

# **FORCE ACCOUNT EQUIPMENT RECORD FORM INSTRUCTIONS**

## **Heading**

- A. Fill in the name of the City/Town/Village, etc. that is receiving funds from New York State.
- B. Enter the Project # that was provided on the approval letter. (Ex. 4204-0075)
- C. Enter the Project Title that was included in the approval letter.
- D. Provide the period for which reimbursement is being requested.
- E. Enter the location where the work was completed.

## **Table**

- F. List the equipment used. Indicate make, model, size, capacity, and horsepower.
- G. Enter the numerical cost code using the FEMA equipment rate sheet. Use this link below to access the current FEMA equipment rate sheet.  
<https://www.fema.gov/schedule-equipment-rates>
- H. Enter the equipment usage dates on the top row. Enter the hours the equipment was used each day.
- I. Total the hours by adding across each row and enter it into Column I.
- J. Using the FEMA equipment rate or local rate (whichever is lower), enter the appropriate rate.
- K. Multiply the total hours (Column I) by the equipment rate (Column J) to determine the cost. Add the costs in the column and enter the amount at the bottom.
- L. Sign and date the Force Account Equipment form. Each record (page) must be certified by an authorized official. (*original signature, no copies*).

\* Use additional sheets if necessary

# FORCE ACCOUNT EQUIPMENT RECORD

(A) Sub-Recipient: \_\_\_\_\_ (B) Project Number: \_\_\_\_\_ - \_\_\_\_\_

(C) Project Title: \_\_\_\_\_ (D) Period: \_\_\_\_\_ to \_\_\_\_\_ 20 \_\_\_\_\_

(E) Location of Work: \_\_\_\_\_

(F) Type of Equipment <small>(Indicate make, model, size, capacity, and horsepower as appropriate.)</small>	(G) Equipment Number Reference	(H) Enter Date and Hours Used							(I) Total Hours	(J) Rate	(K) Cost
1.											
2.											
3.											
4.											
5.											
6.											
7.											
8.											
										Total Cost (this page)	\$

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

(L) Certified by: \_\_\_\_\_ Title: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_