agencies or Local Political Sub-Divisions)
Disaster No. FEMA-_____ -DR / EM-NY

In order to process your payment for disaster assistance funds, the Division of Homeland Security and Emergency Services will need to provide the State Comptroller's Office with your PAYEE IDENTIFICATION NUMBER.

For an individual, the Payee ID is the social security number. For corporations, including Private non-profits, partnerships and other business entities, the Payee ID is the Federal Tax Identification Number (the number used to report Federal withholding taxes to the government). In either case, it is a nine-digit number as follows:

Individual: 123-45-6789
Business: 12-3456789

Federal Tax ID #: _____

Applicant Name: _____

Applicant Address: _____

City, Zip Code: _____

Telephone #: _____

Signature: _____ Date: _____

**Please provide this number, as it will assist us in providing
your funding in a timely manner**

Please mail or fax, as soon as possible, to:

Public Assistance/Recovery Section
Division of Homeland Security and Emergency Services
1220 Washington Avenue
Building 7A, 4th Floor
Albany, New York 12242
Phone: 518-292-2293
Fax: 518-322-4984

II. Private Non-Profit Eligibility Guidelines

Private Non-Profit Eligibility (PNP) Guidelines

Facilities not owned by public entities also may be eligible for disaster assistance if certain criteria are met. The program is intended for organizations that have sustained extensive disaster losses. Obtaining disaster funding involves significant administrative effort and time which includes detailed inspections, preparation of records and documentation. Further information can be obtained by the county emergency management office.

ALL eligible private non-profit organizations, whether a school district, volunteer fire department or an alcohol and drug rehabilitation center MUST also follow the procedures regarding Documentation Requirements, Instructions, and Eligibility as noted in the Applicant's Handbook.

PNP facilities are grouped into one of two different categories:

1. **Critical PNPs** – a facility that provides a critical service which is defined as: education, utility, emergency, or medical.
2. **Non-critical PNP's** – a facility that provides a non-critical, but essential, government service AND is open to the general public such as: community centers, museums, and zoos.

The following facilities are generally eligible for assistance: educational, utilities, irrigation, emergency, medical, and custodial care facilities and facilities that provide essential government services. Those that provide "other essential government services", must be open to the general public include, irrigation facilities, museums, zoos, community centers, libraries, homeless shelters, senior citizens centers, shelter workshops, and health and safety services of a governmental nature.

To be considered as a PNP applicant: the following information is required and must be submitted BEFORE a determination of eligibility can be made. See Appendix III.

- Tax Exemption Certificate granted under sections 501(c) (d) or (e) of the Internal Revenue Code of 1954, as amended, or State certification that the organization is a nonprofit organization under State Law.
- Evidence from NYS that your organization is a non-revenue producing business.
- Organizational charter or by-laws.
- Other publications, brochures, pamphlets or literature that describe the organization and its services, purposes and functions.
- Description of membership policies or fee structures.
- Federal Tax Identification Number.
- D-U-N-S Number (Dun and Bradstreet).

Before expenditure can be considered as part of the public assistance application, it must meet the following criteria:

1. The damage must be a direct result of a Presidential declared disaster.
2. The damage must be within the federally designated disaster area.
3. The damage must have occurred within the designated incident period.
4. Eligible damage at a designated worksite must total \$3,200 or higher.

5. The damages infrastructure must be owed by and/or be the legal responsibility of an eligible applicant.
6. The damage and work to be performed must not be eligible for reimbursement under the authority of another federal program.
7. Assistance is supplemental to any insurance proceeds received.

Educational Institutions: Educational institutions are defined in terms of primary, secondary, and higher education schools. The school must satisfy the State requirements for compulsory attendance. Any elementary school as defined by section 801 of the Elementary and Secondary Education Act of 1965; or any secondary school as defined by section 801(h) of the Elementary and Secondary Education Act of 1965; or any institution of higher education as defined by section 1201 of the Higher Education Act of 1965.

PNP Medical: Any hospital, outpatient facility, rehabilitation facility, or facility for long term care.

Hospitals: Include general, tuberculosis and other types of hospitals and related facilities, such as laboratories, outpatient departments, nursing home facilities, extended care facilities, facilities related to programs for home health services, self-care units, and central service facilities operated in connection with hospitals. This category also includes education or training facilities for health profession personnel operated as an integral part of a hospital. A hospital that primarily furnishes home-based care is not considered a hospital under this definition.

Custodial Care Facility: Buildings, structures or systems which are used to provide institutional care for persons who require close supervision and some physical constraints on their daily activities for their protection, but do not require daily medical care.

Utility: Building, structures, equipment or systems of energy, communication, water supply, sewage collection and treatment of other similar public service facilities.

Emergency Facility: Buildings, structures, equipment or systems used to provide emergency services, such as fire protection, ambulance or rescue, to the general public.

Other essential Governmental Service Facility: Museums, zoos, community centers, libraries, homeless shelters, senior citizen centers, rehabilitation facilities, shelter workshops and facilities which provide health and safety service of a governmental nature.

Examples of Ineligible Services or Facilities are:

- Recreational facilities
- Job counseling or job training
- Facilities for advocacy groups not directly providing health services
- Conference facilities
- Political education
- Advocacy or lobbying
- Religious service or religious instruction or study
- Facilities for social events
- Roads owned and operated by a property owners association

Requirement for Application to the Small Business Administration (SBA) PNP facilities potentially eligible for permanent work assistance that provide “non-critical services” must first apply for a disaster loan from the SBA before applying to FEMA for disaster assistance. “Noncritical” PNPs, however, may apply directly to FEMA for emergency work costs. “Non-critical services” include educational facilities as well as those facilities defined in § 206.221(e)(7). (Facilities providing “critical services” as defined in §206.226(c)(1), including power, water, sewer

and wastewater, communications, medical treatment, fire protection, emergency rescue, nursing homes, and educational institutions may apply directly to FEMA for disaster assistance.)

The SBA loan application process for these “non-critical” PNP facilities will result in one of three outcomes:

1. If the PNP is declined for an SBA loan, the PNP may then apply to FEMA for public assistance.
2. If the SBA loan fully covers eligible damages from the disaster event, then no assistance from FEMA is available.
3. If the maximum SBA loan for which the facility is eligible does not fully cover eligible damages, the PNP may then apply to FEMA for the excess eligible damages.

Eligible PNPs are also required to apply to SBA for any 406 Hazard Mitigation costs.

III. RPA Forms for Private Non-Profit (PNP) Applicants

**RPA Forms for Private Non-Profit (PNP)
Applicants**

- 1. RPA Form 90-49 (must include valid e-mail addresses)**
 - a. Instructions are Included*
- 2. DUNS Number Form**
 - a. Instructions are Included*
- 3. Drug Free Work Place Form**
- 4. Applicant Certification Form**
- 5. Office of the State Comptroller - Substitute Form W-9**
 - a. Instructions are Included*
- 6. NYS Tax Exempt Certificate / Letter from IRS**
 - a. Example is Included*
- 7. PNP Facility Questionnaire**
- 8. Additional Back-up Information:**
 - a. Deed/Lease**
 - b. Description of the Damaged Facility and the services provided**
 - c. Organization Charter or By-Laws**
 - d. Publications / brochures that describe your organization**
 - e. Description of membership policies or fee structures**
 - f. Valid Accreditation (Educational and Medical Facilities)**

Send Completed Forms To:

patricia.debboli@dhses.ny.gov

Office: 518-417-6043

Cell: 518-410-1243

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
REQUEST FOR PUBLIC ASSISTANCE

OMB Control Number 1660-0017
Expires December 31, 2019

Paperwork Burden Disclosure Notice

Public reporting burden for this data collection is estimated to average 15 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

Authority: FEMA is authorized to collect the information requested pursuant to the Robert T. Stafford Disaster Relief and Emergency Assistance Act, §§ 402-403, 406-407, 417, 423, and 427, 42 U.S.C. 5170a-b, 5172-73, 5184, 5189a, 5189e; The American Recovery and Reinvestment Act of 2009, Public Law No. 111-5, § 601; and "Public Assistance Project Administration," 44 C.F.R. §§ 206.202, and 206.209.

| | |
|--|----------------|
| APPLICANT (Political subdivision or eligible applicant) | DATE SUBMITTED |
| COUNTY (Location of Damages. If located in multiple counties, please indicate) | |

APPLICANT PHYSICAL LOCATION

| | | | |
|----------------|--------|-------|----------|
| STREET ADDRESS | | | |
| CITY | COUNTY | STATE | ZIP CODE |

MAILING ADDRESS (If different from Physical Location)

| | | | |
|-----------------|------|-------|----------|
| 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 (Optional) | HOME PHONE (Optional) |
| 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)? YES NO

Private Non-Profit Organization? YES 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 _____

Instructions to Complete the Request for Public Assistance (RPA) Form

Submission of the Request for Public Assistance (RPA) form is the first step for participation in the Public Assistance Program. Any governmental entity (village, town, county, or state agency), Native American Tribal organization, or certain non-profit organizations that wish to apply must complete a Request for Public Assistance (RPA) form.

Submittal of the RPA does not make an Applicant eligible for Public Assistance under the Stafford Act. The RPA is used by a potential Applicant to indicate interest in the Public Assistance Program.

Applicants should make every effort to complete and return their RPA prior to leaving the Applicant Briefing. The RPA must be submitted with 30 days of the date of the presidential declaration. If a potential Applicant fails to submit the RPA within the specified time frame, they will be denied eligibility for Public Assistance.

The Applicant must designate their Representative(s) or point(s) of contact on the RPA. The Representative(s) should have the authority of the Chief Elected Official and should be:

- Knowledgeable of the work to be inspected,
- Knowledgeable of the location of damages,
- Easily accessible by telephone (day & evening), and
- Available for future FEMA or State inquiries.

The Representative(s) will also have the overall responsibility to:

- Consolidate the disaster documentation activities among departments.
- Ensure completion of disaster work.
- Submit applicable forms.

Completing the RPA Form: All potential Applicants must complete the Request for Public Assistance Form:

- Fill in the appropriate declaration number at the top of the form.
- Enter the date the form is completed.
- Ensure names, addresses, telephone numbers, and email addresses are clear and correct.

DUNS NUMBER
Disaster No. FEMA-_____ -DR-NY
(REQUIRED FOR ALL APPLICANTS)

In order to process your payment for disaster assistance funds, the Division of Homeland Security and Emergency Services will need to provide the Federal Emergency Management Agency with your DUNS Number. Your application cannot be processed until the appropriate DUNS number is received.

Located in the County of: _____

DUNS # (9 Digits): _____

Applicant Name: _____

Applicant Address: _____

City, Zip Code: _____

Telephone #: _____

Signature: _____ Date: _____

**Please provide this number, as it will assist us in providing
your funding in a timely manner**

Please mail or fax, as soon as possible, to:

Public Assistance/Recovery Section
Division of Homeland Security and Emergency Services
1220 Washington Avenue
Building 7A, 4th Floor
Albany, New York 12242
Phone: 518-292-2293
Fax: 518-322-4984

DUNS Number Requirement for Federal Grant Applications

Organizations are required to have a Data Universal Numbering System (DUNS) number to apply for a grant or cooperative agreement from the Federal Government.

The DUNS number is a unique nine-character identification number provided at no charge by the commercial company Dun and Bradstreet. The DUNS number is also a prerequisite for another Applicant organizational requirement: registration in the Federal Government's Central Contractor Registry. Registration in this system (CCR) is a requirement for all grantees and a current requirement for grantees applying for federal assistance through <http://www.grants.gov/>

To obtain a DUNS number in about 10 minutes, call 1-866-705-5711. Be prepared to answer the following questions:

- a. Name of Business
- b. Business Address
- c. Local Phone Number
- d. Name of the CEO/Business Owner
- e. Legal structure of the business (corporation, partnership, proprietorship)
- f. Year Business Started
- g. Primary Line of Business
- h. Total Number of Employees (Full and Part-Time)

You may also obtain a DUNS number online at the Dun & Bradstreet website, which may take up to 14 business days:

<https://fedgov.dnb.com/webform>

CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

This certification is required by the regulations implementing the Drug-Free Workplace Act of 1988, 2 CFR Part 182, Subpart B. The regulations, published in the May 25, 1990 Federal Register, require certification by sub grantees, prior to award, that they will maintain a drug-free workplace. The certification set out below is a material representation of fact upon which reliance will be placed when the Division of Homeland Security and Emergency Services determines to award the sub grant. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of grants or government wide suspension or debarment. (See 2 CFR Part 180, Subpart G, 180.700, and Subpart H, 180.800)

A. The sub grantee certifies that it will or will not continue to provide a drug-free workplace by:

- (a) publishing a statement notifying employees that the unlawful manufacture, distribution, dispersing, possession, or use of a controlled substance is prohibited in the sub grantees workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- (b) establishing an ongoing drug-free awareness program to inform employees about-
 - (1) the dangers of drug abuse in the workplace;
 - (2) the sub grantees policy of maintaining a drug-free workplace;
 - (3) any available drug counseling, rehabilitation, and employee assistance programs;
 - (4) the penalties that may be imposed upon the employee for drug abuse violations occurring in the workplace;
- (c) making it a requirement that each employee to be engaged in the performance of the sub-grant be given a copy of the statement required by paragraph (a);
- (d) notifying the employee in the statement required by paragraph (a) that, as a condition of employment under sub grant, the employee will-
 - (1) abide by the terms of that statement; and
 - (2) notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- (e) notifying the Division of Homeland Security and Emergency Services in writing within ten calendar days after receiving notice under subparagraph (d) (2) from an employee or otherwise receiving actual notice of such conviction. Such notice shall include the position title of the employee and the federal identification number of the sub grantee.
- (f) taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d) (2), with respect to any employee who is so convicted-
 - (1) taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - (2) requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- (g) making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a),(b), (c), (d), (e), and (f).

B. The sub grantee may insert in the space provided below the site (s) for the performance of work done in connection with this grant:

Organization Name: _____ **Disaster Name: FEMA-** _____ **-DR or EM-NY**

(Please Print) Name and Title of Authorized Representative: _____

Signature: _____ **Date:** _____



**NEW YORK STATE OFFICE OF THE STATE COMPTROLLER
SUBSTITUTE FORM W-9:
REQUEST FOR TAXPAYER IDENTIFICATION NUMBER & CERTIFICATION**

TYPE OR PRINT INFORMATION NEATLY. PLEASE REFER TO INSTRUCTIONS FOR MORE INFORMATION.

Part I: Vendor Information

| | |
|---|---|
| 1. Legal Business Name: | 2. If you use a DBA, please list below: |
| 3. Entity Type (Check one only): <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Business Corporation <input type="checkbox"/> Unincorporated Association/Business <input type="checkbox"/> Federal Government <input type="checkbox"/> State Government <input type="checkbox"/> Public Authority <input type="checkbox"/> Local Government <input type="checkbox"/> School District <input type="checkbox"/> Fire District <input type="checkbox"/> Other _____ | |

Part II: Taxpayer Identification Number (TIN) & Taxpayer Identification Type

| | | | | | | | | | | | |
|---|---|--|--|--|--|--|--|--|--|--|--|
| 1. Enter your TIN here: <i>(DO NOT USE DASHES)</i> | <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table> | | | | | | | | | | |
| | | | | | | | | | | | |
| 2. Taxpayer Identification Type (check appropriate box): <input type="checkbox"/> Employer ID No. (EIN) <input type="checkbox"/> Social Security No. (SSN) <input type="checkbox"/> Individual Taxpayer ID No. (ITIN) <input type="checkbox"/> N/A (Non-United States Business Entity) | | | | | | | | | | | |

Part III: Address APPLICANT COUNTY: _____

| | |
|---|---|
| 1. Physical Address: Number, Street, and Apartment or Suite Number | 2. Remittance Address: Number, Street, and Apartment or Suite Number |
| City, State, and Nine Digit Zip Code or Country | City, State, and Nine Digit Zip Code or Country |

Part IV: Exemption from Backup Withholding and Certification

For payees exempt from Backup Withholding, check the box below. Valid explanation required for exemption. See instructions.

Exempt from Backup Withholding

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. Under penalties of perjury, I certify that the number shown on this form is my correct Taxpayer Identification Number (TIN).

Sign Here:

| | | |
|-----------------------|--------------|---------------|
| _____ | _____ | |
| Signature | Date | |
| _____ | _____ | _____ |
| Print Preparer's Name | Phone Number | Email Address |

Part V: Contact Information – Individual Authorized to Represent the Vendor

Vendor Contact Person: _____ Title: _____

Contact's Email Address: _____ Phone Number: _____

DO NOT SUBMIT FORM TO IRS — SUBMIT FORM TO NYS ONLY AS DIRECTED

FOR OSC USE ONLY

NYS Office of the State Comptroller Instructions for Completing Substitute Form W-9

New York State (NYS) must obtain your correct Taxpayer Identification Number (TIN) to report income paid to you or your organization. NYS Office of the State Comptroller uses the Substitute Form W-9 to obtain certification of your TIN in order to ensure accuracy of information contained in its payee/vendor database and to avoid backup withholding.¹ We ask for the information on the Substitute Form W-9 to carry out the Internal Revenue laws of the United States. You are required to give us the information.

Any payee/vendor who wishes to do business with New York State must complete the Substitute Form W-9. Substitute Form W-9 is the only acceptable documentation. **We will not accept IRS Form W-9.**

Part I: Vendor Information

1. **Legal Business Name:** For individuals, enter the name of the person who will do business with NYS as it appears on the Social Security card or other required Federal tax documents. An organization should enter the name shown on its charter or other legal documents that created the organization. Do not abbreviate names.
2. **DBA (Doing Business As):** Enter your DBA name.
3. **Entity Type:** Mark the Entity Type doing business with New York State.

Part II: Taxpayer Identification Number (TIN) and Taxpayer Identification Type

1. **Taxpayer Identification Number:** Enter your nine-digit Social Security Number, Individual Taxpayer Identification Number (ITIN)² or Employer Identification Number.
2. **Taxpayer Identification Type:** Mark the type of identification number provided.

Part III: Address

1. **Physical Address:** List the location of where your business is physically located.
2. **Remittance Address:** List the location where payments should be delivered.

Part IV: Exemption from Backup Withholding and Certification

Generally, reportable payments made by New York State are subject to Backup Withholding. Exemption from Backup Withholding applies to government and non-United States Business Entities³. Please sign, date, provide the preparer's name, telephone and email address. The preparer should be employed by your organization.

Part V: Contact Information

Please provide the contact information for an executive at your organization. This individual should be the person who makes legal and financial decisions for your organization.

¹ According to IRS Regulations, OSC must withhold 28% of all payments if a payee/vendor fails to provide OSC its certified TIN. The Substitute Form W-9 certifies a payee/vendor's TIN.

² An ITIN is a nine-digit number used by the United States Internal Revenue Service for individuals not eligible to obtain a Social Security Number, but are required to file income taxes. To obtain an ITIN, submit a completed W-7 to the IRS. The IRS will notify you in writing within 4 to 6 weeks about your ITIN status. In order to do business with New York State, **you must submit IRS Form W-8** along with our Substitute Form W-9 showing your ITIN. IRS Form W-8 certifies your foreign status. To obtain IRS Forms W-7 and W-8, call 1-800-829-3676 or visit the IRS website at www.irs.gov.

³ In order to do business with New York State, **you must submit IRS Form W-8** along with our Substitute Form W-9. IRS Form W-8 certifies your foreign status and exempts you from United States information return reporting and backup withholding rules. To obtain IRS Form W-8, call 1-800-829-3676 or visit the IRS website at www.irs.gov.

EXAMPLE OF A NYS TAX EXEMPT CERTIFICATE



New York State Department of Taxation and Finance

Exempt Organization Certificate

ST-119

(2/14)

The organization named below is exempt from payment of New York State and local sales and use tax. **Note:** This is your organization's proof of exemption and must be retained in your organization's permanent files. If this card is saved to an electronic version, you still must retain this original card in your permanent files.

The number shown on this certificate must be entered on any Form ST-119.1, *Exempt Organization Exempt Purchase Certificate*, presented to a vendor. If this certificate is lost or destroyed, you must contact the Exempt Organizations Unit for instructions to obtain a replacement.

This certificate will remain in effect unless it is revoked or canceled. Misuse of the authority granted under this certificate will result in the revocation of exempt status and subject the organization to substantial civil and criminal penalties.



| | |
|--------------------|---------------|
| Certificate number | EX [REDACTED] |
| Date issued | [REDACTED] |

This certificate may not be altered, changed, lent, or transferred to another organization or person.

**FEDERAL EMERGENCY MANAGEMENT AGENCY
PNP FACILITY QUESTIONNAIRE**

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.

Name of PNP Organization: _____

Name of the damaged facility and location: _____

What is the primary purpose of the damaged facility? _____

Who may use this facility? _____

What fee, if any, is charged for the use of the facility? _____

Was the facility in use at the time of the disaster? Yes No

Did the facility sustain damage as a direct result of the disaster? Yes No

What type of assistance is being requested? Public Assistance _____

Does the PNP organization own the facility? Yes No

If "Yes," obtain proof of ownership; check here if attached.

If "No," do they lease / rent the facility? Yes No

If "Yes," obtain a copy of the lease or rental agreement for the damaged facility; check here if attached.

Are the repairs of this facility the legal responsibility of the organization? Yes No

Is the facility insured? Yes No

If "Yes," obtain a copy of the insurance policy; check here if attached.

Additional information or comments:

Name of contact person

Phone number

IV. FEMA Cost Codes/Equipment Rates

FEMA's SCHEDULE OF EQUIPMENT RATES

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

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

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

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

THESE RATES ARE APPLICABLE TO MAJOR DISASTERS AND EMERGENCIES
DECLARED BY THE PRESIDENT ON OR AFTER SEPTMBER 1, 2017.

| FEMA Code ID | | Equipment Description | | | | | 2017 Rate |
|--------------|-----------------------------------|---------------------------------------|------------------|------------|--|------|----------------|
| Cost Code | Equipment | Specifications | Capacity or Size | HP | Notes | Unit | |
| 8010 | Air Compressor | Air Delivery | 41 CFM | to 10 | Hoses included. | hour | \$1.51 |
| 8011 | Air Compressor | Air Delivery | 103 CFM | to 30 | Hoses included. | hour | \$8.84 |
| 8012 | Air Compressor | Air Delivery | 130 CFM | to 50 | Hoses included. | hour | \$11.14 |
| 8013 | Air Compressor | Air Delivery | 175 CFM | to 90 | Hoses included. | hour | \$18.39 |
| 8014 | Air Compressor | Air Delivery | 400 CFM | to 145 | Hoses included. | hour | \$30.47 |
| 8015 | Air Compressor | Air Delivery | 575 CFM | to 230 | Hoses included. | hour | \$48.71 |
| 8016 | Air Compressor | Air Delivery | 1100 CFM | to 355 | Hoses included. | hour | \$92.88 |
| 8017 | Air Compressor | Air Delivery | 1600 CFM | to 500 | Hoses included. | hour | \$96.96 |
| 8040 | Ambulance | | | to 150 | | hour | \$28.00 |
| 8041 | Ambulance | | | to 210 | | hour | \$40.50 |
| 8050 | Board, Arrow | | | to 8 | Trailer Mounted. | hour | \$4.43 |
| 8051 | Board, Message | | | to 5 | Trailer Mounted. | hour | \$11.61 |
| 8060 | Auger, Portable | Hole Diameter | 16 In | to 6 | | hour | \$2.14 |
| 8061 | Auger, Portable | Hole Diameter | 18 In | to 13 | | hour | \$4.30 |
| 8062 | Auger, Tractor Mntd | Max. Auger Diameter | 36 In | to 13 | Includes digger, boom and mounting hardware. | hour | \$3.16 |
| 8063 | Auger, Truck Mntd | Max. Auger Size | 24 In | to 100 | mounting hardware. Add this rate to tractor rate for total | hour | \$34.28 |
| 8064 | Hydraulic Post Driver | | | | | hour | \$35.10 |
| 8065 | Auger | Horizontal Directional Boring Machine | 250 X 100 | 300 | DD-140B YR-2003 | hour | \$169.40 |
| 8066 | Auger | Horizontal Directional Boring Machine | 50 X 100 | | | hour | \$31.95 |
| 8067 | Auger, Directional Boring Machine | Auger, Directional Boring Machine | | | | hour | \$36.97 |
| 8070 | Automobile | | | to 130 | Transporting people. | mile | \$0.535 |
| 8071 | Automobile | | | to 130 | Transporting cargo. | hour | \$12.32 |
| 8072 | Automobile, Police | | | to 250 | Patrolling. | mile | \$0.535 |
| 8073 | Automobile, Police | | | to 250 | Stationary with engine running. | hour | \$15.69 |
| 8075 | Motorcycle, Police | | | | | mile | \$0.505 |
| 8076 | Automobile - Chevy Trailblazer | 6 or 8 cl | | 285 to 300 | | hour | \$22.00 |
| 8077 | Automobile - Ford Expedition | Fire Command Center | | | | hour | \$19.00 |
| 8080 | All Terrain Vehicle (ATV) | Engine 110cc, 4-Wheel; 20" tyre | | 6.5-7.5 | | hour | \$8.20 |
| 8081 | All Terrain Vehicle (ATV) | Engine 125cc, 4-Wheel; 21" tyre | | 7.6-8.6 | | hour | \$8.50 |
| 8082 | All Terrain Vehicle (ATV) | Engine 150cc, 4-Wheel; 22" tyre | | 9.0-10.0 | | hour | \$8.51 |
| 8083 | All Terrain Vehicle (ATV) | Engine 200cc, 4-Wheel; 24" tyre | | 12-14.0 | | hour | \$9.00 |
| 8084 | All Terrain Vehicle (ATV) | Engine 250cc, 4-Wheel; 24" tyre | | 15-17 | | hour | \$9.40 |

| | | | | | | | |
|------|----------------------------------|---|-----------------------|---------|-------------------------------------|------|------------|
| 8085 | All Terrain Vehicle (ATV) | Engine 300cc, 4-Wheel; 24" tyre | | 18-20 | | hour | \$10.20 |
| 8086 | All Terrain Vehicle (ATV) | Engine 400cc, 4-Wheel; 25" tyre | | 26-28 | | hour | \$11.64 |
| 8087 | All Terrain Vehicle (ATV) | Engine 450cc, 4-Wheel; 25" tyre | | 26-28 | | hour | \$12.40 |
| 8088 | All Terrain Vehicle (ATV) | Engine 650cc, 4-Wheel; 25" tyre | | 38-40 | | hour | \$13.20 |
| 8089 | All Terrain Vehicle (ATV) | Engine 750cc, 4-Wheel; 25" tyre | | 44-46 | | hour | \$14.00 |
| 8110 | Barge, Deck | Size | 50'x35'x7.25' | | | hour | \$49.10 |
| 8111 | Barge, Deck | Size | 50'x35'x9' | | | hour | \$58.70 |
| 8112 | Barge, Deck | Size | 120'x45'x10' | | | hour | \$109.50 |
| 8113 | Barge, Deck | Size | 160'x45'x11" | | | hour | \$133.75 |
| 8120 | Boat, Tow | Size | 55'x20'x5' | to 870 | Steel. | hour | \$317.54 |
| 8121 | Boat, Tow | Size | 60'x21'x5' | to 1050 | Steel. | hour | \$358.65 |
| 8122 | Boat, Tow | Size | 70'x30'x7.5' | to 1350 | Steel. | hour | \$569.00 |
| 8123 | Boat, Tow | Size | 120'x34'x8' | to 2000 | Steel. | hour | \$1,094.24 |
| 8124 | Airboat | 815AGIS Airboat w/spray unit | 15'x8' | 400 | | hour | \$31.00 |
| 8125 | Airboat | 815AGIS Airboat w/spray unit | 15'x8' | 425 | | hour | \$31.95 |
| 8126 | Swamp Buggy | Conquest | | 360 | | hour | \$39.25 |
| 8129 | Compactor -2-Ton Pavement Roller | 2 ton | | | | hour | \$28.25 |
| 8130 | Boat, Row | | | | Heavy duty. | hour | \$1.44 |
| 8131 | Boat, Runabout | Size | 13'x5' | to 50 | Outboard. | hour | \$12.00 |
| 8132 | Boat, Tender | Size | 14'x7' | to 100 | Inboard with 360 degree drive. | hour | \$16.50 |
| 8133 | Boat, Push | Size | 45'x21'x6' | to 435 | Flat hull. | hour | \$217.20 |
| 8134 | Boat, Push | Size | 54'x21'x6' | to 525 | Flat hull. | hour | \$267.35 |
| 8135 | Boat, Push | Size | 58'x24'x7.5' | to 705 | Flat hull. | hour | \$325.35 |
| 8136 | Boat, Push | Size | 64'x25'x8' | to 870 | Flat hull. | hour | \$358.50 |
| 8140 | Boat, Tug | Length | 16 Ft | to 100 | | hour | \$42.60 |
| 8141 | Boat, Tug | Length | 18 Ft | to 175 | | hour | \$62.55 |
| 8142 | Boat, Tug | Length | 26 Ft | to 250 | | hour | \$78.95 |
| 8143 | Boat, Tug | Length | 40 Ft | to 380 | | hour | \$196.50 |
| 8144 | Boat, Tug | Length | 51 Ft | to 700 | | hour | \$271.85 |
| 8147 | Boat, Inflatable Rescue Raft | Zodiac | | | | hour | \$1.10 |
| 8148 | Boat, Runabout | 1544 lbs | 11 passenger capacity | 190-250 | | hour | \$62.55 |
| 8149 | Boat, removable engine | 2000 Johnson Outboard Motor w 15" shaft | | 15 | | hour | \$1.50 |
| 8150 | Broom, Pavement | Broom Length | 72 In | to 35 | | hour | \$24.50 |
| 8151 | Broom, Pavement | Broom Length | 96 In | to 100 | | hour | \$27.60 |
| 8153 | Broom, Pavement, Mntd | Broom Length | 72 In | to 18 | Add Prime Mover cost for total rate | hour | \$6.20 |
| 8154 | Broom, Pavement, Pull | Broom Length | 84 In | to 20 | Add Prime Mover cost for total rate | hour | \$20.77 |
| 8157 | Sweeper, Pavement | | | to 110 | | hour | \$76.70 |
| 8158 | Sweeper, Pavement | | | to 230 | | hour | \$96.80 |
| 8180 | Bus | | | to 150 | | hour | \$20.95 |
| 8181 | Bus | | | to 210 | | hour | \$25.45 |
| 8182 | Bus | | | to 300 | | hour | \$38.35 |
| 8183 | Blower | Gasoline powered Toro Pro Force | | 27 | | hour | \$15.37 |
| 8184 | Back-Pack Blower | | | to 4.4 | | hour | \$1.50 |
| 8185 | Walk-Behind Blower | | | 13 | | hour | \$6.50 |
| 8187 | Chainsaw | 20" Bar, 3.0 cu in | | | | hour | \$1.40 |
| 8188 | Chainsaw | 20" Bar 5.0 cu in | | | | hour | \$2.45 |
| 8189 | Chainsaw | 20" Bar 6.0 cu in | | | | hour | \$2.65 |
| 8190 | Chain Saw | Bar Length | 16 In | | | hour | \$1.70 |
| 8191 | Chain Saw | Bar Length | 25 In | | | hour | \$3.45 |
| 8192 | Chain Saw, Pole | Bar Size | 18 In | | | hour | \$1.25 |
| 8193 | Skidder | model 748 E | | to 173 | | hour | \$52.70 |
| 8194 | Skidder | model 648 G11 | | to 177 | | hour | \$104.30 |
| 8195 | Cutter, Brush | Cutter Size | 8 ft | to 150 | | hour | \$115.35 |
| 8196 | Cutter, Brush | Cutter Size | 8 ft | to 190 | | hour | \$129.35 |
| 8197 | Cutter, Brush | Cutter Size | 10 ft | to 245 | | hour | \$136.30 |

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|------|------------------------------------|---|-------------|--------|---|------|----------|
| 8198 | Bruncher Cutter | Cutter, Brush - 247 hp, 1997 Model 511 Feller | | to 247 | | hour | \$187.75 |
| 8199 | Log Trailer | 40 ft | | | | hour | \$9.90 |
| 8200 | Chipper, Brush | Chipping Capacity | 6 In | to 35 | Trailer Mounted. | hour | \$8.60 |
| 8201 | Chipper, Brush | Chipping Capacity | 9 In | to 65 | Trailer Mounted. | hour | \$16.86 |
| 8202 | Chipper, Brush | Chipping Capacity | 12 In | to 100 | Trailer Mounted. | hour | \$24.31 |
| 8203 | Chipper, Brush | Chipping Capacity | 15 In | to 125 | Trailer Mounted. | hour | \$35.00 |
| 8204 | Chipper, Brush | Chipping Capacity | 18 In | to 200 | Trailer Mounted. | hour | \$50.10 |
| 8208 | Loader - Tractor - Knuckleboom | model Barko 595 ML | | to 173 | | hour | \$161.89 |
| 8209 | Loader - Wheel | model 210 w/ Buck Saw 50 inch Bar | | to 240 | | hour | \$97.00 |
| 8210 | Clamshell & Dragline, Crawler | | 149,999 lbs | to 235 | Bucket not included in rate. | hour | \$127.40 |
| 8211 | Clamshell & Dragline, Crawler | | 250,000 lbs | to 520 | Bucket not included in rate. | hour | \$166.20 |
| 8212 | Clamshell & Dragline, Truck | | | to 240 | Bucket not included in rate. | hour | \$145.00 |
| 8220 | Compactor | | | to 10 | | hour | \$15.10 |
| 8221 | Compactor, towed, Vibratory Drum | | | to 45 | | hour | \$31.70 |
| 8222 | Compactor, Vibratory, Drum | | | to 75 | | hour | \$22.30 |
| 8223 | Compactor, pneumatic, wheel | | | to 100 | | hour | \$26.00 |
| 8225 | Compactor, Sanitation | | | to 300 | | hour | \$92.75 |
| 8226 | Compactor, Sanitation | | | to 400 | | hour | \$152.30 |
| 8227 | Compactor, Sanitation | | | 535 | | hour | \$249.75 |
| 8228 | Compactor, towed, Pneumatic, Wheel | | 10000 lbs | | Include prime mover rate | hour | \$17.00 |
| 8229 | Compactor, towed, Drum Static | | 20000 lbs | | Include prime mover rate | hour | \$15.80 |
| 8240 | Feeder, Grizzly | | | to 35 | | hour | \$22.20 |
| 8241 | Feeder, Grizzly | | | to 55 | | hour | \$32.45 |
| 8242 | Feeder, Grizzly | | | to 75 | | hour | \$64.25 |
| 8250 | Dozer, Crawler | | | to 75 | | hour | \$51.30 |
| 8251 | Dozer, Crawler | | | to 105 | | hour | \$38.30 |
| 8252 | Dozer, Crawler | | | to 160 | | hour | \$93.74 |
| 8253 | Dozer, Crawler | | | to 250 | | hour | \$149.75 |
| 8254 | Dozer, Crawler | | | to 360 | | hour | \$201.10 |
| 8255 | Dozer, Crawler | | | to 565 | | hour | \$311.80 |
| 8256 | Dozer, Crawler | | | to 850 | | hour | \$294.10 |
| 8260 | Dozer, Wheel | | | to 300 | | hour | \$61.00 |
| 8261 | Dozer, Wheel | | | to 400 | | hour | \$94.10 |
| 8262 | Dozer, Wheel | | | to 500 | | hour | \$178.65 |
| 8263 | Dozer, Wheel | | | to 625 | | hour | \$239.60 |
| 8269 | Box Scraper | 3 hitch attach for tractor; 2007 Befco | | | | hour | \$3.50 |
| 8270 | Bucket, Clamshell | Capacity | 1.0 CY | | Includes teeth. Does not include Clamshell & Dragline | hour | \$4.62 |
| 8271 | Bucket, Clamshell | Capacity | 2.5 CY | | Includes teeth. Does not include Clamshell & Dragline | hour | \$8.73 |
| 8272 | Bucket, Clamshell | Capacity | 5.0 CY | | Includes teeth. Does not include Clamshell & Dragline | hour | \$13.10 |
| 8273 | Bucket, Clamshell | Capacity | 7.5 CY | | Includes teeth. Does not include Clamshell & Dragline | hour | \$22.40 |
| 8275 | Bucket, Dragline | Capacity | 2.0 CY | | Does not include Clamshell & Dragline | hour | \$3.96 |
| 8276 | Bucket, Dragline | Capacity | 5.0 CY | | Does not include Clamshell & Dragline | hour | \$9.90 |
| 8277 | Bucket, Dragline | Capacity | 10 CY | | Does not include Clamshell & Dragline | hour | \$14.10 |
| 8278 | Bucket, Dragline | Capacity | 14 CY | | Does not include Clamshell & Dragline | hour | \$18.65 |
| 8280 | Excavator, Hydraulic | Bucket Capacity | 0.5 CY | to 45 | Crawler, Truck & Wheel. Includes bucket. | hour | \$18.00 |
| 8281 | Excavator, Hydraulic | Bucket Capacity | 1.0 CY | to 90 | Crawler, Truck & Wheel. Includes bucket. | hour | \$34.20 |
| 8282 | Excavator, Hydraulic | Bucket Capacity | 1.5 CY | to 160 | Crawler, Truck & Wheel. Includes bucket. | hour | \$52.70 |
| 8283 | Excavator, Hydraulic | Bucket Capacity | 2.5 CY | to 265 | Crawler, Truck & Wheel. Includes bucket. | hour | \$153.00 |

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| 8284 | Excavator, Hydraulic | Bucket Capacity | 4.5 CY | to 420 | Crawler, Truck & Wheel. Includes bucket. | hour | \$264.50 |
| 8285 | Excavator, Hydraulic | Bucket Capacity | 7.5 CY | to 650 | Crawler, Truck & Wheel. Includes bucket. | hour | \$223.70 |
| 8286 | Excavator, Hydraulic | Bucket Capacity | 12 CY | to 1000 | Crawler, Truck & Wheel. Includes bucket. | hour | \$455.00 |
| 8287 | Excavator | 2007 model Gradall XL3100 III | | 184 | | hour | \$105.46 |
| 8288 | Excavator | 2003 model Gradall XL4100 III | | 238 | | hour | \$113.20 |
| 8289 | Excavator | 2006 model Gradall XL5100 | | 230 | | hour | \$88.80 |
| 8290 | Trowel, Concrete | Diameter | 48 In | to 12 | | hour | \$4.80 |
| 8300 | Fork Lift | Capacity | 6000 Lbs | to 60 | | hour | \$13.00 |
| 8301 | Fork Lift | Capacity | 12000 Lbs | to 90 | | hour | \$18.50 |
| 8302 | Fork Lift | Capacity | 18000 Lbs | to 140 | | hour | \$24.00 |
| 8303 | Fork Lift | Capacity | 50000 Lbs | to 215 | | hour | \$51.40 |
| 8306 | Fork Lift Material handler | Diesel, CAT TH360B | 6600-11500 gvw lbs | 99.9 | | hour | \$27.90 |
| 8307 | Fork Lift Material handler | Diesel, CAT TH460B | | 99.9 | | hour | \$30.15 |
| 8308 | Fork Lift Material handler | Diesel, CAT TH560B | | 99.9 | | hour | \$35.80 |
| 8309 | Fork Lift Accessory | 2003 ACS Paddle Fork | | | | hour | \$3.46 |
| 8310 | Generator | Prime Output | 5.5 KW | to 10 | | hour | \$3.35 |
| 8311 | Generator | Prime Output | 16 KW | to 25 | | hour | \$7.45 |
| 8312 | Generator | Prime Output | 43 KW | to 65 | | hour | \$15.00 |
| 8313 | Generator | Prime Output | 100 KW | to 125 | | hour | \$34.95 |
| 8314 | Generator | Prime Output | 150 KW | to 240 | | hour | \$50.00 |
| 8315 | Generator | Prime Output | 210 KW | to 300 | | hour | \$62.45 |
| 8316 | Generator | Prime Output | 280 KW | to 400 | | hour | \$80.40 |
| 8317 | Generator | Prime Output | 350 KW | to 500 | | hour | \$90.50 |
| 8318 | Generator | Prime Output | 530 KW | to 750 | | hour | \$153.30 |
| 8319 | Generator | Prime Output | 710 KW | to 1000 | | hour | \$222.00 |
| 8320 | Generator | Prime Output | 1100 KW | to 1500 | Open | hour | \$349.00 |
| 8321 | Generator | Prime Output | 2500 KW | to 3000 | | hour | \$533.75 |
| 8322 | Generator | Prime Output | 1,000 KW | to 1645 | Enclosed | hour | \$403.30 |
| 8323 | Generator | Prime Output | 1,500 KW | to 2500 | Enclosed | hour | \$511.22 |
| 8324 | Generator | Prime Output | 1100KW | 2500 | Enclosed | hour | \$495.80 |
| 8325 | Generator | Prime Output | 40KW | 60 | | hour | \$14.80 |
| 8326 | Generator | Prime Output | 20KW | 40 | | hour | \$13.32 |
| 8330 | Graders | Moldboard Size | 10 Ft | to 110 | Includes Rigid and Articulate equipment. | hour | \$43.30 |
| 8331 | Graders | Moldboard Size | 12 Ft | to 150 | Includes Rigid and Articulate equipment. | hour | \$46.50 |
| 8332 | Graders | Moldboard Size | 14 Ft | to 225 | Includes Rigid and Articulate equipment. | hour | \$67.50 |
| 8350 | Hose, Discharge | Diameter | 3 In | | Per 25 foot length. Includes couplings. | hour | \$0.15 |
| 8351 | Hose, Discharge | Diameter | 4 In | | Per 25 foot length. Includes couplings. | hour | \$0.24 |
| 8352 | Hose, Discharge | Diameter | 6 In | | Per 25 foot length. Includes couplings. | hour | \$0.60 |
| 8353 | Hose, Discharge | Diameter | 8 In | | Per 25 foot length. Includes couplings. | hour | \$0.60 |
| 8354 | Hose, Discharge | Diameter | 12 In | | Per 25 foot length. Includes couplings. | hour | \$0.90 |
| 8355 | Hose, Discharge | Diameter | 16 In | | Per 25 foot length. Includes couplings. | hour | \$1.70 |
| 8356 | Hose, Suction | Diameter | 3 In | | Per 25 foot length. Includes couplings. | hour | \$0.30 |
| 8357 | Hose, Suction | Diameter | 4 In | | Per 25 foot length. Includes couplings. | hour | \$0.35 |
| 8358 | Hose, Suction | Diameter | 6 In | | Per 25 foot length. Includes couplings. | hour | \$1.15 |
| 8359 | Hose, Suction | Diameter | 8 In | | Per 25 foot length. Includes couplings. | hour | \$1.10 |
| 8360 | Hose, Suction | Diameter | 12 In | | Per 25 foot length. Includes couplings. | hour | \$1.70 |
| 8361 | Hose, Suction | Diameter | 16 In | | Per 25 foot length. Includes couplings. | hour | \$3.15 |
| 8380 | Loader, Crawler | Bucket Capacity | 0.5 CY | to 32 | Includes bucket. | hour | \$14.66 |

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| 8381 | Loader, Crawler | Bucket Capacity | 1 CY | to 60 | Includes bucket. | hour | \$34.30 |
| 8382 | Loader, Crawler | Bucket Capacity | 2 CY | to 118 | Includes bucket. | hour | \$68.10 |
| 8383 | Loader, Crawler | Bucket Capacity | 3 CY | to 178 | Includes bucket. | hour | \$101.30 |
| 8384 | Loader, Crawler | Bucket Capacity | 4 CY | to 238 | Includes bucket. | hour | \$120.00 |
| 8390 | Loader, Wheel | Bucket Capacity | 0.5 CY | to 38 | | hour | \$20.10 |
| 8391 | Loader, Wheel | Bucket Capacity | 1 CY | to 60 | | hour | \$36.90 |
| 8392 | Loader, Wheel | Bucket Capacity | 2 CY | to 105 | CAT-926 | hour | \$35.50 |
| 8393 | Loader, Wheel | Bucket Capacity | 3 CY | to 152 | | hour | \$43.85 |
| 8394 | Loader, Wheel | Bucket Capacity | 4 CY | to 200 | | hour | \$59.30 |
| 8395 | Loader, Wheel | Bucket Capacity | 5 CY | to 250 | | hour | \$64.00 |
| 8396 | Loader, Wheel | Bucket Capacity | 6 CY | to 305 | | hour | \$104.00 |
| 8397 | Loader, Wheel | Bucket Capacity | 7 CY | to 360 | | hour | \$124.50 |
| 8398 | Loader, Wheel | Bucket Capacity | 8 CY | to 530 | | hour | \$171.40 |
| 8401 | Loader, Tractor, Wheel | Bucket Capacity | 0.87 CY | to 80 | Case 580 Super L | hour | \$33.73 |
| 8410 | Mixer, Concrete Portable | Batching Capacity | 10 Cft | | | hour | \$3.05 |
| 8411 | Mixer, Concrete Portable | Batching Capacity | 12 Cft | 11 | | hour | \$4.00 |
| 8412 | Mixer, Concrete, Trailer Mntd | Batching Capacity | 11 Cft | to 10 | | hour | \$12.70 |
| 8413 | Mixer, Concrete, Trailer Mntd | Batching Capacity | 16 Cft | to 25 | | hour | \$19.60 |
| 8419 | Breaker, Pavement Hand-Held | Weight | 25-90 Lbs | | | hour | \$1.10 |
| 8420 | Breaker, Pavement | | | to 70 | | hour | \$57.45 |
| 8423 | Spreader, Chip | Spread Hopper Width | 12.5 Ft | to 152 | | hour | \$85.85 |
| 8424 | Spreader, Chip | Spread Hopper Width | 16.5 Ft | to 215 | | hour | \$116.60 |
| 8425 | Spreader, Chip, Mntd | Hopper Size | 8 Ft | to 8 | Trailer & truck mounted. | hour | \$4.60 |
| 8430 | Paver, Asphalt, Towed | | | | Does not include Prime Mover. | hour | \$12.40 |
| 8431 | Paver, Asphalt | | | to 50 | Includes wheel and crawler equipment. | hour | \$73.76 |
| 8432 | Paver, Asphalt | | | to 125 | Includes wheel and crawler equipment. | hour | \$95.10 |
| 8433 | Paver, Asphalt | | | to 175 | Includes wheel and crawler equipment. | hour | \$126.80 |
| 8434 | Paver, Asphalt | | 35,000Lbs & Over | to 250 | Includes wheel and crawler equipment. | hour | \$209.65 |
| 8436 | Pick-up, Asphalt | | | to 110 | | hour | \$96.85 |
| 8437 | Pick-up, Asphalt | | | to 150 | | hour | \$135.00 |
| 8438 | Pick-up, Asphalt | | | to 200 | | hour | \$93.50 |
| 8439 | Pick-up, Asphalt | | | to 275 | | hour | \$204.00 |
| 8440 | Striper | Paint Capacity | 40 Gal | to 22 | | hour | \$16.20 |
| 8441 | Striper | Paint Capacity | 90 Gal | to 60 | | hour | \$22.90 |
| 8442 | Striper | Paint Capacity | 120 Gal | to 122 | | hour | \$42.60 |
| 8445 | Striper, Truck Mntd | Paint Capacity | 120 Gal | to 460 | | hour | \$78.60 |
| 8446 | Striper, Walk-behind | Paint Capacity | 12 Gal | | | hour | \$4.00 |
| 8447 | Paver accessory -Belt Extension | 2002 Leeboy Conveyor Belt Extension | | | crawler | hour | \$32.50 |
| 8450 | Plow, Snow, Grader Mntd | Width | to 10 Ft | | Include Grader for total cost | hour | \$28.00 |
| 8451 | Plow, Snow, Grader Mntd | Width | to 14 Ft | | Include Grader for total cost | hour | \$32.90 |
| 8452 | Plow, Truck Mntd | Width | to 15 Ft | | Include truck for total cost | hour | \$24.35 |
| 8453 | Plow, Truck Mntd | Width | to 15 Ft | | With leveling wing. Include truck for total cost | hour | \$40.80 |
| 8455 | Spreader, Sand | Mounting | Tailgate, Chassis | | | hour | \$7.35 |
| 8456 | Spreader, Sand | Mounting | Dump Body | | | hour | \$10.45 |
| 8457 | Spreader, Sand | Mounting | Truck (10yd) | | | hour | \$13.15 |
| 8458 | Spreader, Chemical | Capacity | 5 CY | to 4 | Trailer & truck mounted. | hour | \$6.00 |
| 8469 | Pump - Trash Pump | 10 MTC | 2" Pump | to 7 | 10,000 gph | hour | \$7.25 |
| 8470 | Pump | Centrifugal, 8M pump | 2" - 10,000 gal/hr. | to 4.5 | Hoses not included. | hour | \$6.10 |
| 8471 | Pump | Diaphragm pump | 2" - 3,000 gal/hr. | to 6 | Hoses not included. | hour | \$6.75 |
| 8472 | Pump | Centrifugal, 18M pump | 3" - 18,000 gal/hr. pump | to 10 | Hoses not included. | hour | \$7.99 |
| 8473 | Pump | | | to 15 | Hoses not included. | hour | \$10.30 |
| 8474 | Pump | | | to 25 | Hoses not included. | hour | \$13.60 |
| 8475 | Pump | | | to 40 | Hoses not included. | hour | \$16.65 |
| 8476 | Pump | 4" - 40,000 gal/hr. | 4" - 40,000 gal/hr. | to 60 | Hoses not included. | hour | \$27.10 |

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| 8477 | Pump | | | to 95 | Hoses not included. | hour | \$32.00 |
| 8478 | Pump | | | to 140 | Hoses not included. | hour | \$41.50 |
| 8479 | Pump | | | to 200 | Hoses not included. | hour | \$49.90 |
| 8480 | Pump | | | to 275 | Does not include Hoses. | hour | \$66.85 |
| 8481 | Pump | | | to 350 | Does not include Hoses. | hour | \$82.00 |
| 8482 | Pump | | | to 425 | Does not include Hoses. | hour | \$96.60 |
| 8483 | Pump | | | to 500 | Does not include Hoses. | hour | \$114.00 |
| 8484 | Pump | | | to 575 | Does not include Hoses. | hour | \$133.30 |
| 8485 | Pump | | | to 650 | Does not include Hoses. | hour | \$154.70 |
| 8486 | Aerial Lift, Truck Mntd | Max. Platform Height | 40 Ft | | Add this rate to truck rate for total lift and truck rate | hour | \$11.38 |
| 8487 | Aerial Lift, Truck Mntd | Max. Platform Height | 61 Ft | | Add this rate to truck rate for total lift and truck rate | hour | \$20.54 |
| 8488 | Aerial Lift, Truck Mntd | Max. Platform Height | 80 Ft | | Add this rate to truck rate for total lift and truck rate | hour | \$39.00 |
| 8489 | Aerial Lift, Truck Mntd | Max. Platform Load - 600Lbs | 81 Ft -100 Ft. Ht. | | Add this rate to truck rate for total lift and truck rate | hour | \$39.50 |
| 8490 | Aerial Lift, Self-Propelled | Max. Platform Height | 37 Ft. Ht. | to 15 | Articulated, Telescoping, Scissor. | hour | \$8.95 |
| 8491 | Aerial Lift, Self-Propelled | Max. Platform Height | 60 Ft. Ht. | to 30 | Articulated, Telescoping, Scissor. | hour | \$16.10 |
| 8492 | Aerial Lift, Self-Propelled | Max. Platform Height | 70 Ft. Ht. | to 50 | Articulated, Telescoping, Scissor. | hour | \$29.26 |
| 8493 | Aerial Lift, Self-Propelled | Max. Platform Height | 125 Ft. Ht. | to 85 | Articulated and Telescoping. | hour | \$55.65 |
| 8494 | Aerial Lift, Self-Propelled | Max. Platform Height | 150 Ft. Ht. | to 130 | Articulated and Telescoping. | hour | \$70.15 |
| 8495 | I.C. Aerial Lift, Self-Propelled | Max. Platform Load - 500 Lbs | 75"x155", 40Ft Ht. | to 80 | 2000 Lbs Capacity | hour | \$28.95 |
| 8496 | Crane, Truck Mntd | Max. Lift Capacity | 24000 Lbs | | Include truck rate for total cost | hour | \$14.90 |
| 8497 | Crane, Truck Mntd | Max. Lift Capacity | 36000 Lbs | | Include truck rate for total cost | hour | \$22.40 |
| 8498 | Crane, Truck Mntd | Max. Lift Capacity | 60000 Lbs | | Include truck rate for total cost | hour | \$36.50 |
| 8499 | Pump - Trash-Pump | CPB Rating - 10MTC | 10000 gal/Hr | 7 | Self- Priming Trash Pump | hour | \$7.55 |
| 8500 | Crane | Max. Lift Capacity | 8 MT | to 80 | | hour | \$38.70 |
| 8501 | Crane | Max. Lift Capacity | 15 MT | to 150 | | hour | \$66.90 |
| 8502 | Crane | Max. Lift Capacity | 50 MT | to 200 | | hour | \$90.00 |
| 8503 | Crane | Max. Lift Capacity | 70 MT | to 300 | | hour | \$178.60 |
| 8504 | Crane | Max. Lift Capacity | 110 MT | to 350 | | hour | \$243.20 |
| 8510 | Saw, Concrete | Blade Diameter | 14 In | to 14 | | hour | \$7.20 |
| 8511 | Saw, Concrete | Blade Diameter | 26 In | to 35 | | hour | \$12.00 |
| 8512 | Saw, Concrete | Blade Diameter | 48 In | to 65 | | hour | \$25.10 |
| 8513 | Saw, Rock | | | to 100 | | hour | \$33.50 |
| 8514 | Saw, Rock | | | to 200 | | hour | \$63.00 |
| 8517 | Jackhammer (Dry) | Weight Class | 25-45 Lbs | | | hour | \$1.66 |
| 8518 | Jackhammer (Wet) | Weight Class | 30-55 Lbs | | | hour | \$1.84 |
| 8521 | Scraper | Scraper Capacity | 16 CY | to 250 | | hour | \$107.15 |
| 8522 | Scraper | Scraper Capacity | 23 CY | to 365 | | hour | \$155.50 |
| 8523 | Scraper | Scraper Capacity | 34 CY | to 475 | | hour | \$270.00 |
| 8524 | Scraper | Scraper Capacity | 44 CY | to 600 | | hour | \$265.70 |
| 8540 | Loader, Skid-Steer | Operating Capacity | 1000 Lbs | to 35 | | hour | \$14.15 |
| 8541 | Loader, Skid-Steer | Operating Capacity | 2000 Lbs | to 65 | | hour | \$37.00 |
| 8542 | Loader, Skid-Steer | Operating Capacity | 3000 Lbs | to 85 | | hour | \$36.05 |
| 8550 | Snow Blower, Truck Mntd | Capacity | 600 Tph | to 75 | Does not include truck | hour | \$34.60 |
| 8551 | Snow Blower, Truck Mntd | Capacity | 1400 Tph | to 200 | Does not include truck | hour | \$94.00 |
| 8552 | Snow Blower, Truck Mntd | Capacity | 2000 Tph | to 340 | Does not include truck | hour | \$142.50 |
| 8553 | Snow Blower, Truck Mntd | Capacity | 2500 Tph | to 400 | Does not include truck | hour | \$154.80 |
| 8558 | Snow Thrower, Walk Behind | Cutting Width | 25 in | to 5 | | hour | \$2.80 |
| 8559 | Snow Thrower, Walk Behind | Cutting Width | 60 in | to 15 | | hour | \$14.10 |
| 8560 | Snow Blower | Capacity | 2,000 Tph | to 400 | | hour | \$234.00 |
| 8561 | Snow Blower | Capacity | 2,500 Tph | to 500 | | hour | \$255.00 |
| 8562 | Snow Blower | Capacity | 3,500 Tph | to 600 | | hour | \$284.00 |

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| 8569 | Dust Control De-Ice Unit | 1300-2000 gal | 173"Lx98"Wx51"H | 5.5 | Hydro Pump w/100' 1/2" hose | hour | \$3.45 |
| 8570 | Loader-Backhoe, Wheel | Loader Bucket Capacity | 0.5 CY | to 40 | Loader and Backhoe Buckets included. | hour | \$22.15 |
| 8571 | Loader-Backhoe, Wheel | Loader Bucket Capacity | 1 CY | to 70 | Loader and Backhoe Buckets included. | hour | \$29.50 |
| 8572 | Loader-Backhoe, Wheel | Loader Bucket Capacity | 1.5 CY | to 95 | Loader and Backhoe Buckets included. | hour | \$38.60 |
| 8573 | Loader-Backhoe, Wheel | Loader Bucket Capacity | 1.75 CY | to 115 | Loader and Backhoe Buckets included. | hour | \$47.77 |
| 8580 | Distributor, Asphalt | Tank Capacity | 500 Gal | | burners, insulated tank, and circulating spray bar. | hour | \$14.76 |
| 8581 | Distributor, Asphalt | Tank Capacity | 1000 Gal | | burners, insulated tank, and circulating spray bar. Include | hour | \$21.30 |
| 8582 | Distributor, Asphalt | Tank Capacity | 4000 Gal | | burners, insulated tank, and circulating spray bar. Include | hour | \$30.15 |
| 8583 | Distributor | ETNYRE Oil Distributor Model - PB348 | | 300 | | hour | \$41.60 |
| 8584 | Distributor | ETNYRE Quad Chip Spreader | | 280 | | hour | \$83.20 |
| 8590 | Trailer, Dump | Capacity | 20 CY | | Does not include Prime Mover. | hour | \$11.36 |
| 8591 | Trailer, Dump | Capacity | 30 CY | | Does not include Prime Mover. | hour | \$13.10 |
| 8600 | Trailer, Equipment | Capacity | 30 Tons | | | hour | \$14.15 |
| 8601 | Trailer, Equipment | Capacity | 40 Tons | | | hour | \$15.50 |
| 8602 | Trailer, Equipment | Capacity | 60 Tons | | | hour | \$18.85 |
| 8603 | Trailer, Equipment | Capacity | 120 Tons | | | hour | \$28.35 |
| 8610 | Trailer, Water | Tank Capacity | 4000 Gal | | with sump and a rear spraybar. | hour | \$13.50 |
| 8611 | Trailer, Water | Tank Capacity | 6000 Gal | | with sump and a rear spraybar. | hour | \$16.55 |
| 8612 | Trailer, Water | Tank Capacity | 10000 Gal | | with sump and a rear spraybar. | hour | \$19.20 |
| 8613 | Trailer, Water | Tank Capacity | 14000 Gal | | with sump and a rear spraybar. | hour | \$23.77 |
| 8614 | Truck- Water Tanker | 1000 gal. tank | | 175 | | hour | \$33.35 |
| 8620 | Tub Grinder | | | to 440 | | hour | \$95.35 |
| 8621 | Tub Grinder | | | to 630 | | hour | \$143.65 |
| 8622 | Tub Grinder | | | to 760 | | hour | \$183.60 |
| 8623 | Tub Grinder | | | to 1000 | | hour | \$322.00 |
| 8627 | Horizontal Grinder | Model HG6000 | | 630 | | hour | \$57.36 |
| 8628 | Stump Grinder | 1988 Vermeer SC-112 | | 102 | | hour | \$47.00 |
| 8629 | Stump Grinder | 24" grinding wheel | | 110 | | hour | \$45.00 |
| 8630 | Sprayer, Seed | Working Capacity | 750 Gal | to 30 | Does not include Prime Mover. | hour | \$14.00 |
| 8631 | Sprayer, Seed | Working Capacity | 1250 Gal | to 50 | Trailer & truck mounted. Does not include Prime | hour | \$19.80 |
| 8632 | Sprayer, Seed | Working Capacity | 3500 Gal | to 115 | Does not include Prime Mover. | hour | \$29.25 |
| 8633 | Mulcher, Trailer Mntd | Working Capacity | 7 TPH | to 35 | | hour | \$14.10 |
| 8634 | Mulcher, Trailer Mntd | Working Capacity | 10 TPH | to 55 | | hour | \$20.80 |
| 8635 | Mulcher, Trailer Mntd | Working Capacity | 20 TPH | to 120 | | hour | \$29.45 |
| 8636 | Scraper | Soil Recycler WR 2400 | w 317 gal fuel tank | 563 | | hour | \$239.85 |
| 8637 | Trailer CAT | Double Belly Bottom-dump Trailer | 26 CY of soil in one dump | 330 | 13 CY of soil each berry | hour | \$92.33 |
| 8638 | Rake | Barber Beach Sand Rake 600HDr, towed | | | | hour | \$15.40 |
| 8639 | Chipper | Wildcat 626 Cougar Trommel Screen chipper w belt | | 125 | | hour | \$34.30 |
| 8640 | Trailer, Office | Trailer Size | 8' x 24' | | Cargo Size 16ft | hour | \$1.95 |
| 8641 | Trailer, Office | Trailer Size | 8' x 32' | | Cargo Size 24ft | hour | \$2.30 |
| 8642 | Trailer, Office | Trailer Size | 10' x 32' | | Cargo Size 20ft | hour | \$2.65 |
| 8643 | Trailer | Haz-Mat Equipment trailer | 8'x18' | | | hour | \$37.75 |
| 8644 | Trailer, Covered Utility Trailer | (7' X 16') | | | | hour | \$5.65 |
| 8645 | Trailer, Dodge Ram | 8' x 24' shower trailer- 12 showers | | 101 | | hour | \$29.45 |
| 8646 | Trailer, Dodge | 32' flatbed water | | | | hour | \$27.90 |
| 8650 | Trencher | | | to 40 | Wheel Mounted. Chain and Wheel. | hour | \$16.30 |

| | | | | | | | |
|------|----------------------------|--|--------------|-----------|--|------|----------|
| 8651 | Trencher | | | to 85 | Wheel Mounted. Chain and Wheel. | hour | \$24.70 |
| 8654 | Trencher accessories | 2008 Griswold Trenchbox | | | | hour | \$1.90 |
| 8660 | Plow, Cable | Plow Depth | 24 in | to 30 | | hour | \$12.00 |
| 8661 | Plow, Cable | Plow Depth | 36 in | to 65 | | hour | \$37.45 |
| 8662 | Plow, Cable | Plow Depth | 48 in | to 110 | | hour | \$41.25 |
| 8670 | Derrick, Hydraulic Digger | Max. Boom Length | 60 Ft | | alignment attachment. Include truck rate | hour | \$34.15 |
| 8671 | Derrick, Hydraulic Digger | Max. Boom Length | 90 Ft | | alignment attachment. Include truck rate | hour | \$54.66 |
| 8680 | Truck, Concrete Mixer | Mixer Capacity | 13 CY | to 300 | | hour | \$82.35 |
| 8684 | Truck, Fire | 100 Ft Ladder | | | | hour | \$100.00 |
| 8690 | Truck, Fire | Pump Capacity | 1000 GPM | | | hour | \$68.00 |
| 8691 | Truck, Fire | Pump Capacity | 1250 GPM | | | hour | \$72.25 |
| 8692 | Truck, Fire | Pump Capacity | 1500 GPM | | | hour | \$78.90 |
| 8693 | Truck, Fire | Pump Capacity | 2000 GPM | | | hour | \$81.40 |
| 8694 | Truck, Fire Ladder | Ladder length | 75 FT | | | hour | \$117.10 |
| 8695 | Truck, Fire Ladder | Ladder length | 150 FT | | | hour | \$142.75 |
| 8696 | Truck, Fire | No Ladder | | 330 | Rescure Equipment | hour | \$93.47 |
| 8700 | Truck, Flatbed | Maximum Gvw | 15000 Lbs | to 200 | | hour | \$20.60 |
| 8701 | Truck, Flatbed | Maximum Gvw | 25000 Lbs | to 275 | | hour | \$35.00 |
| 8702 | Truck, Flatbed | Maximum Gvw | 30000 Lbs | to 300 | | hour | \$27.10 |
| 8703 | Truck, Flatbed | Maximum Gvw | 45000 Lbs | to 380 | | hour | \$44.70 |
| 8708 | Trailer, semi | 48ft to 53ft, flat-bed, freight, two axle | 50,000+ gvwr | | | hour | \$8.45 |
| 8709 | Trailer, semi | enclosed 48 ft to 53 ft, two axles | 50,000+ gvwr | | | hour | \$9.50 |
| 8710 | Trailer, semi | 28ft, single axle, freight | 25,000 gvwr | | | hour | \$9.70 |
| 8711 | Flat bed utility trailer | 6 ton | | | | hour | \$3.10 |
| 8712 | Cleaner, Sewer/Catch Basin | Hopper Capacity | 5 CY | | Truck Mounted. | hour | \$24.80 |
| 8713 | Cleaner, Sewer/Catch Basin | Hopper Capacity | 14 CY | | Truck Mounted. | hour | \$31.30 |
| 8714 | Vactor | 800 Gal Spoils/400 Gal Water | 500/800 gal | 49 | | hour | \$82.75 |
| 8715 | Truck, Hydro Vac | model LP555DT | | | | hour | \$18.00 |
| 8716 | Leaf Vac | Tow by Truck 22,000 cfm capacity | | 85 | Leaf Vac + Truck Code 8811 | hour | \$51.25 |
| 8717 | Truck, Vacuum | 60,000 GVW | | 400 | | hour | \$74.20 |
| 8719 | Litter Picker | model 2007 Barber | | | towed by tractor | hour | \$9.60 |
| 8720 | Truck, Dump | Struck Capacity | 8 CY | to 220 | | hour | \$48.90 |
| 8721 | Truck, Dump | Struck Capacity | 10 CY | to 320 | | hour | \$60.77 |
| 8722 | Truck, Dump | Struck Capacity | 12 CY | to 400 | | hour | \$67.70 |
| 8723 | Truck, Dump | Struck Capacity | 18 CY | to 400 | | hour | \$75.50 |
| 8724 | Truck, Dump, Off Highway | Struck Capacity | 28 CY | to 450 | | hour | \$121.20 |
| 8725 | Truck, Dump | Struck Capacity | 14 CY | to 400 | | hour | \$77.80 |
| 8730 | Truck, Garbage | Capacity | 25 CY | to 255 | | hour | \$48.50 |
| 8731 | Truck, Garbage | Capacity | 32 CY | to 325 | | hour | \$55.90 |
| 8733 | E-BAM Services | Environmental Beta Attenuation Air Monitor | | | Powered by Solar System | hour | \$3.00 |
| 8734 | Attenuator, safety | that can stop a vehicle at 60 mph | | | | hour | \$5.50 |
| 8735 | Truck, Attenuator | 2004 Truck Mounted for 60 mph | | | | hour | \$3.85 |
| 8736 | Truck, tow | 1987 Chevy Kodiak 70 | | 175 | | hour | \$27.70 |
| 8744 | Van, Custom | Special Service Canteen Truck | | 350 | | hour | \$18.00 |
| 8745 | Van, step | model MT10FD | | 300 | | hour | \$21.25 |
| 8746 | Van-up to 15 passenger | light duty, class 1 | | 225-300 | | hour | \$20.00 |
| 8747 | Van-up to 15 passenger | light duty, class 2 | | 225-300 | | hour | \$20.15 |
| 8748 | Van-cargo | light duty, class 1 | | 225 - 300 | | hour | \$22.25 |
| 8749 | Van-cargo | light duty, class 2 | | 225-300 | | hour | \$22.25 |
| 8750 | Vehicle, Small | | | to 30 | | hour | \$6.40 |
| 8753 | Vehicle, Recreational | | | to 10 | | hour | \$2.80 |
| 8755 | Golf Cart | Capacity | 2 person | | | hour | \$3.75 |
| 8761 | Vibrator, Concrete | | | to 4 | | hour | \$1.60 |
| 8770 | Welder, Portable | | | to 16 | Includes ground cable and lead cable. | hour | \$3.10 |

| | | | | | | | |
|------|---------------------------------|---|------------------------------|------------|---------------------------------------|------|----------|
| 8771 | Welder, Portable | | | to 34 | Includes ground cable and lead cable. | hour | \$6.80 |
| 8772 | Welder, Portable | | | to 50 | Includes ground cable and lead cable. | hour | \$10.00 |
| 8773 | Welder, Portable | | | to 80 | Includes ground cable and lead cable. | hour | \$13.76 |
| 8780 | Truck, Water | Tank Capacity | 2500 Gal | to 175 | Include pump and rear spray system. | hour | \$28.70 |
| 8781 | Truck, Water | Tank Capacity | 4000 Gal | to 250 | Include pump and rear spray system. | hour | \$50.00 |
| 8788 | Container & roll off truck | 30 yds | | | | hour | \$23.05 |
| 8789 | Truck, Tractor | 1997 Freightliner F120 | | 430 | | hour | \$54.90 |
| 8790 | Truck, Tractor | 4 x 2 | 25000 lbs | to 210 | | hour | \$42.40 |
| 8791 | Truck, Tractor | 4 x 2 | 35000 lbs | to 330 | | hour | \$46.00 |
| 8792 | Truck, Tractor | 6 x 2 | 45000 lbs | to 360 | | hour | \$52.75 |
| 8794 | Truck, freight | Enclosed w/lift gate. Medium duty class 5 | gvwr 16000-19500 Lbs | | | hour | \$23.25 |
| 8795 | Truck, backhoe carrier | Three axle, class 8, heavy duty | over 33000Lbs | | | hour | \$34.50 |
| 8796 | Truck, freight | Enclosed w/lift gate. Heavy duty, class | 7, 26,001 to 33,000 lbs gvwr | | | hour | \$31.00 |
| 8798 | Truck | Tilt and roll-back, two axle, class 7 heavy duty, | to 33,000 gvwr | | | hour | \$32.00 |
| 8799 | Truck, | Tilt and roll back, three axle. class 8 heavy duty | over 33,001+ gvwr | | | hour | \$40.60 |
| 8800 | Truck, Pickup | | | | When transporting people. | mile | \$0.54 |
| 8801 | Truck, Pickup | 1/2-ton Pickup Truck | 4x2-Axle | 160 | | hour | \$12.30 |
| 8802 | Truck, Pickup | 1-ton Pickup Truck | 4x2-Axle | 234 | | hour | \$17.65 |
| 8803 | Truck, Pickup | 1 1/4-ton Pickup Truck | 4x2-Axle | 260 | | hour | \$19.85 |
| 8804 | Truck, Pickup | 1 1/2-ton Pickup Truck | 4x2-Axle | 300 | | hour | \$22.25 |
| 8805 | Truck, Pickup | 1 3/4-ton Pickup Truck | 4x2-Axle | 300 | | hour | \$23.10 |
| 8806 | Truck, Pickup | 3/4-ton Pickup Truck | 4x2-Axle | 165 | | hour | \$13.40 |
| 8807 | Truck, Pickup | 3/4-ton Pickup Truck | 4x4-Axle | 285 | Crew | hour | \$20.80 |
| 8808 | Truck, Pickup | 1-ton Pickup Truck | 4x4-Axle | 340 | Crew | hour | \$22.85 |
| 8809 | Truck, Pickup | 1 1/4-ton Pickup Truck | 4x4-Axle | 360 | Crew | hour | \$26.40 |
| 8810 | Truck, Pickup | 1 1/2-ton Pickup Truck | 4x4-Axle | 362 | Crew | hour | \$26.75 |
| 8811 | Truck, Pickup | 1 3/4-ton Pickup Truck | 4x4-Axle | 362 | Crew | hour | \$27.50 |
| 8820 | Skidder accessory | 2005 JCB Grapple Claw | | | | hour | \$1.75 |
| 8821 | Forklift, accessory | 2005 ACS Grapple Bucket | | | | hour | \$1.50 |
| 8822 | Truck, Loader | Debris/Log (Knuckleboom Loader/Truck) | | 230 | | hour | \$52.26 |
| 8823 | Chipper- Wood Recycler | Cat 16 engine | | 700 | | hour | \$115.00 |
| 8824 | Skidder | model Cat 525B | | up to 160 | | hour | \$62.90 |
| 8825 | Skidder | 40K lbs- model Cat 525C | | 161 and up | | hour | \$118.77 |
| 8840 | Truck, service | fuel and lube | up to 26,000 gvwr | 215-225 | | hour | \$38.65 |
| 8841 | Truck, fuel | 2009 International 1,800 gal. storage tank | | 200 | | hour | \$30.50 |
| 8842 | Mobile Command Trailer | (8' X 28') with 7.5 KW Generator | | | | hour | \$14.66 |
| 8843 | Mobile Response Trailer | (8' X 31') with 4.5 KW Generator? | | | | hour | \$13.60 |
| 8844 | Mobile Command Center | (unified) (RV) Ulitimaster MP-35 | 43 FT Long with Generator | 400 | | hour | \$75.00 |
| 8845 | Mobile Command Post Vehicle | (RV) (In- Motion) | 22-Ft Long | 340 | | hour | \$31.00 |
| 8846 | Mobile Command Post Vehicle | (RV) (Stationary) w/9.6 KW Generator | 22-Ft Long | 340 | | hour | \$19.25 |
| 8847 | Mobile Command Center (Trailer) | 48'x8' Trailer, Fully Equiped Mobile Command Center | 48-Ft Long | | | hour | \$29.45 |
| 8848 | Mobile Command Center (Trailer) | 48'x8' When being Moved w/Truck Tractor | | 310 | | hour | \$48.90 |
| 8849 | Mobile Command Center | 43'x8.5' x 13.5'H with self 30kw Generator | | | | hour | \$52.00 |
| 8850 | Mobile Command Center | 2007-Freightliner MT-55, (RV) | | 260 | | hour | \$45.50 |
| 8851 | Mobile Command Van | 1990- Ford Econoline-Communication Van | | 230 | | hour | \$41.00 |
| 8852 | Mobile Command Center | 47.5' X 8.75 Fully Equip' (In motion) (RV) | | 410 | | hour | \$65.30 |
| 8853 | Mobile Command Center | 47.5' X 8.75 Fully Equip' (Stationary) | | 410 | | hour | \$45.00 |

| | | | | | | | |
|------|---------------------------------|--|-------------------|---------|--|------|-------------|
| 8854 | Mobile Command Vehicle | 53' X 8.75 Fully Equip | | 480-550 | | hour | \$96.20 |
| 8870 | Light Tower | Terex/Amida AL 4000. with (4) 500 watt lights | w/10kw power unit | 13.5 | | hour | \$10.68 |
| 8871 | Light Tower | 2004 Allmand | | | | hour | \$6.30 |
| 8872 | SandBagger Machine | (Spider) automatic | | 4.5 | | hour | \$48.75 |
| 8900 | Helicopter | OH-58 KIOWA (Military) is the same as "Bell-206B3 | | 420 | | hour | \$474.00 |
| 8901 | Helicopter | OH-58 KIOWA (Military) is the same as "Bell-206BR | | 420 | | hour | \$496.00 |
| 8902 | Helicopter | Model Bell 206-L3 Jet Range Helicopter | | 650 | Jet Range III-Helicopter | hour | \$582.00 |
| 8903 | Helicopter | Model Bell 206L1 Long Ranger | | 650 | Long Ranger | hour | \$596.00 |
| 8904 | Helicopter | Model Bell 206LT Long Range Twinranger | | 450 | Twinranger | hour | \$780.00 |
| 8905 | Helicopter | Model Bell 407 EMS- Ambulance | | 250 | | hour | \$626.00 |
| 8906 | Piper-Fixed wing | Model Navajo PA-31 | | 310 | | hour | \$456.00 |
| 8907 | Piper-Fixed wing | PA-31-350, Navajo Chiefn twin engine | | 350 | | hour | \$487.00 |
| 8908 | Sikorsky Helicopter | Model UH-60 (Blackhawk) medium lift | Medium Lift | 1890 | Fire Fighter Same as S70C | hour | \$2,945.00 |
| 8909 | Helicopter | Model UH-A (Blackhawk) Medium lift | Medium Lift | 1890 | Fire Fighter | hour | \$5,504.00 |
| 8910 | Boeing Helicopter | Model CH-47 (Chinook) heavy lift | Heavy Lift | 2850 | Fire Fighter | hour | \$10,750.00 |
| 8911 | Helicopter- light utility | Model Bell 407GX - 7 seater | 7-Seaters | 675 | Passenger Aircraft | hour | \$621.00 |
| 8912 | Helicopter- light utility | Model Bell 206L- 7 seater | 7-Seaters | 420 | Passenger Aircraft | hour | \$596.00 |
| 8913 | Helicopter | Model Bell-206L4 | | 726 | | hour | \$576.00 |
| 8914 | King Air 200 Turboprop Aircraft | Blackhawk King Air B200XP61 | | 669 | | hour | \$1,316.00 |
| 8915 | Turboprops Blackhawk Aircraft | Blackhawk Caravan XP42 A | | 850 | | hour | \$697.00 |
| 8916 | Turboprops Blackhawk Aircraft | King Air C90 XP135 A | | 550 | | hour | \$1,075.00 |
| 8917 | Aerostar Piston Aircraft | Aerostar 601P | | 290 | | hour | \$447.00 |
| 8943 | Wire Puller Machine | Overhead Wire Pulling Machine | | 30 | Overhead/Underground Wire Pulling Machine | hour | \$19.85 |
| 8944 | Wire Tensioning Machine | 3000 Lbs | | | Overhead Wire Tensioning Machine | hour | \$14.50 |
| 8945 | Aerial Lift | model 2008 Genie Scissor Lift | | | | hour | \$6.30 |

V. Project Worksheet and Cost Summary Sheets (with Instructions)

Project Worksheet Instructions
Project Worksheet Summary Form
 Special Considerations
Rented Equipment Instructions
 Rented Equipment Form
Force Equipment Instructions
 Force Equipment Form
Contracts Instructions
 Contracts Form
Materials Instructions
 Materials Form
Labor Instructions
 Labor Form
Donated Labor Instructions & Form
 Benefits
Time Extension Instructions & Form
 Quarterly Report Instructions
 Quarterly Report Form

PROJECT WORKSHEET TEMPLATE INSTRUCTIONS

The Project Worksheet Template is a useful tool for capturing the damages, scope of work and cost estimate.

Projects with estimated or actual cost of damage greater than \$125,500 are large projects. Projects with estimated or actual cost of damage less than \$125,500 are small projects.

Identifying Information

Declaration No: Indicate the disaster declaration number as established by FEMA (i.e. "FEMA -XXXX-DR-NY", etc.).

Project No: Indicate the project designation number you established to track the project in your system (i.e. 1, 2, 3, etc.).

FIPS No: Indicate your FIPS number within this space. This is optional.

Date: Indicate the date the worksheet was prepared in MM/DD/YY format.

Category: Indicate the category of the project according to FEMA specified work categories. This is optional.

Applicant: Name of the governmental or other legal entity to which the funds will be awarded. **County:** Name of the county where the damage is located. If located in multiple counties, indicate "Multi-County."

Damage facility: Identify the facility and describe its basic function.

Work Complete as of: Indicate the date that the work was examined in the format of MM/DD/YY and the percentage of work completed to that date.

Location: This item can range anywhere from an "address," "intersection of..." "1 mile south of ...on...." to "county wide." If damages are in different locations or different counties please list each location. Include latitude and longitude of the project if known.

Damage Description and Dimensions: Describe the disaster-related damage to the facility, including the cause of the damage and the area or components affected.

Scope of Work: List work that has been completed, and work to be completed, which, is necessary to repair disaster-related damage. Include items recorded on the preliminary damage assessment.

Does the Scope of Work change the pre-disaster conditions of the site: If the work described under the Scope of Work changes the facilities conditions (i.e. increases / decreases the size or function of the facility or does not replace damaged components in kind with like materials), check (✓) yes. If the Scope of Work returns the site to its pre-disaster configuration, capacity and dimensions check (✓) no.

Special Considerations: If the project includes insurable work, and/or is affected by environmental (NEPA) or historic concerns, check (✓) either the Yes or No box so that appropriate action can be initiated to avoid delays in funding. Refer to *Applicant Guidelines* for further information.

Hazard Mitigation: If the pre-disaster conditions at the site can be changed to prevent the disaster-related damage, check (✓) Yes. If no opportunities for hazard mitigation exist check (✓) no. Appropriate action will be initiated and avoid delays in funding. Refer to *Applicant Handbook* for further information.

Is there insurance coverage on this facility: Federal law requires that FEMA be notified of any entitlement for proceeds to repair disaster-related damages, from insurance or any other source. Check (✓) yes if any funding or proceeds can be received for the work within the Scope of Work from any source besides FEMA.

Project Cost

Item: Indicate the item number on the column (i.e. 1, 2, 3, etc.). Use additional forms as necessary to include all items.

Code: If using the FEMA cost codes, place the appropriate number here.

Narrative: Indicate the work, material or service that best describes the work (i.e. "force account labor overtime", "42 in. Dia. RCP", "sheet rock replacement", etc.).

Quantity/Unit: List the amount of units and the unit of measure ("48/cy", "32/lf", "6/ea", etc.).

Unit Price: Indicate the price per unit.

Cost: This item can be developed from cost to date, contracts, bids, applicant's experience in that particular repair work, books which lend themselves to work estimates, such as RS Means, or by using cost codes supplied by FEMA.

Total Cost: Record total cost of the project.

Prepared By: Record the name and title of the person completing the Project Worksheet.

Record Requirements

Please review the *Applicant Handbook* for detailed instructions and examples.

For all completed work, the applicant must keep the following records:

- Force account labor documentation sheets identifying the employee, hours worked, date and location;
- Force account equipment documentation sheets identifying specific equipment, operator, usage by hour/mile and cost used;
- Material documentation sheets identifying the type of material, quantity used and cost;
- Copies of all contracts for work and any lease/rental equipment costs.

For all estimated work, keep calculations, quantity estimates, pricing information, etc. as part of the records to document the "cost/estimate" for which funding is being requested.

FEDERAL EMERGENCY MANAGEMENT AGENCY

PROJECT WORKSHEET

| | | | | | |
|-----------|-------------|----------|----------|------|--------|
| APPLICANT | PROJECT NO. | CATEGORY | FIPS NO. | DATE | COUNTY |
|-----------|-------------|----------|----------|------|--------|

GENERAL SITE INFORMATION

| | |
|---------------------|-----------|
| DAMAGED FACILITY | |
| LOCATION | |
| LATITUDE | LONGITUDE |
| WORK COMPLETE AS OF | = % |

DAMAGE DESCRIPTION:

For the FEMA-____-____-NY

SCOPE OF WORK:

SPECIAL CONSIDERATIONS:

| | | |
|--|----------|--|
| Does the scope of work change the pre-disaster conditions at the site? | N | |
| Special Considerations issues included? | N | |
| Hazard Mitigation proposal included? | N | |
| Is there insurance coverage on this facility? | N | |

PROJECT COST

| ITEM | CODE | DESCRIPTION | UNIT | QUANTITY | UNIT PRICE | COST |
|------|------|--------------------------------------|------|----------|------------|------|
| 1 | 9007 | Labor | LS | | \$ 1.00 | |
| 2 | 9008 | Equipment | LS | | \$ 1.00 | |
| 3 | 9009 | Materials | LS | | \$ 1.00 | |
| 4 | 9003 | Contract | LS | | \$ 1.00 | |
| 5 | 9004 | Rented Equipment | LS | | \$ 1.00 | |
| 6 | 9999 | | LS | | \$ 1.00 | |
| 7 | 9999 | Deduct reimbursable - contract costs | LS | | \$ 1.00 | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

TOTAL:

SUBMITTED BY:

SPECIAL CONSIDERATIONS QUESTIONS

| | | |
|---|----------------|---------|
| 1. APPLICANT'S NAME | 2. FIPS NUMBER | 3. DATE |
| 4. PROJECT NUMBER | 5. LOCATION | |
| Form must be filled out—for each project. | | |
| 1. Does the damaged facility or item of work have insurance and/or is it an insurable risk? <i>(e.g., buildings, equipment, vehicles, etc.)</i> | | |
| Yes | No | Unsure |
| COMMENTS: | | |
| | | |
| 2. Is the damaged facility located within a floodplain or coastal high hazard area, or does it have an impact on a floodplain or wetland? | | |
| Yes | No | Unsure |
| COMMENTS: | | |
| | | |
| 3. Is the damaged facility or item of work located within or adjacent to a Coastal Barrier Resource System Unit or an Otherwise Protected Area? | | |
| Yes | No | Unsure |
| COMMENTS: | | |
| | | |
| 4. Will the proposed facility repairs/reconstruction change the pre-disaster condition? <i>(e.g., footprint, material, location, capacity, use or function)</i> | | |
| Yes | No | Unsure |
| COMMENTS: | | |
| | | |
| 5. Does the applicant have a hazard mitigation proposal or would the applicant like technical assistance for a hazard mitigation proposal? | | |
| Yes | No | Unsure |
| COMMENTS: | | |
| | | |
| 6. Is the damaged facility on the National Register of Historic Places or the state historic listing? Is it older than 50 years? Are there more, similar buildings near the site? | | |
| Yes | No | Unsure |
| COMMENTS: | | |
| | | |
| 7. Are there any pristine or undisturbed areas on, or near, the project site? Are there large tracts of forestland? | | |
| Yes | No | Unsure |
| COMMENTS: | | |
| | | |
| 8. Are there any hazardous materials at or adjacent to the damaged facility and/or item of work? | | |
| Yes | No | Unsure |
| COMMENTS: | | |
| | | |
| 9. Are there any other environmentally or controversial issues associated with the damaged facility and/or item of work? | | |
| Yes | No | Unsure |
| COMMENTS: | | |
| | | |

RENTED EQUIPMENT RECORD FORM INSTRUCTIONS

Fill in the entire heading.

COLUMN

- a List the equipment rented to complete disaster work. Indicate make, model, size, capacity, and horsepower as appropriate.
- b Enter date equipment was used in the top block and hours of equipment usage underneath.
- c Enter the hourly charge rate of equipment usage with an operator or without. This rate should be clearly outlined on the contract.
- d Multiply hours used by the appropriate rate for total cost.
Add the column and enter the Total Cost.
- e Enter name of vendor the equipment was rented from.
- f Enter number from your invoice used to reserve the equipment.
- g Enter the date the bill was paid.
- h Enter the check number used to pay the bill.

Sign the Rented Equipment Record form. Use additional sheets when necessary. Each record needs to be certified.

The information to complete this form is available from the purchasing unit, supervisor's record, and other documents.

RENTED EQUIPMENT RECORD

FOR

(applicant)

LOCATION OF WORK:

CATEGORY

FEMA

SCOPE OF WORK:

PROJECT NO.

| Type of Equipment <small>make, model, size, capacity, HP</small> | Date & hours used | Rate p/hour | | Total Cost | Vendor | Invoice Number | Date paid | Check Number |
|---|----------------------|-------------|-------------|------------|--------|-------------------|-----------|-----------------|
| | | w/operator | wo/operator | | | | | |
| | | | | | | | | |
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| |
|---------------------------------------|
| Total Cost \$ - |
|---------------------------------------|

| | | |
|---------------|--------|-------|
| Certified By: | Title: | Date: |
|---------------|--------|-------|

I certify that the above information was transcribed from daily logs, vendor invoices, or other documents which are available for audit.

FORCE ACCOUNT EQUIPMENT RECORD FORM INSTRUCTIONS
(using your own equipment)

Fill in the entire heading.

COLUMN

- a List the equipment used. Indicate make, model, size, capacity, and horsepower.
- b Enter the reference number used locally to identify the item on inventory.
- c Enter the equipment usage dates on top row.
Enter the hours the equipment was used each day.
- d Add the hours across for each type of equipment.
Total the hours in the column and enter the amount at the bottom.
- e Enter locally established equipment rate.
- f Multiply the total hours (column d) by the equipment rate (column e) to determine cost.
Add the costs in the column and enter the amount at the bottom.

Sign the Force Account Equipment Record form. Use additional sheets when necessary. Each record needs to be certified.

The information to complete this form is available from the supervisor's work logs, and other documents.

FORCE ACCOUNT EQUIPMENT

FOR

(applicant)

LOCATION OF WORK:

CATEGORY

FEMA

SCOPE OF WORK:

PROJECT NO.

| TYPE OF EQUIPMENT CAPACITY & HP AS APPROPRIATE | FEMA CODE | DATE AND HOURS WORKED | | | | | | TOTAL HOURS | HOURLY RATE | TOTAL COST | |
|---|--------------|-----------------------|--|--|--|--|--|----------------|----------------|---------------|------|
| | | | | | | | | | | | |
| | | | | | | | | - | | | |
| | | | | | | | | - | | | |
| | | | | | | | | - | | | |
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| | | | | | | | | - | | | |
| | | | | | | | | - | | | |
| | | | | | | | | - | | | |
| | | | | | | | | TOTAL HOURS | - | TOTAL COST | \$ - |

I CERTIFY THAT THE DATA PROVIDED HERE WAS TRANSCRIBED FROM DOCUMENTS AND RECORDS AVAILABLE FOR AUDIT.

CERTIFIED BY _____

TITLE

DATE

CONTRACT COSTS RECORD FORM INSTRUCTIONS
(contracts in place or newly negotiated)

Fill in the entire heading.

COLUMN

- a Enter name of vendor or organization the contract is with.
- b Enter brief description of activity.
- c Enter the contract number.
- d Enter the dates of the contract.
- e Enter the cost of the contract.
- f Enter the check number used to pay the vendor.

Sign the Contract Costs form. Use additional sheets when necessary. Each record needs to be certified.

FORCE ACCOUNT CONTRACTS

FOR

(applicant)

LOCATION OF WORK:

CATEGORY

FEMA

SCOPE OF WORK:

PROJECT NO.

| VENDOR | DESCRIPTION OF ACTIVITY | CONTRACT NUMBER | PERIOD OF CONTRACT | CONTRACT COST | CHECK NUMBER |
|--------|-------------------------|-----------------|--------------------|---------------|--------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

TOTAL

I CERTIFY THAT THE DATA PROVIDED HERE WAS TRANSCRIBED FROM DOCUMENTS AND RECORDS AVAILABLE FOR AUDIT.

CERTIFIED BY _____

TITLE

DATE

MATERIALS/(EQUIPMENT PURCHASE) RECORD FORM INSTRUCTIONS
(materials from inventory or purchased)

Fill in the entire heading.

COLUMN

- a Enter vendor's name where materials were purchased (even if taken from stock).
- b Enter brief description of item.
- c Enter quantity or amount used for work.
- d Enter the price of each item (i.e. 1,000 flares @ \$2.00 ea. \$2.00 is the unit price).
- e Multiply quantity (column c) by unit price (column d) and enter total cost of them.
- f Enter date materials were purchased (even if taken from stock).
- g Enter the number from the check or purchase order/invoice when material was purchased.
- h Enter the date(s) the material was used.
- i Check either box: If materials were purchased, mark the invoice box. If materials were taken from inventory, mark the stock box.

Sign the Materials Record form. Use additional sheets when necessary. Each record needs to be certified.

FORCE ACCOUNT MATERIALS

FOR

(applicant)

LOCATION OF WORK:

CATEGORY

FEMA

SCOPE OF WORK:

PROJECT NO.

| VENDOR | DESCRIPTION | QUANTITY | UNIT PRICE | TOTAL COST | DATE BOUGHT | CHECK NUMBER | DATE USED | SOURCE OF DATA | |
|--------|-------------|----------|------------|------------|-------------|--------------|-----------|----------------|-------|
| | | | | | | | | INVOICE | STOCK |
| | | | | \$ - | | | | | |
| | | | | \$ - | | | | | |
| | | | | \$ - | | | | | |
| | | | | \$ - | | | | | |
| | | | | \$ - | | | | | |
| | | | | \$ - | | | | | |
| | | | | TOTAL COST | \$ - | | | | |

I certify that the above information was transcribed from daily logs, vendor invoices, stock cards, or other documents which are available for audit.

CERTIFIED BY _____

TITLE

DATE

FORCE ACCOUNT LABOR RECORD FORM INSTRUCTIONS

(using your own workers)

Fill in the entire heading.

COLUMN

- a Enter each worker's name and title.
- b Enter the dates worked on top row.
Separate the regular or straight pay from overtime pay and enter the hours in appropriate row.
- c Add the hours (regular and overtime) across for the time period specified and enter amounts in the appropriate row.
Ensure you total the hours in the column (regular and overtime) and enter the amount at the bottom.
- d Enter the appropriate hourly rate of pay used for regular and/or overtime.
- e Multiply the total hours (column c) by the rate (column d) for total pay. This is the total pay the worker received for the time period listed on this record. Ensure you total the column and enter the total for regular pay (RP) and total for overtime pay (OT).
- f Enter the number on the paycheck the employee received.
- g --Regular pay (RP) = total regular pay multiplied by the fringe benefit rate. (Enter the fringe amount in the blank). 1 equals this total.
--Overtime pay (OT) = the total overtime pay multiplied by rate. (Enter the fringe amount in the blank). 3 equals this total.

Sign the Force Account Labor Record form. Use additional sheets when necessary. Each record needs to be certified.

The information to complete this form is available from the employee's time cards, supervisor's work logs, and from the payroll office.

Refer to the Applicant's Handbook for work eligibility when using your own workers.

FORCE ACCOUNT LABOR RECORD

FOR

(APPLICANT)

LOCATION OF WORK:

CATEGORY

FEMA

SCOPE OF WORK:

PROJECT NO.

| EMPLOYEE NAME AND JOB DESCRIPTION | DATE AND HOURS WORKED EACH DAY | | | | | | | TOTAL HOURS | HOURLY RATE | TOTAL PAY | |
|-----------------------------------|--------------------------------|------------------|---|------|-------------|--|--|-------------|-------------------------------|-----------|------|
| | DATE | | | | | | | | | | |
| | REGULAR | | | | | | | | \$ - | \$ - | |
| | O/T | | | | | | | | \$ - | \$ - | |
| | REGULAR | | | | | | | | \$ - | \$ - | |
| | O/T | | | | | | | | \$ - | \$ - | |
| | REGULAR | | | | | | | | \$ - | \$ - | |
| | O/T | | | | | | | | \$ - | \$ - | |
| | REGULAR | | | | | | | | \$ - | \$ - | |
| | O/T | | | | | | | | \$ - | \$ - | |
| | REGULAR | | | | | | | | \$ - | \$ - | |
| | O/T | | | | | | | | \$ - | \$ - | |
| | REGULAR | | | | | | | | \$ - | \$ - | |
| | O/T | | | | | | | | \$ - | \$ - | |
| | REGULAR | | | | | | | | \$ - | \$ - | |
| | O/T | | | | | | | | \$ - | \$ - | |
| | REGULAR | | | | | | | | \$ - | \$ - | |
| | O/T | | | | | | | | \$ - | \$ - | |
| | REGULAR | | | | | | | | \$ - | \$ - | |
| | O/T | | | | | | | | \$ - | \$ - | |
| | REGULAR | | | | | | | | \$ - | \$ - | |
| | O/T | | | | | | | | \$ - | \$ - | |
| REG PAY | \$ - | X FRINGE RATE OF | = | \$ - | TOTAL HOURS | | | | TOTAL REG | \$ - | \$ - |
| O/T PAY | \$ - | X FRINGE RATE OF | = | \$ - | | | | | TOTAL O/T | \$ - | \$ - |
| | | | | | | | | | TOTAL ALL | \$ - | |
| | | | | | | | | | REG FRINGE | \$ - | |
| | | | | | | | | | O/T FRINGE | \$ - | |
| TOTAL OT (ONLY) WITH FRINGE \$ - | | | | | | | | | TOTAL LABOR WITH FRINGES \$ - | | |

CERTIFIED BY _____

TITLE

DATE

I CERTIFY THAT THE DATA PROVIDED HERE WAS TRANSCRIBED FROM DOCUMENTS AND RECORDS AVAILABLE FOR AUDIT.

DONATED LABOR RECORD FORM INSTRUCTIONS
(using volunteers)

Fill in the entire heading.

COLUMN

- a. Enter the name of each individual.
- b. Enter the dates worked across the top row and hours worked each day in the appropriate column.
- c. Add the hours across for the time period specified and enter amounts.
- d. Enter the approved hourly rate of pay.
- e. Multiply the total hours (column c) by the rate (column d) for total pay. This is the total pay equivalent of the donated labor services.

An authorized official of the entity or organization is required sign the certification at the bottom of each form.

DONATED LABOR RECORD

for _____ (entity or organization)

Location of Work: _____

Page _____ of _____

Description of Work: _____

Period: _____ to _____ 20____

Project Number: _____

| [a] Name of Individual | [b] date/hours worked each day | | | | | | | [c] Total Hours | [d] Rate per Hour | [e] Total Pay Equivalent |
|------------------------|--------------------------------|--|--|--|--|--|--|-----------------|-------------------|--------------------------|
| | date | | | | | | | | | |
| | Hours | | | | | | | | | |
| | Hours | | | | | | | | | |
| | Hours | | | | | | | | | |
| | Hours | | | | | | | | | |
| | Hours | | | | | | | | | |
| | Hours | | | | | | | | | |
| | Hours | | | | | | | | | |
| | Hours | | | | | | | | | |
| Total Hours | | | | | | | | | Total \$ | |

I certify that the above information is a true and accurate accounting of donated labor services relating to this project and that backup documentation is available for review.

Certified By: _____ Title: _____

Date: _____

FEDERAL EMERGENCY MANAGEMENT AGENCY

APPLICANT'S BENEFITS CALCULATION WORKSHEET

| |
|------------------|
| APPLICANT: |
| DISASTER NUMBER: |
| P.A. ID: |
| PROJECT NUMBER: |

TOTAL PAYROLL IN DOLLARS

| | DOLLARS & HOURS | | REGULAR TIME % | | OVERTIME % |
|--------------------------------------|-----------------|-------------------|----------------|----|--------------|
| Holidays | | / 2080 = | | | |
| Vacation Leave | | / 2080 = | | | |
| Sick Leave | | / 2080 = | | | |
| * Social Security | | | 6.20% | * | 6.20% |
| * Medicare | | | 1.45% | * | 1.45% |
| * Unemployment | | / total payroll = | | * | 0.00% |
| * Worker's Comp | | / total payroll = | | * | 0.00% |
| ** Retirement | | / total payroll = | | ** | 0.00% |
| Health Benefits | | / total payroll = | | | |
| Life Insurance Benefits | | / total payroll = | | | |
| Total (in % of annual salary) | | | 7.65% | | 7.65% |

(FIGURES IN YELLOW AUTOMATICLY "GO" TO THE FORCE ACCOUNT LABOR SHEETS)

I CERTIFY THAT THE INFORMATION ABOVE WAS TRANSCRIBED FROM PAYROLL RECORDS OR OTHER DOCUMENTS WHICH ARE AVAILABLE FOR AUDIT.

CERTIFIED: _____

TITLE: _____

DATE: _____

* Only categories for overtime fringe benefits.

** Only when supported by employee contract

TIME EXTENSION REQUEST FORM

INSTRUCTIONS

COLUMN

- a Enter the FEMA disaster number.
Enter your Project Application.
- b Enter name of applicant.
- c Enter the Project Worksheet (PW) number.
- d Enter the category of work (A through G).
- e Enter the current date work is to be completed.
- f Enter the date the work will begin or the date work began.
- g Enter the percentage of work completed.
- h Enter the new requested deadline by which work will be completed.
- i NYS DHSES use only – leave blank.
- j Explain circumstances beyond applicant's control which prevented completion of the work prior to the current deadline. Be prepared to provide a construction timeline if requested. Use additional sheets if necessary.

Ensure the request is signed and dated and a phone number is provided before forwarding to NYS DHSES. You will be notified by mail of approval/disapproval.

NYS Division of Homeland Security and Emergency Services

Public Assistance Section

1220 Washington Avenue

Building 7a, 4th floor

Albany, New York 12242

Phone: 518-292-2293

Fax No.: 518-322-4984

New York State
 Division of Homeland Security
 and Emergency Services
TIME EXTENSION REQUEST

TO: Alternate Governor's Authorized Representative
 ATTN: Public Assistance Officer
 New York State Division of Homeland Security and Emergency Services
 1220 Washington Ave., Bldg. 7a, 4th floor
 Albany, NY 12242
 Telephone (518) 292-2293
 Fax (518) 322-4984

a

FEMA _____ - DR-NY

P.A. # _____

b

We _____ (applicant) are requesting an extension for the completion of work, based on the following information:

| c | d | e | f | g | h | i | j |
|----------|----------|------------------|--------------------|-------------|--------------------|-------------------|---------------|
| PW # | CATEGORY | CURRENT DEADLINE | PROJECT START DATE | % COMPLETED | REQUESTED DEADLINE | APPROVED DEADLINE | JUSTIFICATION |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

NYS DHSES USE ONLY

Local Representative (name, title)

Phone: _____

*Governor's Authorized Representative /
 Alternate Governor's Authorized Representative /
 Public Assistance Chief*

Date of Submittal: _____

Date of Approval: _____

QUARTERLY PROGRESS REPORT FORM INSTRUCTIONS

The purpose of the Quarterly Progress Report Form is for DHSES to collect valuable information pertaining to large projects. DHSES is required to obtain this information in order for us to report the status of these projects to FEMA. This form needs to be completed and returned no later than the 10th of the following month. This form helps us to ascertain information in a timely manner to secure and protect you from circumstances that could jeopardize your funding. DHSES has to report on incomplete AND complete projects. If you already reported work for a specific PW as complete, you do not have to report it again. **Remember, once work is completed for all PWs, the P4 must be submitted.** You may send it in as an attachment to this form.

FOR ALL INCOMPLETE LARGE PROJECTS, COMPLETE A LINE FOR EACH PROJECT WORKSHEET.

- A. Enter FEMA disaster number, the ten digit/letter P.A.I.D. number, (ex: 000-1XYZZ2-00), AND the name of agency/municipality.
- B. Indicate any notifications that are relevant to your project. DHSES must be notified of all changes. See the FEMA Public Assistance Policy Digest or website <http://www.fema.gov> for alternate or improved project criteria.

PROJECT MANAGEMENT:

- C. Enter PW number.
- D. Check at least one of the choices from the list provided that pertains to the status of the project.
- E. Enter the percentage of work completed.
- F. Enter estimated final cost
- G. Enter the amount spent to date
- H. Enter estimated date of completion
- I. Complete if there is an approved time extension for your project
- J. Complete with further information/explanation on the status of the project. (for example: permit status, engineering status, issues/comments- historic, insurance, complexities*, or concerns you want to bring to the State's attention)

IMPORTANT! - Attach additional information for items such as:

- Why a Time Extension is needed. Is there a change in Design, Capacity or Function of the facility or project component? (including unforeseen conditions)
- Historic, permit or flood plain issues. Jurisdictional problems.
- Regulatory agency correspondence initialized or replies since last report Expecting response from: _____.
- Project has become complex (in what ways)

**Complex Facilities* requiring special engineering considerations and correspondence should be very well documented and use professional standards for accounting and project management cost tracking. These projects are defined in FEMA PAPPG as; wastewater treatment, hospital, school, office bldg, power plant, dam, tunnels, pumping station, incinerator, marine terminal, unconventional designs etc.

Complete contact information before submitting the form(s) to DHSES Recovery Section

Check box and complete Point of contact change information, if applicable



Homeland Security and Emergency Services

DISASTER RECOVERY

SEND TO: Public Assistance Officer
 NYS Division of Homeland Security &
 Emergency Services
 Building 7a, 4th Floor
 1220 Washington Avenue
 Albany, New York 12242
 Phone # (518) 292-2293 Fax # (518) 322-4984

QUARTERLY PROGRESS REPORT

A) FEMA _____ DR – NY

P.A. I.D. # _____

FROM: _____

Check Box if there is a Point of Contact change

Name/Title: _____

Address: _____

City, State Zip: _____

E-Mail: _____

Phone: _____

B) PROJECT ACTION NOTIFICATIONS

(please check all that apply)

- Time Extension needed? Change in Design?
- Work done by Contract? Bids in Progress/Accepted?
- Work done by Force Account? Change in Scope of work?
- Work under construction per approved Scope of Work?

| C) | D) | E) | F) | G) | H) | I) | J) |
|--------------------------|---|--------------------|----------------------|----------------------|------------------------------|-------------------------|---|
| Project Worksheet (PW #) | Project Status | % of Work Complete | Estimated Final Cost | Amount Spent to Date | Estimated Date of Completion | Approved Time Extension | Comments <i>(Any further information explaining the status of project)</i> |
| | <input type="checkbox"/> Pre-design <input type="checkbox"/> Design <input type="checkbox"/> Under Construction | | | | | | |
| | <input type="checkbox"/> Pre-design <input type="checkbox"/> Design <input type="checkbox"/> Under Construction | | | | | | |
| | <input type="checkbox"/> Pre-design <input type="checkbox"/> Design <input type="checkbox"/> Under Construction | | | | | | |
| | <input type="checkbox"/> Pre-design <input type="checkbox"/> Design <input type="checkbox"/> Under Construction | | | | | | |
| | <input type="checkbox"/> Pre-design <input type="checkbox"/> Design <input type="checkbox"/> Under Construction | | | | | | |
| | <input type="checkbox"/> Pre-design <input type="checkbox"/> Design <input type="checkbox"/> Under Construction | | | | | | |
| | <input type="checkbox"/> Pre-design <input type="checkbox"/> Design <input type="checkbox"/> Under Construction | | | | | | |

| | | | | |
|--|----------------|-------|-------|------|
| Local Representative (Please Print Name) | E-mail address | Phone | Fax # | Date |
|--|----------------|-------|-------|------|

VI. Debris Removal Fact Sheet

**PUBLIC ASSISTANCE PROGRAM
DEBRIS REMOVAL FACT SHEET FOR LOCAL GOVERNMENTS
FEMA-4397-DR-NY**

This Fact Sheet was prepared to provide information about how the Federal Emergency Management Agency's (FEMA) Public Assistance (PA) program can reimburse certain debris removal activities performed by eligible Applicants. Eligible Applicants are State and local governments, Federally recognized Native American Nations, and certain private non-profits (PNPs) that perform a government-like service, within Presidentially-declared disaster counties. FEMA reimbursement is made on a 75% federal--25% non-federal basis.

- Effective August 16, 2018 the NYS Department of Environmental Conservation (DEC) issued Emergency General Permit GP-0-18-005 covering emergency actions in response to the August 2018 flooding. Local governments and others seeking information on burning and handling debris, dam safety, quarantining invasive species, hazardous waste, permitting and approvals (including emergency authorizations for hurricane-related repairs), and other matters under the jurisdiction of the DEC should view the agency's website at www.dec.ny.gov or contact the appropriate DEC regional office (see www.dec.ny.gov/about/50230.html for addresses and phone numbers).
- Local governments and others doing work in waterways and other areas under the purview of the U.S. Army Corps of Engineers (USACE) are reminded that projects receiving expedited DEC permits and approvals may still require USACE coordination. Information about the USACE's Buffalo and New York Districts, including any emergency permits covering the repair of storm-damaged facilities, is available at www.lrb.usace.army.mil/ and www.nan.usace.army.mil/index.php, respectively.
- MAP-21 Emergency Relief allows FEMA reimbursement for disaster related debris removal on FHWA roads.

Under the Presidential Disaster Declaration for New York (FEMA-4397-DR-NY), FEMA may provide assistance to State and local governments for debris removal, including collection, pick-up, hauling, and disposal at a temporary site, segregation, reduction, and final disposal.

Debris Removal Basics:

1. Removal and disposal of disaster debris on public property – roads, streets, publicly-owned facilities and right of ways – is eligible for Federal assistance. Removal of debris from parks is eligible when it affects public health and safety or limits use.
2. Equipment and overtime costs are eligible for reimbursement. If an Applicant chooses to award contracts for debris operations, those costs are also eligible. Exercise care! FEMA is authorized only to assist with reasonable costs and only appropriately awarded contracts.
3. The cost of debris removal by private individuals is not eligible; however, eligible Applicants that choose to do so may be reimbursed for the removal of disaster-related debris brought to the public right of way by a private property owner providing it is made available to all owners within the Applicant's jurisdiction.

4. Only in very limited instances do FEMA's regulations allow reimbursement to eligible Applicants that undertake debris removal activities on private property. Regardless, Applicants must base decisions about debris removal from private property on life safety and property protection criteria, as they do absent a disaster declaration. Applicants with questions should contact the NYS Public Assistance Office, at 518-292-2293.

Municipalities Are Encouraged To:

- Use pre-negotiated contracts, if available;
- Consider using qualified local contractors because of their familiarity with the area;
- Request copies of references, licenses, and financial records from unknown contractors;
- Document the procedures used to obtain contractors;
- Work with their State-FEMA teams if technical assistance is needed for contracts and procedures.
- Review the guidance in "Developing and Monitoring Debris-Related Contracts for Eligible Applicants" below.

FEMA does not recommend, pre-approve, or certify any debris contractor. FEMA does not certify or credential personnel other than official employees and contract personnel assigned to the disaster by FEMA. Only FEMA has the authority to make determinations about Applicant, Facility or Scope of Work eligibility.

Eligible Contracts: Three general types of contracts may be used for debris operations:

1. **Time and Materials Contracts** may be used for short periods immediately after the disaster to mobilize contractors for emergency debris removal efforts. They must have a dollar ceiling or a not-to-exceed limit for hours (or both), and should be terminated immediately when those limits are reached. For FEMA reimbursement, such contracts should be limited to 70 hours of actual work. The contract should state that (a) the price for equipment applies only when equipment is operating, (b) the hourly rate includes operator, fuel, maintenance, and repair, (c) the municipality reserves the right to terminate the contract, and (d) the municipality does not guarantee a minimum number of hours.
2. **Unit Price Contracts** are based on weights (tons) or volume (cubic yards) of debris hauled, and should be used when the work is not well defined. They require close monitoring of pick-up, hauling, and dumping to ensure that quantities are accurate. Contracts may be complicated by the need to segregate debris for disposal.
3. **Lump Sum Contracts** establish the total contract price using a one-item bid from the contractor. They should be used only when the work is clearly defined.

Ineligible Contracts: FEMA will not provide funding for:

- Cost-plus-percentage of cost contracts;
- Contracts contingent upon receipt of State or Federal disaster assistance funding; or
- Contracts awarded to debarred contractors.

Contract Monitoring: The Applicant must monitor the contractor’s activities to ensure satisfactory performance. The State-FEMA team can provide guidance and assistance with monitoring, if necessary. If an Applicant has sufficient staff to properly monitor operations, the cost of additional staff for monitoring (or contracting for monitoring) is eligible for Federal funding.

Documentation: Applicants should keep the following information: debris estimates (type/quantity), procurement information (bid requests, bid tabulations, etc.), contracts, invoices, and monitoring information (load tickets, scale records). An Applicant must retain payroll and equipment hours if it performs debris removal. Applicants must document the debris “cradle to grave” to include; where it came from, any staging areas, and where it went to final destination/disposition.

Technical Assistance: The State-FEMA team can provide technical assistance with planning, carrying out, and monitoring of debris removal operations. Contact the NYS Public Assistance Office, at 518-292-2293, for more information.

Developing and Monitoring Debris-Related Contracts for Eligible Applicants:

1. FEMA does not certify, credential, or recommend debris contractors.
2. No debris contractor has the authority to make eligibility determinations.
3. Be familiar with FEMA eligibility and do not allow the contractor to make eligibility determinations. Eligibility information is available in numerous FEMA documents including:
 - The Public Assistance Program and Policy Guide (PAPPG)
 - The Public Assistance Alternative Procedures Pilot Program for Debris Removal (Version 5)
 - The FEMA Website www.fema.gov
4. Be certain the debris contract contains a clear and definitive scope of work, monitoring requirements, and specific language about what is required for each task.
5. Do not sign a contract until it has been thoroughly reviewed by your legal representative.
6. Always follow your organization’s own procurement and bidding procedures. Use competitive bidding if possible.
7. You are responsible for payment of services contracted, even when those services are eligible for reimbursement by FEMA. FEMA and the State are not parties to a debris-related contract executed by you and your contractor.
8. FEMA advises against time and materials contracts and limits their use to a reasonable time period. FEMA may reimburse under a time and materials contract only if all of the following apply:
 - No other contract was suitable.
 - The contract has a ceiling price that the contractor exceeds at its own risk; and
 - The Applicant provides a high degree of oversight to obtain reasonable assurance that the contractor is using efficient methods and effective cost controls.

The Applicant should define the SOW as soon as possible to enable procurement of a more acceptable type of contract.

9. All types of contracts must contain a requirement that records be kept showing the amount of debris picked up, hauled, and/or reduced to determine reasonable costs.

10. Every contract should also contain a "Termination for Convenience" clause. For example:

This contract may be terminated at any time for the convenience of (the contracting entity). If this clause is executed, (the contracting entity) agrees to pay the contractor for all work completed through the termination date, as well as any demobilization costs that were a part of the original contract.

11. The contract should contain a cap on costs. When that cap is reached, you should perform a review of work accomplished and modify the contract, if necessary.

12. Be sure the contract sets a reasonable period for the work to be done. Monitor the work to ensure compliance with the schedule for completion.

13. Be aware that many services offered for a fee by contractors may be available free from FEMA or the State.

14. Be certain that your costs are reasonable. FEMA pays only reasonable costs.

15. It may be necessary to use temporary debris storage and/or reduction sites, which can be expensive to develop and manage. Do not sign a contract for the use of such sites unless you know it is necessary. Call your NYS Disaster Assistance Representative for assistance.

16. You, not the contractor, are responsible for monitoring and certifying debris operations. Be sure you have sufficient staff deployed for that task. If you do not have enough staff, hiring additional staff is eligible for funding according to the disaster cost share (usually 75% federal, 25% non-federal); however, those costs must be reasonable.

17. Ensure you obtain any applicable permits from DEC/USACE and follow all laws, regulations, executive orders and policies pertaining to debris to include; invasive species, and floodplain/wetland management.

Questions: Contact the NYS Public Assistance Office, at 518-292-2293.

**SAMPLE RIGHT-OF-ENTRY PERMIT
(INCLUDES HOLD HARMLESS AND INSURANCE CLAUSES)**

Right of Entry Permit

Date: _____

Property Address/Description

City

Name (Owner or Tenant)

County

Telephone Number

Right of Entry

I certify that I am the owner, or an owner's authorized agent, of the property described above. I grant, freely and without coercion, the right of access and entry to said property to the (Applicant Name), its agents, contractors, and subcontractors, for the purpose of demolishing, removing and/or clearing any or all storm-generated debris of whatever nature from the above-described property.

Hold Harmless

I understand that this permit is not an obligation upon the government to perform debris removal. I agree to hold harmless the United States Government, the Federal Emergency Management Agency (FEMA), the State of New York, and any of their agencies, agents, employees, contractors, and subcontractors, for damages of any type whatsoever, either to the above-described property or to persons situated thereon. I release, discharge, and waive any action, either legal or equitable, that might arise by reason of any action of the above entities, while removing storm-generated debris from the property. I will mark any sewer lines, septic tanks, water lines, and utilities located on the described property.

Duplication of Benefits

Most homeowner's insurance policies have coverage to pay for removal of storm-generated debris. I understand that Federal law (42 United States Code 5155 et seq.) requires me to reimburse (Applicant Name) the cost of removing the storm-generated debris to the extent covered in my insurance policy. I also understand that I must provide a copy of the proof/statement of loss from my insurance company to (Applicant Name). If I receive payment for debris removal from my insurance company, or any other source, I agree to notify and send payment and proof/statement of loss to (Applicant Name). I understand that all disaster related funding, including that for debris removal from private property, is subject to audit.

Sworn and attested:

All owners must sign below.

Witnessed:

Print Name: _____

Print Name: _____

Signature: _____

Signature: _____

Name of Insurance Company: _____ Policy Number: _____

Please do not remove the following items: _____

(Continue on back if necessary)