



**New York State Emergency Management Office**

<http://www.semo.state.ny.us>

**PUBLIC ASSISTANCE PROGRAM  
(Infrastructure Support Program)  
HANDBOOK  
of  
POLICIES AND GUIDELINES  
for  
APPLICANTS**

**FEMA 1899 DR NY  
Severe Storms and Flooding  
March 13-15, 2010**

**David A. Paterson  
Governor**

**John R. Gibb  
Director**

**APPLICANT’S HANDBOOK POLICIES AND GUIDELINES  
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**STATE EMERGENCY MANAGEMENT OFFICE  
FEDERAL EMERGENCY MANAGEMENT AGENCY  
PUBLIC ASSISTANCE PROGRAM**

**PROGRAM OVERVIEW**

**Infrastructure Support Program**

The Federal Emergency Management Agency (FEMA) Public Assistance Program provides *supplemental reimbursement* for the repair or restoration of the infrastructures and facilities to pre-disaster condition after the declaration of a major disaster by the President. The New York State Emergency Management Office (SEMO) is responsible for the program management and administration within the State of New York.

The Public Assistance 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 public assistance grants under the Public Assistance Program; however, your decision not to participate in this Program does not preclude your eligibility from other federal programs.

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 public assistance 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 at a designated work-site must total at least \$1,000.
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 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.

**DISASTER FACT SHEET**  
**State Emergency Management Office**  
**State of New York**

**DISASTER NUMBER:** FEMA 1899 DR NY  
**TYPE OF DISASTER:** Severe Storms and Flooding  
**DATE OF DECLARATION:** April 16, 2010  
**INCIDENT PERIOD:** March 13-15, 2010  
**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:

**Nassau, Orange, Richmond, Rockland, Suffolk, and Westchester 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.**

**STATE EMERGENCY MANAGEMENT OFFICE ADDRESS:**

New York State Emergency Management Office  
1220 Washington Avenue  
Building 22, Suite 101  
Albany, New York 12226-2251  
Telephone: (518) 292-2200 Warning Point  
Recovery Facsimile: (518) 322-4984  
Recovery Section: (518) 292-2293  
Website: <http://www.semo.state.ny.us>

**Alternate Governor's Authorized Representative (AGAR):** John A. Agostino  
**Chief of Public Assistance:** Christopher S. Holmes  
**Disaster Assistance Officer Supervisor:** Denise Lorette  
**Disaster Assistance Officer:** Mary Ann Wollaber

**Deadlines:**

**Applicant Submit RPA:** May 16, 2010 (30 Days from declaration date)  
**Applicant Identification of Projects:** 60 days from Kickoff Meeting  
**Emergency Work Completion:** October 16, 2010 (6 months from declaration date)  
**Permanent Work Completion:** October 16, 2011 (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 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-

SEMO Web Site:

<http://www.semo.state.ny.us/programs/recovery/>

**OTHER REQUIREMENTS NEEDED AS SOON AS POSSIBLE  
(IF UNABLE TO SUBMIT AT THE BRIEFING)**

- 1. A completed Applicant Certification**
- 2. A completed Drug Free Workplace Certification**
- 3. Federal Tax ID Form**

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

## **I. PREPARATION OF DOCUMENTS FOR KICK-OFF MEETINGS, REIMBURSEMENTS, APPEALS, AUDITS, ACCOUNTING INSTRUCTIONS**

### **A. DAMAGE ELIGIBILITY**

In order 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 at a designated work-site must total at least \$1,000.
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 are deducted from eligible cost.

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

### **B. INITIAL KICK-OFF MEETING - PROJECT IDENTIFICATION**

The Public Assistance Program gives the applicant the opportunity for re-imbusement 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 projects and their identification on a project worksheet is the basis for all reimbursement of recovery activities subsequent to a Presidential disaster declaration.

#### **1. Kick-Off Meeting**

The kick-off meeting is the initial meeting between FEMA, the State and the applicant to determine potential eligible projects within the applicant's jurisdiction. The FEMA Public Assistance Coordinator (PAC) and the NYSEMO Public Assistance Liaison (PAL) will meet with the applicant to provide detailed information, guidelines and assistance regarding the Public Assistance Program.

The PAC/PAL team will assist the applicant in preparing Project Worksheets (PW's) for small projects. All projects identified as "large projects" will be assigned a PAC/PAL 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 kick-off meeting to identify all projects.

The kick-off meeting should include discussion regarding hazard mitigation which is any sustained action taken to reduce or eliminate long-term risk to people and property from natural hazards and their 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 PAC/PAL team at the kick-off meeting. It may be desirable to request funding for an architectural and/or engineering design study (or other specialized study) to be conducted. If such a study is funded, it must include one or all of the following:

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

The final design study must be forwarded to SEMO 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.

## **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

### **Permanent Work**

#### ***Category C: Roads and Bridges***

Repair of roads, bridges, and associated features, such as shoulders, ditches, culverts, lighting and signs

#### ***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 PW writing, the PAC and PAL will discuss the following nine (9) special consideration questions for each project. Projects that have special considerations will be individually reviewed and the applicant will receive guidance and instructions based on the 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 and water treatment plants may be considered historic.

#### **Pristine or Natural Areas**

*Are there any 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 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. The difference between the methods is dependent on whether a project is small or large. That determination is based on a cost threshold that changes annually. As of October 1<sup>st</sup>, 2009 the current threshold amount is \$63,200. If the estimated cost of a project is equal to or exceeds this threshold, the project is processed as a large project.

#### **1. Small Project (under \$63,200)**

Small Projects are funded using an initial estimate of costs. An estimate is prepared either by FEMA or by the Applicant. The funding level for small projects is fixed, regardless of the final cost incurred by the Applicant. FEMA does not perform a final inspection of completed small projects; however, the State must certify that the Applicant completed the work in compliance with all applicable laws, regulations, and policies.

SEMO will process for payment the **authorized Federal and State shares**.

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.

#### **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 applicants' hands quickly. Validation applies to all small projects (including emergency work, permanent work and small projects with special considerations) submitted to the PAC/PAL team.

During validation, a Specialist from FEMA or the State reviews a portion of the Applicant's small projects to confirm that the Applicant has developed accurate scopes of work and cost estimates and that the Applicant has sufficient documentation to support the project eligibility and cost. Normally, the review is limited to 20 percent of the Applicant's small projects; however, if problems are found, the sample size may be expanded.

It is imperative the applicant document all work submitted for reimbursement. In support of the PW, the applicant's method of estimating the costs to accomplish the eligible project and related costs must be documented. Additionally, any work accomplished by the applicant prior to preparation of the PW should be reflected as the actual costs incurred. The documentation, which is the basis for these actual costs, must be available during the review. Steps should be taken that all claimed expenses are for work completed as a result 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 things:

1. Verify the extent of damages,
2. Verify that the work had been accomplished,
3. Provide documentation of the repaired condition in the event that a subsequent disaster was to destroy the facility or road once repaired, but prior to a final inspection.

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 (\$63,200 and over)**

Reimbursements for Large Projects are based on the **actual documented costs incurred** in the completion of the approved scope of work using New York State Municipal Law for procurement practices. The steps for processing a large project are described below:

- A Project Worksheet is prepared by the PAC/PAL team. FEMA approves funding using the estimate and obligates the Federal share of the funds to the State.
- When the project is complete, the State determines the final cost of accomplishing the eligible work, often performing inspections or audits to do so. The State then submits a report on the completed project to FEMA, certifying that the Applicant's costs were incurred in the completion of eligible work.
- 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 actually 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 SEMO if the cost overrun exceeds the approved amount by 50%. 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 costs for all small projects 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 underruns 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 what percent complete the project is. SEMO will then audit the submitted documentation and after the review may grant a progress payment up to 50 % of the approved amount on the project worksheet.

#### **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.

*SEMO and FEMA must approve this option prior to construction.* To obtain this approval, the applicant must submit to SEMO 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. SEMO will provide technical assistance to the applicant in the development of the 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 PNPs is limited to 75% of the federal share of those costs.) Possible alternate projects include:

- Repair or expansion of other public facilities.
- Construction of new public facilities.
- Purchase of capital equipment.
- Funding of hazard mitigation measures.

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.

***This option must be requested within 12 months of applicant's Kickoff Meeting, 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. SEMO 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. Administrative Fee**

As of November 13, 2008, FEMA has discontinued the calculated administrative allowance for sub-grantees

## **B. DOCUMENTATION REQUIREMENTS, INSTRUCTIONS AND ELIGIBILITY**

### **DOCUMENT & MAINTAIN COPIES**

Disaster reimbursement is based on verification of completed work and actual eligible cost. 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). 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 that required for the disaster repairs, you must subtract from the original purchase order or invoice the pertinent information (vendor, item, etc.) plus the exact amount needed for the disaster repair and 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. FEMA requires the applicant to obtain and maintain insurance on any insurable facility that receives funding from the Public Assistance Program. 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 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 PAL/PAC team:

- Policies (general hazard and flood) currently in place,
- Deductible information,
- 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 \$500 with a \$50 deductible. Damage received amounts to \$700. Assuming the applicant would receive the \$450 insurance claim, the project would be written for \$250 - the \$50 deductible and the \$200 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.***

**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 PAC/PAL 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.

If duplicate funding has occurred, for example School 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).*

*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 or not a disaster occurred.

**NOTE:** Superintendents, supervisors and foremen are generally **not** eligible for reimbursement. However, if the manager was a “**working**” supervisor (i.e., actually 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:

- Dates worked,
- Hours per day,
- Rate of pay (regular and/or overtime),
- 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 to show 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:

- 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 additional person is a regular employee from another department of the applicant who is working his/her normal shift, the following costs are eligible:
  - a. Overtime, and
  - b. Pay differential for work outside normal responsibilities if the pay differential is the written policy of the applicant prior to the disaster.
- 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.
- 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.
- Seasonally employed personnel are budgeted costs and are considered permanently employed for the purpose of eligibility.
- Regular and overtime will be determined according to the applicant’s written policies and labor union contracts in effect prior to the disaster.
- When an employee has been moved to perform disaster emergency work, an additional person who is hired to backfill for that employee to do non-emergency work is not eligible for reimbursement.
- The costs of salaries and benefits for individuals sent home or told not to report due to emergency conditions are not eligible for reimbursement.
- Costs of contractors hired to accomplish emergency work are eligible for reimbursement.

**d. Overtime Pay:**

Overtime pay must be in accordance with policies in use before the disaster. Overtime for disaster work is not eligible if you did not have a pre-existing overtime pay policy.

**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 the PW.

**Value of Resources:** The following instruction on the valuing of donated resources is based on 44CFR §13.24:

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 these costs are not eligible. Reimbursement cannot be provided unless a cost has been incurred.

## **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.*

Also **NOT ELIGIBLE** are: new equipment purchases  
repairs\*  
gasoline and diesel fuel\*

\*Repairs, maintenance and fuel costs are included in the FEMA Schedule of Equipment Rates as part of the established rate. Extraordinary repair costs 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/government/grant/pa/eqrates.shtm](http://www.fema.gov/government/grant/pa/eqrates.shtm)

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:

- Equipment description and operators name,
- Dates and total hours used,
- Cost per hour with total cost for each item and,
- 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).

## **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).



**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 purchase 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.

The above three items must be maintained for validation and audit purposes.

Two or more proposals from responsible suppliers are needed to solicit 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 low bid. Place this statement in the appropriate project file. Single source quotes or proposals do not meet funding criteria.

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

- The contract.
- The vendor invoice showing the charges and rates, applicable to disaster work.
- A copy of the bid advertisement.
- 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 necessary immediately after the disaster has occurred when 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. Applicants must carefully 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.

**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 is, contracts necessitated by a public emergency arising as a direct result of the declared 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 must be submitted prior to the deadline to allow time for the request to be reviewed.** The requests are submitted in writing to SEMO Public Assistance Section using the attached "Request for Time Extension Form".

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.

*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 SEMO on the status of all large projects that are not complete using the quarterly report progress form. This allows the SEMO 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. 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 SEMO Public Assistance Section. Problems or concerns identified on the Quarterly Progress Report will be addressed.

### **Approved Project Notification Folder (Blue Book)**

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

- FEMA Project Summary (P.2 report) which indicates the status of all projects. If there are any suspended or ineligible projects noted, please provide the requested information as soon as possible.
- Deadlines for the projects, if projects require a time extension a request should be submitted.
- Changes in the scope of work or discrepancies from the project as identified immediately following the disaster. If any discrepancies are discovered, notify SEMO as soon as possible to avoid payment problems at the time of final inspection.
- 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.
- If a project is no longer under consideration, notify SEMO of the need to withdraw the project from consideration.
- As projects are completed, the Project Listing (P.4 form) should be completed and returned to SEMO Public Assistance Section.

## **D. FINAL INSPECTIONS**

Because federal payments are based on final inspections and audits, proper documentation of costs is an absolute requirement. The final inspection process will begin once SEMO Public Assistance Section is notified by the applicant that all work has been completed and costs associated with the project have been incurred. A final inspection will be conducted on all large projects for which the work was not 100% complete at the time the PW was prepared.

Within thirty (30) days of completion of all work associated with a project (large or small projects), the applicant should notify SEMO using the FEMA Project Listing (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 SEMO. **REMEMBER the burden of proof and the need to provide detailed justification is the applicant's responsibility.**

## **E. APPEALS**

An applicant may request that SEMO submit an appeal 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:

- An entity is not an eligible applicant.
- A facility or a specific project is not eligible.
- The approved eligible cost is less than what the applicant believes is necessary to complete the approved scope of work.
- Denial of a requested time extension.
- Denial of specific costs claimed for a project.

The applicant's written appeal request must be made within sixty (60) days of the date of receipt of FEMA's written notification including the receipt of the Project Worksheet (PW) and must include additional, detailed documentation and/or justification of the appeal. The information should be sent to SEMO as soon as possible. It is the applicant's responsibility to prepare the appropriate appeal documentation and justification to be presented to FEMA for their review and consideration.

An applicant has two opportunities to appeal a FEMA decision. Both appeals are submitted to SEMO. Each appeal will be processed through SEMO for review and comment before being referred to FEMA. Each appeal is based on documentation or information not previously known or provided to SEMO or FEMA.

## **F. AUDIT REQUIREMENTS**

Audit requirements will be accordance with OMB Circular A-133, as appropriate

1. A review of all large projects (and all small projects with significant cost overruns) will be conducted by the State once those projects are completed. Applicants receiving \$500,000 or more in Federal financial assistance in a fiscal year will be required to have an audit made in accordance with the Single Audit Act Amendments of 1996 – OMB A-133.
2. The Single Audit Act of 1984 (P.L. 98-502, as amended) requires any sub-recipient who receives a total of \$500,000 or more in Federal financial assistance from all sources during its fiscal year obtain either a single audit or a program specific audit for that fiscal year. If a sub-recipient receives less, they are exempt, however records must still be available for audit. Applicants will provide SEMO a copy of the Single Audit. Any findings will be reviewed for necessary corrective action. Non-compliance with this requirement will lead to sanctions. Payments will be withheld pending compliance of the Single Audit (A-133) Report.

***Failure to comply with these requirements may result in the suspension of your Federal Disaster Funds.***

I. 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 nonprofit 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) PNPs that are not required to be open to the general public, and (2) PNP's that must be open to the general public.

1. PNP facilities that are **not required** to be open to the general public are those that meet the definition of an educational, utility, emergency, medical or custodial care facility as explained in the Code of Federal Regulations at 206.221(e)(1),(2),(4),(5),(6).
2. PNP facilities that **must be open to the general public** include PNP irrigation Facilities as well as PNP facilities that provide "other essential government services" such as those listed below.

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.**

- 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.

Before an 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 \$1,000 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:** 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
- Centers for the performing arts
- Political education
- Advocacy or lobbying
- Religious service or education
- 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. “Non-critical” 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.



## II. FEMA Cost Codes/ Equipment Rates

## FEMA's Schedule of Equipment Rates

**DEPARTMENT of HOMELAND SECURITY  
FEDERAL EMERGENCY MANAGEMENT AGENCY  
DISASTER ASSISTANCE DIRECTORATE  
PUBLIC ASSISTANCE DIVISION  
WASHINGTON, D.C. 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 MAY 01, 2008.

Cost Code	Equipment	Specification	Capacity / Size	HP	Notes	Unit	Rate
8490	Aerial Lift, Self-Propelled	Maximum Platform Height	37 ft	to 15	Articulated, Telescoping, Scissor.	hour	\$8.25
8491	Aerial Lift, Self-Propelled	Maximum Platform Height	60 ft	to 30	Articulated, Telescoping, Scissor.	hour	\$12.25
8492	Aerial Lift, Self-Propelled	Maximum Platform Height	70 ft	to 50	Articulated, Telescoping, Scissor.	hour	\$22.50
8493	Aerial Lift, Self-Propelled	Maximum Platform Height	125 ft	to 85	Articulated and Telescoping.	hour	\$60.00
8494	Aerial Lift, Self-Propelled	Maximum Platform Height	150 ft	to 130	Articulated and Telescoping.	hour	\$70.00
8486	Aerial Lift, Truck Mntd	Maximum Platform Height	40 ft		Articulated and Telescoping. Add to Truck rate for total rate.	hour	\$6.75
8487	Aerial Lift, Truck Mntd	Maximum Platform Height	61 ft		Articulated and Telescoping. Add to Truck rate for total rate.	hour	\$12.25
8488	Aerial Lift, Truck Mntd	Maximum Platform Height	80 ft		Articulated and Telescoping. Add to Truck rate for total rate.	hour	\$23.50
8489	Aerial Lift, Truck Mntd	Maximum Platform Height	100 ft		Articulated and Telescoping. Add to Truck rate for total rate.	hour	\$34.00
8010	Air Compressor	Air Delivery	41 cfm	to 10	Hoses included.	hour	\$1.50
8011	Air Compressor	Air Delivery	103 cfm	to 30	Hoses included.	hour	\$8.75
8012	Air Compressor	Air Delivery	130 cfm	to 50	Hoses included.	hour	\$11.25
8013	Air Compressor	Air Delivery	175 cfm	to 90	Hoses included.	hour	\$26.00
8014	Air Compressor	Air Delivery	400 cfm	to 145	Hoses included.	hour	\$35.00
8015	Air Compressor	Air Delivery	575 cfm	to 230	Hoses included.	hour	\$48.00
8016	Air Compressor	Air Delivery	1100 cfm	to 355	Hoses included.	hour	\$65.00
8017	Air Compressor	Air Delivery	1600 cfm	to 500	Hoses included.	hour	\$105.00
8040	Ambulance			to 150		hour	\$33.00
8041	Ambulance			to 210		hour	\$41.00
8060	Auger, Portable	Hole Diameter	16 in	to 6		hour	\$1.60
8061	Auger, Portable	Hole Diameter	18 in	to 13		hour	\$4.10
8062	Auger, Tractor Mntd	Maximum Auger Diameter	36 in	to 13	Includes digger, boom and mounting hardware. Add to Tractor rate for total rate.	hour	\$1.30
8063	Auger, Truck Mntd	Maximum Auger Size	24 in	to 100	Includes digger, boom and mounting hardware. Add to Truck rate for total rate.	hour	\$35.00
8070	Automobile			to 130	Transporting people.	mile	\$0.56
8071	Automobile			to 130	Transporting cargo.	hour	\$16.50
8072	Automobile, Police			to 250	Patrolling.	mile	\$0.63
8073	Automobile, Police			to 250	Stationary with engine running.	hour	\$18.00
8110	Barge, Deck	Size	50'x35'x7.25'			hour	\$34.00
8111	Barge, Deck	Size	50'x35'x9'			hour	\$49.00
8112	Barge, Deck	Size	120'x45'x10'			hour	\$60.00
8113	Barge, Deck	Size	160'x45'x11'			hour	\$75.00
8050	Board, Arrow			to 8	Trailer Mounted.	hour	\$3.40
8051	Board, Message			to 5	Trailer Mounted.	hour	\$8.75
8133	Boat, Push	Size	45'x21'x6'	to 435	Flat hull.	hour	\$180.00
8134	Boat, Push	Size	54'x21'x6'	to 525	Flat hull.	hour	\$235.00
8135	Boat, Push	Size	58'x24'x7.5'	to 705	Flat hull.	hour	\$300.00
8136	Boat, Push	Size	64'x25'x8'	to 870	Flat hull.	hour	\$345.00

**FEMA's Schedule of Equipment Rates**

Cost Code	Equipment	Specification	Capacity / Size	HP	Notes	Unit	Rate
8130	Boat, Row				Heavy duty.	hour	\$0.85
8131	Boat, Runabout	Size	13'x5'	to 50	Outboard.	hour	\$18.50
8132	Boat, Tender	Size	14'x7'	to 100	Inboard with 360 degree drive.	hour	\$33.00
8120	Boat, Tow	Size	55'x20'x5'	to 870	Steel.	hour	\$315.00
8121	Boat, Tow	Size	60'x21'x5'	to 1050	Steel.	hour	\$370.00
8122	Boat, Tow	Size	70'x30'x7.5'	to 1350	Steel.	hour	\$540.00
8123	Boat, Tow	Size	120'x34'x8'	to 2000	Steel.	hour	\$980.00
8140	Boat, Tug	Length	16 ft	to 100		hour	\$42.00
8141	Boat, Tug	Length	18 ft	to 175		hour	\$70.00
8142	Boat, Tug	Length	26 ft	to 250		hour	\$90.00
8143	Boat, Tug	Length	40 ft	to 380		hour	\$185.00
8144	Boat, Tug	Length	51 ft	to 700		hour	\$285.00
8419	Breaker, Pavement, Hand-Held	Weight	25-90 lb			hour	\$0.65
8420	Breaker, Pavement			to 70		hour	\$35.00
8150	Broom, Pavement	Broom Length	72 in	to 35		hour	\$14.00
8151	Broom, Pavement	Broom Length	96 in	to 100		hour	\$23.00
8153	Broom, Pavement, Mntd	Broom Length	72 in	to 18	Add to Prime Mover rate for total rate.	hour	\$6.50
8154	Broom, Pavement, Pull	Broom Length	84 in	to 20	Add to Prime Mover rate for total rate.	hour	\$11.25
8270	Bucket, Clamshell	Capacity	1.0 cy		Includes teeth. Does not include Clamshell & Dragline.	hour	\$3.60
8271	Bucket, Clamshell	Capacity	2.5 cy		Includes teeth. Does not include Clamshell & Dragline.	hour	\$6.75
8272	Bucket, Clamshell	Capacity	5.0 cy		Includes teeth. Does not include Clamshell & Dragline.	hour	\$11.25
8273	Bucket, Clamshell	Capacity	7.5 cy		Includes teeth. Does not include Clamshell & Dragline.	hour	\$14.50
8275	Bucket, Dragline	Capacity	2.0 cy		Does not include Clamshell & Dragline.	hour	\$2.90
8276	Bucket, Dragline	Capacity	5.0 cy		Does not include Clamshell & Dragline.	hour	\$6.50
8277	Bucket, Dragline	Capacity	10 cy		Does not include Clamshell & Dragline.	hour	\$10.50
8278	Bucket, Dragline	Capacity	14 cy		Does not include Clamshell & Dragline.	hour	\$13.50
8180	Bus			to 150		hour	\$26.00
8181	Bus			to 210		hour	\$29.00
8182	Bus			to 300		hour	\$33.00
8190	Chain Saw	Bar Length	16 in			hour	\$2.00
8191	Chain Saw	Bar Length	25 in			hour	\$3.70
8192	Chain Saw, Pole	Bar Size	18 in			hour	\$1.60
8200	Chipper, Brush	Chipping Capacity	6 in	to 35	Trailer Mounted.	hour	\$8.50
8201	Chipper, Brush	Chipping Capacity	9 in	to 65	Trailer Mounted.	hour	\$18.50
8202	Chipper, Brush	Chipping Capacity	12 in	to 100	Trailer Mounted.	hour	\$26.00
8203	Chipper, Brush	Chipping Capacity	15 in	to 125	Trailer Mounted.	hour	\$37.00
8204	Chipper, Brush	Chipping Capacity	18 in	to 200	Trailer Mounted.	hour	\$55.00
8210	Clamshell & Dragline, Crawler		149,999 lb	to 235	Bucket not included in rate.	hour	\$100.00
8211	Clamshell & Dragline, Crawler		250,000 lb	to 520	Bucket not included in rate.	hour	\$145.00
8212	Clamshell & Dragline, Truck			to 240	Bucket not included in rate.	hour	\$145.00
8712	Cleaner, Sewer/Catch Basin	Hopper Capacity	5 cy		Truck Mounted. Add to Truck rate for total rate.	hour	\$16.00
8713	Cleaner, Sewer/Catch Basin	Hopper Capacity	14 cy		Truck Mounted. Add to Truck rate for total rate.	hour	\$21.50
8220	Compactor			to 10		hour	\$11.75
8221	Compactor, Towed, Vibratory Drum			to 45		hour	\$19.00
8222	Compactor, Vibratory, Drum			to 75		hour	\$28.00
8223	Compactor, Pneumatic, Wheel			to 100		hour	\$33.00
8225	Compactor, Sanitation			to 300		hour	\$110.00
8226	Compactor, Sanitation			to 400		hour	\$185.00
8227	Compactor, Sanitation			to 535		hour	\$260.00
8228	Compactor, Towed, Pneumatic, Wheel		10000 lb		Add to Prime Mover rate for total rate.	hour	\$7.50

### FEMA's Schedule of Equipment Rates

Cost Code	Equipment	Specification	Capacity / Size	HP	Notes	Unit	Rate
8229	Compactor, Towed, Drum Static		20000 lb		Add to Prime Mover rate for total rate.	hour	\$12.25
8500	Crane	Maximum Lift Capacity	8 MT	to 80		hour	\$31.00
8501	Crane	Maximum Lift Capacity	15 MT	to 150		hour	\$65.00
8502	Crane	Maximum Lift Capacity	50 MT	to 200		hour	\$100.00
8503	Crane	Maximum Lift Capacity	70 MT	to 300		hour	\$175.00
8504	Crane	Maximum Lift Capacity	110 MT	to 350		hour	\$230.00
8496	Crane, Truck Mntd	Maximum Lift Capacity	24000 lb		Add to Truck rate for total rate.	hour	\$10.00
8497	Crane, Truck Mntd	Maximum Lift Capacity	36000 lb		Add to Truck rate for total rate.	hour	\$16.00
8498	Crane, Truck Mntd	Maximum Lift Capacity	60000 lb		Add to Truck rate for total rate.	hour	\$30.00
8195	Cutter, Brush	Cutter Size	8 ft	to 150		hour	\$100.00
8196	Cutter, Brush	Cutter Size	8 ft	to 190		hour	\$110.00
8197	Cutter, Brush	Cutter Size	10 ft	to 245		hour	\$130.00
8670	Derrick, Hydraulic Digger	Maximum Boom Length	60 ft		Includes hydraulic pole alignment attachment. Add to Truck rate.	hour	\$21.00
8671	Derrick, Hydraulic Digger	Maximum Boom Length	90 ft		Includes hydraulic pole alignment attachment. Add to Truck rate.	hour	\$39.00
8580	Distributor, Asphalt	Tank Capacity	500 gal		Trailer Mounted. Includes burners, insulated tank, and circulating spray bar.	hour	\$13.00
8581	Distributor, Asphalt	Tank Capacity	1000 gal		Truck Mounted. Includes burners, insulated tank, and circulating spray bar. Add to Truck rate.	hour	\$20.00
8582	Distributor, Asphalt	Tank Capacity	4000 gal		Truck Mounted. Includes burners, insulated tank, and circulating spray bar. Add to Truck rate.	hour	\$25.00
8250	Dozer, Crawler			to 75		hour	\$35.00
8251	Dozer, Crawler			to 105		hour	\$45.00
8252	Dozer, Crawler			to 160		hour	\$70.00
8253	Dozer, Crawler			to 250		hour	\$110.00
8254	Dozer, Crawler			to 360		hour	\$150.00
8255	Dozer, Crawler			to 565		hour	\$275.00
8256	Dozer, Crawler			to 850		hour	\$385.00
8260	Dozer, Wheel			to 300		hour	\$65.00
8261	Dozer, Wheel			to 400		hour	\$125.00
8262	Dozer, Wheel			to 500		hour	\$175.00
8263	Dozer, Wheel			to 625		hour	\$240.00
8280	Excavator, Hydraulic	Bucket Capacity	0.5 cy	to 45	Crawler, Truck & Wheel. Includes bucket.	hour	\$21.00
8281	Excavator, Hydraulic	Bucket Capacity	1.0 cy	to 90	Crawler, Truck & Wheel. Includes bucket.	hour	\$44.00
8282	Excavator, Hydraulic	Bucket Capacity	1.5 cy	to 160	Crawler, Truck & Wheel. Includes bucket.	hour	\$75.00
8283	Excavator, Hydraulic	Bucket Capacity	2.5 cy	to 265	Crawler, Truck & Wheel. Includes bucket.	hour	\$135.00
8284	Excavator, Hydraulic	Bucket Capacity	4.5 cy	to 420	Crawler, Truck & Wheel. Includes bucket.	hour	\$220.00
8285	Excavator, Hydraulic	Bucket Capacity	7.5 cy	to 650	Crawler, Truck & Wheel. Includes bucket.	hour	\$270.00
8286	Excavator, Hydraulic	Bucket Capacity	12 cy	to 1000	Crawler, Truck & Wheel. Includes bucket.	hour	\$465.00
8240	Feeder, Grizzly			to 35		hour	\$17.00
8241	Feeder, Grizzly			to 55		hour	\$30.00
8242	Feeder, Grizzly			to 75		hour	\$44.00
8300	Fork Lift	Capacity	6000 lb	to 60		hour	\$14.00
8301	Fork Lift	Capacity	12000 lb	to 90		hour	\$20.50
8302	Fork Lift	Capacity	18000 lb	to 140		hour	\$28.00
8303	Fork Lift	Capacity	50000 lb	to 215		hour	\$60.00
8310	Generator	Prime Output	5.5 kW	to 10		hour	\$4.10
8311	Generator	Prime Output	16 kW	to 25		hour	\$9.75
8312	Generator	Prime Output	43 kW	to 65		hour	\$22.00
8313	Generator	Prime Output	100 kW	to 125		hour	\$46.00
8314	Generator	Prime Output	150 kW	to 240		hour	\$70.00
8315	Generator	Prime Output	210 kW	to 300		hour	\$80.00
8316	Generator	Prime Output	280 kW	to 400		hour	\$115.00

**FEMA's Schedule of Equipment Rates**

Cost Code	Equipment	Specification	Capacity / Size	HP	Notes	Unit	Rate
8317	Generator	Prime Output	350 kW	to 500		hour	\$130.00
8318	Generator	Prime Output	530 kW	to 750		hour	\$205.00
8319	Generator	Prime Output	710 kW	to 1000		hour	\$270.00
8320	Generator	Prime Output	1100 kW	to 1500		hour	\$435.00
8321	Generator	Prime Output	2500 kW	to 3000		hour	\$695.00
8755	Golf Cart	Capacity	2 person			hour	\$3.30
8330	Graders	Moldboard Size	10 ft	to 110	Includes Rigid and Articulate equipment.	hour	\$40.00
8331	Graders	Moldboard Size	12 ft	to 150	Includes Rigid and Articulate equipment.	hour	\$55.00
8332	Graders	Moldboard Size	14 ft	to 225	Includes Rigid and Articulate equipment.	hour	\$80.00
8350	Hose, Discharge	Diameter	3 in		Per 25 foot length. Includes couplings.	hour	\$0.13
8351	Hose, Discharge	Diameter	4 in		Per 25 foot length. Includes couplings.	hour	\$0.19
8352	Hose, Discharge	Diameter	6 in		Per 25 foot length. Includes couplings.	hour	\$0.50
8353	Hose, Discharge	Diameter	8 in		Per 25 foot length. Includes couplings.	hour	\$0.75
8354	Hose, Discharge	Diameter	12 in		Per 25 foot length. Includes couplings.	hour	\$1.35
8355	Hose, Discharge	Diameter	16 in		Per 25 foot length. Includes couplings.	hour	\$2.20
8356	Hose, Suction	Diameter	3 in		Per 25 foot length. Includes couplings.	hour	\$0.23
8357	Hose, Suction	Diameter	4 in		Per 25 foot length. Includes couplings.	hour	\$0.43
8358	Hose, Suction	Diameter	6 in		Per 25 foot length. Includes couplings.	hour	\$0.90
8359	Hose, Suction	Diameter	8 in		Per 25 foot length. Includes couplings.	hour	\$1.35
8360	Hose, Suction	Diameter	12 in		Per 25 foot length. Includes couplings.	hour	\$2.45
8361	Hose, Suction	Diameter	16 in		Per 25 foot length. Includes couplings.	hour	\$3.90
8517	Jackhammer (Dry)	Weight Class	25-45 lb			hour	\$1.00
8518	Jackhammer (Wet)	Weight Class	30-55 lb			hour	\$1.15
8380	Loader, Crawler	Bucket Capacity	0.5 cy	to 32	Includes bucket.	hour	\$13.00
8381	Loader, Crawler	Bucket Capacity	1 cy	to 60	Includes bucket.	hour	\$22.50
8382	Loader, Crawler	Bucket Capacity	2 cy	to 118	Includes bucket.	hour	\$48.00
8383	Loader, Crawler	Bucket Capacity	3 cy	to 178	Includes bucket.	hour	\$85.00
8384	Loader, Crawler	Bucket Capacity	4 cy	to 238	Includes bucket.	hour	\$125.00
8540	Loader, Skid-Steer	Operating Capacity	1000 lb	to 35		hour	\$12.25
8541	Loader, Skid-Steer	Operating Capacity	2000 lb	to 65		hour	\$21.00
8542	Loader, Skid-Steer	Operating Capacity	3000 lb	to 85		hour	\$26.00
8401	Loader, Tractor, Wheel			to 81		hour	\$25.00
8390	Loader, Wheel	Bucket Capacity	0.5 cy	to 38		hour	\$17.50
8391	Loader, Wheel	Bucket Capacity	1 cy	to 60		hour	\$25.00
8392	Loader, Wheel	Bucket Capacity	2 cy	to 105		hour	\$34.00
8393	Loader, Wheel	Bucket Capacity	3 cy	to 152		hour	\$47.00
8394	Loader, Wheel	Bucket Capacity	4 cy	to 200		hour	\$60.00
8395	Loader, Wheel	Bucket Capacity	5 cy	to 250		hour	\$80.00
8396	Loader, Wheel	Bucket Capacity	6 cy	to 305		hour	\$95.00
8397	Loader, Wheel	Bucket Capacity	7 cy	to 360		hour	\$110.00
8398	Loader, Wheel	Bucket Capacity	8 cy	to 530		hour	\$160.00
8570	Loader-Backhoe, Wheel	Loader Bucket Capacity	0.5 cy	to 40	Loader and Backhoe Buckets included.	hour	\$15.50
8571	Loader-Backhoe, Wheel	Loader Bucket Capacity	1 cy	to 70	Loader and Backhoe Buckets included.	hour	\$28.00
8572	Loader-Backhoe, Wheel	Loader Bucket Capacity	1.5 cy	to 95	Loader and Backhoe Buckets included.	hour	\$39.00
8573	Loader-Backhoe, Wheel	Loader Bucket Capacity	1.75 cy	to 115	Loader and Backhoe Buckets included.	hour	\$44.00
8410	Mixer, Concrete Portable	Batching Capacity	10 cft			hour	\$3.80
8411	Mixer, Concrete Portable	Batching Capacity	12 cft			hour	\$5.00
8412	Mixer, Concrete, Trailer Mntd	Batching Capacity	11 cft	to 10		hour	\$8.75
8413	Mixer, Concrete, Trailer Mntd	Batching Capacity	16 cft	to 25		hour	\$17.00
8075	Motorcycle, Police					mile	\$0.40
8633	Mulcher, Trailer Mntd	Working Capacity	7 tph	to 35		hour	\$12.00
8634	Mulcher, Trailer Mntd	Working Capacity	10 tph	to 55		hour	\$18.50
8635	Mulcher, Trailer Mntd	Working Capacity	20 tph	to 120		hour	\$31.00
8430	Paver, Asphalt, Towed				Does not include Prime Mover.	hour	\$7.00
8431	Paver, Asphalt			to 50	Includes wheel and crawler equipment.	hour	\$70.00
8432	Paver, Asphalt			to 125	Includes wheel and crawler equipment.	hour	\$120.00
8433	Paver, Asphalt			to 175	Includes wheel and crawler equipment.	hour	\$130.00
8434	Paver, Asphalt			to 250	Includes wheel and crawler equipment.	hour	\$150.00
8436	Pick-up, Asphalt			to 110		hour	\$60.00
8437	Pick-up, Asphalt			to 150		hour	\$85.00
8438	Pick-up, Asphalt			to 200		hour	\$115.00
8439	Pick-up, Asphalt			to 275		hour	\$145.00
8660	Plow, Cable	Plow Depth	24 in	to 30		hour	\$12.00

**FEMA's Schedule of Equipment Rates**

Cost Code	Equipment	Specification	Capacity / Size	HP	Notes	Unit	Rate
8661	Plow, Cable	Plow Depth	36 in	to 65		hour	\$32.00
8662	Plow, Cable	Plow Depth	48 in	to 110		hour	\$37.00
8450	Plow, Snow, Grader Mntd	Width	to 10 ft		Add to Grader for total rate.	hour	\$16.00
8451	Plow, Snow, Grader Mntd	Width	to 14 ft		Add to Grader for total rate.	hour	\$24.00
8452	Plow, Snow, Truck Mntd	Width	to 15 ft		Add to Truck rate for total rate.	hour	\$10.75
8453	Plow, Snow, Truck Mntd	Width	to 15 ft		With leveling wing. Add to Truck rate for total rate.	hour	\$18.50
8470	Pump			to 4	Does not include Hoses.	hour	\$2.15
8471	Pump			to 6	Does not include Hoses.	hour	\$3.20
8472	Pump			to 10	Does not include Hoses.	hour	\$4.10
8473	Pump			to 15	Does not include Hoses.	hour	\$7.75
8474	Pump			to 25	Does not include Hoses.	hour	\$9.25
8475	Pump			to 40	Does not include Hoses.	hour	\$19.50
8476	Pump			to 60	Does not include Hoses.	hour	\$23.00
8477	Pump			to 95	Does not include Hoses.	hour	\$33.00
8478	Pump			to 140	Does not include Hoses.	hour	\$38.00
8479	Pump			to 200	Does not include Hoses.	hour	\$45.00
8480	Pump			to 275	Does not include Hoses.	hour	\$85.00
8481	Pump			to 350	Does not include Hoses.	hour	\$105.00
8482	Pump			to 425	Does not include Hoses.	hour	\$130.00
8483	Pump			to 500	Does not include Hoses.	hour	\$155.00
8484	Pump			to 575	Does not include Hoses.	hour	\$175.00
8485	Pump			to 650	Does not include Hoses.	hour	\$200.00
8510	Saw, Concrete	Blade Diameter	14 in	to 14		hour	\$7.00
8511	Saw, Concrete	Blade Diameter	26 in	to 35		hour	\$16.50
8512	Saw, Concrete	Blade Diameter	48 in	to 65		hour	\$28.00
8513	Saw, Rock			to 100		hour	\$38.00
8514	Saw, Rock			to 200		hour	\$70.00
8521	Scraper	Scraper Capacity	16 cy	to 250		hour	\$105.00
8522	Scraper	Scraper Capacity	23 cy	to 365		hour	\$150.00
8523	Scraper	Scraper Capacity	34 cy	to 475		hour	\$220.00
8524	Scraper	Scraper Capacity	44 cy	to 600		hour	\$270.00
8560	Snow Blower	Capacity	2,000 tph	to 400		hour	\$160.00
8561	Snow Blower	Capacity	2,500 tph	to 500		hour	\$180.00
8562	Snow Blower	Capacity	3,500 tph	to 600		hour	\$200.00
8550	Snow Blower, Truck Mntd	Capacity	600 tph	to 75	Does not include Truck.	hour	\$42.00
8551	Snow Blower, Truck Mntd	Capacity	1400 tph	to 200	Does not include Truck.	hour	\$80.00
8552	Snow Blower, Truck Mntd	Capacity	2000 tph	to 340	Does not include Truck.	hour	\$125.00
8553	Snow Blower, Truck Mntd	Capacity	2500 tph	to 400	Does not include Truck.	hour	\$140.00
8558	Snow Thrower, Walk Behind	Cutting Width	25 in	to 5		hour	\$3.60
8559	Snow Thrower, Walk Behind	Cutting Width	60 in	to 15		hour	\$8.00
8630	Sprayer, Seed	Working Capacity	750 gal	to 30	Trailer & Truck mounted. Does not include Prime Mover.	hour	\$10.75
8631	Sprayer, Seed	Working Capacity	1250 gal	to 50	Trailer & Truck mounted. Does not include Prime Mover.	hour	\$16.50
8632	Sprayer, Seed	Working Capacity	3500 gal	to 115	Trailer & Truck mounted. Does not include Prime Mover.	hour	\$32.00
8458	Spreader, Chemical	Capacity	5 cy	to 4	Trailer & Truck mounted. Does not	hour	\$4.20
8423	Spreader, Chip	Spread Hopper Width	12.5 ft	to 152		hour	\$60.00
8424	Spreader, Chip	Spread Hopper Width	16.5 ft	to 215		hour	\$95.00
8425	Spreader, Chip, Mntd	Hopper Size	8 ft	to 8	Trailer & Truck mounted.	hour	\$3.70
8455	Spreader, Sand	Mounting	Tailgate, Chassis			hour	\$3.30
8456	Spreader, Sand	Mounting	Dump Body			hour	\$5.50
8457	Spreader, Sand	Mounting	Truck (10 yd)			hour	\$7.50
8440	Striper	Paint Capacity	40 gal	to 22		hour	\$9.25
8441	Striper	Paint Capacity	90 gal	to 60		hour	\$21.00
8442	Striper	Paint Capacity	120 gal	to 122		hour	\$41.00
8445	Striper, Truck Mntd	Paint Capacity	120 gal	to 460		hour	\$85.00
8446	Striper, Walk-behind	Paint Capacity	12 gal			hour	\$3.80
8157	Sweeper, Pavement			to 110		hour	\$55.00
8158	Sweeper, Pavement			to 230		hour	\$85.00
8590	Trailer, Dump	Capacity	20 cy		Does not include Prime Mover.	hour	\$8.00

## FEMA's Schedule of Equipment Rates

Cost Code	Equipment	Specification	Capacity / Size	HP	Notes	Unit	Rate
8591	Trailer, Dump	Capacity	30 cy		Does not include Prime Mover.	hour	\$14.00
8600	Trailer, Equipment	Capacity	30 ton			hour	\$10.25
8601	Trailer, Equipment	Capacity	40 ton			hour	\$12.50
8602	Trailer, Equipment	Capacity	60 ton			hour	\$15.00
8603	Trailer, Equipment	Capacity	120 ton			hour	\$20.50
8640	Trailer, Office	Trailer Size	8' x 24'			hour	\$1.70
8641	Trailer, Office	Trailer Size	8' x 32'			hour	\$1.75
8642	Trailer, Office	Trailer Size	10' x 32'			hour	\$2.60
8610	Trailer, Water	Tank Capacity	4000 gal		Includes a centrifugal pump with sump and a rear spraybar.	hour	\$11.00
8611	Trailer, Water	Tank Capacity	6000 gal		Includes a centrifugal pump with sump and a rear spraybar.	hour	\$14.00
8612	Trailer, Water	Tank Capacity	10000 gal		Includes a centrifugal pump with sump and a rear spraybar.	hour	\$16.50
8613	Trailer, Water	Tank Capacity	14000 gal		Includes a centrifugal pump with sump and a rear spraybar.	hour	\$20.50
8650	Trencher			to 40	Walk-behind, Crawler & Wheel Mounted. Chain and Wheel.	hour	\$13.00
8651	Trencher			to 85	Walk-behind, Crawler & Wheel Mounted. Chain and Wheel.	hour	\$29.00
8290	Trowel, Concrete	Diameter	48 in	to 12		hour	\$5.50
8680	Truck, Concrete Mixer	Mixer Capacity	13 cy	to 300		hour	\$90.00
8720	Truck, Dump	Struck Capacity	8 cy	to 220		hour	\$43.00
8721	Truck, Dump	Struck Capacity	10 cy	to 320		hour	\$60.00
8722	Truck, Dump	Struck Capacity	12 cy	to 400		hour	\$75.00
8723	Truck, Dump	Struck Capacity	18 cy	to 400		hour	\$80.00
8724	Truck, Dump, Off	Struck Capacity	28 cy	to 450		hour	\$115.00
8690	Truck, Fire	Pump Capacity	1000 gpm			hour	\$75.00
8691	Truck, Fire	Pump Capacity	1250 gpm			hour	\$90.00
8692	Truck, Fire	Pump Capacity	1500 gpm			hour	\$95.00
8693	Truck, Fire	Pump Capacity	2000 gpm			hour	\$105.00
8694	Truck, Fire Ladder	Ladder length	75 ft			hour	\$145.00
8695	Truck, Fire Ladder	Ladder length	150 ft			hour	\$175.00
8700	Truck, Flatbed	Maximum G V W	15000 lb	to 200		hour	\$25.00
8701	Truck, Flatbed	Maximum G V W	25000 lb	to 275		hour	\$28.00
8702	Truck, Flatbed	Maximum G V W	30000 lb	to 300		hour	\$31.00
8703	Truck, Flatbed	Maximum G V W	45000 lb	to 380		hour	\$55.00
8730	Truck, Garbage	Capacity	25 cy	to 255		hour	\$55.00
8731	Truck, Garbage	Capacity	32 cy	to 325		hour	\$60.00
8800	Truck, Pickup				Transporting people.	mile	\$0.58
8801	Truck, Pickup		½ ton			hour	\$19.00
8802	Truck, Pickup		1 ton			hour	\$25.00
8803	Truck, Pickup		1¼ ton			hour	\$27.00
8804	Truck, Pickup		1½ ton			hour	\$30.00
8805	Truck, Pickup		1¾ ton			hour	\$35.00
8790	Truck, Tractor	4 x 2	30000 lb	to 220		hour	\$38.00
8791	Truck, Tractor	4 x 2	45000 lb	to 310		hour	\$55.00
8792	Truck, Tractor	6 x 4	50000 lb	to 400		hour	\$70.00
8780	Truck, Water	Tank Capacity	2500 gal	to 175	Include pump and rear spray system.	hour	\$38.00
8781	Truck, Water	Tank Capacity	4000 gal	to 250	Include pump and rear spray system.	hour	\$50.00
8620	Tub Grinder			to 440		hour	\$95.00
8621	Tub Grinder			to 630		hour	\$140.00
8622	Tub Grinder			to 760		hour	\$175.00
8623	Tub Grinder			to 1000		hour	\$275.00
8753	Vehicle, Recreational			to 10		hour	\$3.50
8750	Vehicle, Small			to 30		hour	\$8.00
8761	Vibrator, Concrete			to 4		hour	\$1.15
8770	Welder, Portable			to 16	Includes ground cable and lead cable.	hour	\$6.75
8771	Welder, Portable			to 34	Includes ground cable and lead cable.	hour	\$16.00
8772	Welder, Portable			to 50	Includes ground cable and lead cable.	hour	\$23.00
8773	Welder, Portable			to 80	Includes ground cable and lead cable.	hour	\$31.00

### III. Checklist for Kick-Off Meeting



**KICKOFF MEETING CHECKLIST**  
**FEMA – 1899 – DR-NY**

(Complete all entries for federal assistance with Public Assistance disaster relief documentation)

**GENERAL INFORMATION:**

PA ID #: \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_

Applicant: \_\_\_\_\_ County: \_\_\_\_\_  
Applicants' Representative: \_\_\_\_\_ Title \_\_\_\_\_  
Applicant's Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_, ext. \_\_\_\_\_  
Applicant's Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Applicant's Cell: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**INCIDENT PERIOD:** \_\_\_\_\_

**List Sites/Damage/Cost (est.)/Category of Damage (if possible):**

<u><b>Site (&amp; approx. location)</b></u>	<u><b>Damage Description</b></u>	<u><b>Cost (est.)</b></u>	<u><b>A</b></u>	<u><b>B</b></u>	<u><b>C</b></u>	<u><b>Other:</b></u>

**INSURANCE:**

If the damaged property insured? If so, copies of the insurance policy(ies) will need to be provided.

**LABOR COSTS:**

**Benefits Calculation:**

Amount of annual payroll:	\$ _____
Avg. hours/year for an employee for holidays:	\$ _____
Avg. hours/year for an employee for vacations:	\$ _____
Avg. hours/year for an employee for sick leave:	\$ _____
Amount paid annually for Unemployment costs:	\$ _____
Amount paid annually for Workmen's Comp.:	\$ _____
Amount paid annually for Retirement:	\$ _____
Amount paid annually for health benefits:	\$ _____
Amount paid annually for life insurance:	\$ _____

**For Appropriate Agency Department**

**Full Time**

**Employees:**

Name, job title, date, and number of hours worked, (*straight and overtime*) hourly wage, and brief description of the work performed.

**Temporary**

**Employees:**

Name, job title, date, and number of hours worked, (*straight and overtime*) hourly wage, and brief description of the work performed.

**Volunteer**

**Labor:**

Name, date, number of hours worked, brief description of the work performed, and equivalent job position wage.

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**EQUIPMENT COSTS:**

Year, make, model, horsepower, and capacity of equipment as appropriate. Dates and hours equipment was used.

**RENTED EQUIPMENT COSTS:**

Supply photocopy of rental contracts for equipment.

**CONTRACTED SERVICES:**

If outside contractors were used for the work, please provide name, scope of work, contract duration, cost, type of contract, and a copy of the contract.

**MATERIAL COSTS:**

Detail materials used.

Supply photocopies of invoices and tare slips.

Supply photocopies of invoices for misc. other items, i.e.: flares, batteries.

**DONATED SERVICES:**

Were labor, equipment, or material resources donated during the incident period? \_\_\_\_\_

Who/What were the individuals/organizations donating labor, equipment, or material resources? \_\_\_\_\_

Do you have written documentation of the names, jobs, locations, dates, and hours worked for labor resources? \_\_\_\_\_

Do you have written documentation of the jobs, locations, dates, and hours worked for equipment resources? \_\_\_\_\_

Do you have written documentation of the material resources donated? \_\_\_\_\_  
\_\_\_\_\_

**OTHER INFORMATION:**

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**MEETING RECORD:**

	<u>DAY</u>	<u>DATE</u>	<u>TIME</u>	<u>LOCATION</u>	<u>NOTES</u>
<b>Applicant Briefing</b>	_____	_____	_____	_____	_____
<b>Kickoff Meeting</b>	_____	_____	_____	_____	_____
<b>Meeting:</b>	_____	_____	_____	_____	_____
<b>Meeting:</b>	_____	_____	_____	_____	_____
<b>Meeting:</b>	_____	_____	_____	_____	_____
<b>Meeting:</b>	_____	_____	_____	_____	_____

# IV. Project Worksheet and Cost Summary Sheets (with Instructions)

Project Worksheet  
Special Considerations  
Rented Equipment  
Own Equipment  
Contract Cost  
Materials/Equipment  
Labor  
Donated Labor  
Benefits Calculation  
Time Extension Request  
Quarterly Report

**FEDERAL EMERGENCY MANAGEMENT AGENCY  
PROJECT WORKSHEET  
INSTRUCTIONS**

**The Project Worksheet must be completed for each identified damaged project.**

**Projects with estimated or actual cost of damage greater than \$63,200 are large projects.  
Projects with estimated or actual cost of damage less than \$63,200 are small projects.**

**After completing Project Worksheets, submit the worksheets to your Public Assistance Coordinator.**

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**Identifying Information**

**Declaration No:** Indicate the disaster declaration number as established by FEMA (i.e. "FEMA -1899-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

<b>PROJECT WORKSHEET</b>					
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?	<b>N</b>
Special Considerations issues included?	<b>N</b>
Hazard Mitigation proposal included?	<b>N</b>
Is there insurance coverage on this facility?	<b>N</b>

**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			
<b>Form must be filled out—for each project.</b>				
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 & <small>hours used</small>	Rate p/hour <small>w/operator    wo/operator</small>	Total Cost	Vendor	Invoice <small>Number</small>	Date paid	Check <small>Number</small>
<b>Total Cost</b>			<b>\$</b>				
			-				

<b>Certified By:</b>	<b>Title:</b>
	<b>Date:</b>

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.



**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
<b>TOTAL</b>					

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
				\$ -				
				\$ -				
				\$ -				
				\$ -				
				\$ -				
				\$ -				
				\$ -				
				\$ -				
				\$ -				
<b>TOTAL COST</b>				<b>\$ -</b>				

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

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/hrs 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 =			
<b>Total (in % of annual salary)</b>			<b>7.65%</b>		<b>7.65%</b>

(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 SEMO use only – leave blank.
- j Enter brief description of the reason new deadline is requested. Use additional sheets if necessary.

Ensure the request is signed and dated before forwarding to SEMO. You will be notified by mail of approval/disapproval.



## QUARTERLY PROGRESS REPORT FORM INSTRUCTIONS

The purpose of the Quarterly Progress Report Form is for SEMO to collect valuable information pertaining to large projects. SEMO 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 10<sup>th</sup> 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. SEMO 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. The top right portion of this form (section B&C) informs SEMO that you do have completed Project Worksheets (PW's) since the previous quarter and also identifies changes to an incomplete project (cost/schedule).

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

A. Enter FEMA disaster number AND the ten digit/letter P.A.I.D. number, (ex: 000-1XYZ2-00). Enter number of pages being returned.

B. Check Box if you are attaching completed Large Project P-4's – which must have: a) the actual date completed: b) amount claimed (only project dollars-Do NOT calculate the Admin fee, it is added automatically): and c) a signature from the primary or alternate contact.

C. Indicate any changes you are considering. SEMO 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:

D. Enter PW number.

E. Enter at least two of the choices from the list provided that pertains to the status of the project.

F. Enter the percentage of work completed.

G. Enter the projected completion date. **Check box if on schedule.**

H. Enter your estimated final cost of completing the project. **Check appropriate box.**

I. Complete if there are changes to the resources you are using. (such as: a change from contract to force account, change of contractor, force account to contract, etc.)

### ENGINEERING AND COMPLIANCE CONSIDERATIONS:

J. Indicate permit status for jurisdictional organization (NYSDEC or USACE Army Corps.– letter received, permit received, permit requested, permit received with changes to the scope of work being required, other permits. If you received a letter that states no permit required or a letter from US Army Corp. of engineers that states Nationwide permit, indicate “No Jurisdiction” (N/J) box.

K. Enter one of the choices listed pertaining to the status of the engineering for the project

L. Complete if there are any issues/comments. For instance: 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 322 as; wastewater treatment, hospital, school, office bldg, power plant, dam, tunnels, pumping station, incinerator, marine terminal, unconventional designs etc.

Sign and date before submitting the form(s) to SEMO Recovery Section



# NEW YORK STATE EMERGENCY MANAGEMENT OFFICE

## DISASTER RESPONSE AND RECOVERY

Questions on this form? call (518) 457-7082

### QUARTERLY PROGRESS REPORT - INCOMPLETE PROJECTS

<b>A) FEMA _____ - DR - NY</b> P.A. # _____ PAGE _____ of _____	<b>B) <input type="checkbox"/> COMPLETED PROJECT(S)</b> - Please ATTACH Project Completion and Certification Report (P-4 form)) for each Large Project Closeout Inspection
<b>C) PROJECT ACTION NOTIFICATIONS (ATTACH)</b> <input type="checkbox"/> Request to Change Project <input type="checkbox"/> Scope of work Improvement <input type="checkbox"/> Change in Capacity <input type="checkbox"/> Alternate Project <input type="checkbox"/> Change in Design <input type="checkbox"/> Change in Function	<input type="checkbox"/> Schedule -Time Extension <input type="checkbox"/> Interim Payment Request

**SEND TO:** Alt. Governor's Authorized Representative  
 ATTN: Public Assistance Officer  
 State Emergency Management Office  
 Building #22, Suite 101  
 1220 Washington Avenue  
 Albany, New York 12226-2251

**FROM:** (Municipality/Organization)  
 Name/Title: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, ZIP \_\_\_\_\_

### PROJECT MANAGEMENT

D)	E) Project Status (Choose at least two)	F) % of work completed	G) Scheduled Completion Date	H) Current Cost	I) Project Resources	J) Permit Status	K) Engineering Status	L) Issues/comments;
	1. Engineering 2. Bids in progress/accepted 3. Construction in progress 4. No problems 5. Delayed or Problems 6. Cancelled 7. Changes, add attachment		Initial deadlines are: 6 months for emergency work 18 months for permanent work From the date of disaster declaration	\$ Projected or actual	Circle one: A. Contract B. Force Acct C. Both	1. NJ = "No jurisdiction" letter - No permit needed (in writing) 2. REQ = Permit request submitted 3. Recv'd = Permit Received 4. W/C = Permit conditions will require a scope of work change 5. Other - Local permits initiated or obtained -Adir. Park, NYC water	1. Pre-design, A&E report 2. Design Plans & Specs 3. Re-design, modification 4. PENDING -Submitted plans/analysis for agency approval 5. Construction Mgmt	<ul style="list-style-type: none"> <li>• Historic</li> <li>• Insurance</li> <li>• Unconventional Design</li> <li>• Private property easement issue</li> <li>• Other - Complex facility etc. (see instructions)</li> </ul>

PW#			/ / / <input type="checkbox"/> On schedule	\$ Over runs <input type="checkbox"/> Unchanged <input type="checkbox"/>	A B C Changed? <input type="checkbox"/>	DEC 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> USACE 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Other _____	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
PW#			/ / / <input type="checkbox"/> On schedule	\$ Over runs <input type="checkbox"/> Unchanged <input type="checkbox"/>	A B C Changed? <input type="checkbox"/>	DEC 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> USACE 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Other _____	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
PW#			/ / / <input type="checkbox"/> On schedule	\$ Over runs <input type="checkbox"/> Unchanged <input type="checkbox"/>	A B C Changed? <input type="checkbox"/>	DEC 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> USACE 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Other _____	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
PW#			/ / / <input type="checkbox"/> On schedule	\$ Over runs <input type="checkbox"/> Unchanged <input type="checkbox"/>	A B C Changed? <input type="checkbox"/>	DEC 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> USACE 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Other _____	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	

M) Local Representative (PLEASE PRINT NAME, PROVIDE SIGNATURE AND TITLE) \_\_\_\_\_

N) PHONE \_\_\_\_\_

O) DATE \_\_\_\_\_