

APPLICANTS' BRIEFING SHEET

PUBLIC ASSISTANCE PROGRAM APPLICANTS' BRIEFING FEMA Disaster Declaration Number: DR-4213

January 2015 Severe Winter Storm with Snow Assistance– Incident Period – January 26-28, 2015

PURPOSE OF BRIEFING

To provide a general overview of the PA program including application procedures, administrative requirements, funding, and program eligibility requirements.

The Applicant Briefing is followed by FEMA Kickoff Meetings with each eligible applicant/municipality. At Kickoff Meetings a FEMA Project Specialist works closely with municipal representatives, state agencies and private non-profits (PNP's) to identify the applicant's needs, program eligibility, and documentation requirements.

CRITICAL FIRST STEPS

Listed below are the initial actions that must be taken to participate in the PA Program.

1. Each town/agency must complete and submit to DESPP/DEMHS staff by the close of the Applicants' Briefing today the following forms:
 - a. "Request for Public Assistance" (FEMA Form 90-49)
 - b. "Receipt of List of Assurances" form
 - c. "DUNS/FEIN" form
 - d. "Private Non-Profit Organization Certification Form" (If Applicable)

Any employee or representative of the town or agency may fill out these forms.

2. If these forms are not submitted at today's briefing, they should be submitted within 10 days from the date of the Applicants' Briefing. **The final deadline is 8 May 2015 – BUT DO NOT WAIT. *Failure to submit the "Request for Public Assistance" form, the "Receipt of List of Assurances" form, the DUNS/FEIN form, and the PNP Certification Form to DESPP/DEMHS will render your town, agency, or PNP ineligible for the PA Program.***

E-MAIL or FAX the forms to DESPP/DEMHS at the following:

E-MAIL – demhs.pa@ct.gov FAX – 860-256-0821

DESPP/DEMHS Points of Contact

Dana Conover, Public Assistance Coordinator, 860-883-3904, dana.conover@ct.gov

Mark Scerra, Deputy Public Assistance Coordinator, 860-250-8285, mark.scerra@ct.gov

Judy Pahl, Deputy Public Assistance Coordinator, 860-256-0877, judy.pahl@ct.gov

Anthony Dembek, Deputy Public Assistance Coordinator, 860-920-3352, anthony.dembek@ct.gov

Daniel Dube, Emergency Management Program Specialist, 860-256-0917, daniel.dube@ct.gov

Bryan Gran, Emergency Management Program Specialist, 860-256-0831, bryan.gran@ct.gov

RESOURCES

An electronic version of the Public Assistance Project Worksheet forms can be found on the DESPP/DEMHS website at <http://www.ct.gov/demhs>. Go to Featured Links in second column on right and click on Disaster Assistance Programs. Then click on Public Assistance (PA) Program. **Please note that the use of the data collection forms from the DEMHS website will expedite your work as they are electronic in Excel format and the fields automatically calculate.**

President Declares Disaster for Connecticut

Release date:

April 8, 2015 (*Declaration Date*)

Release Number:

HQ-15-015

WASHINGTON, D.C. – The U.S. Department of Homeland Security's Federal Emergency Management Agency announced that federal disaster aid has been made available to the State of Connecticut to supplement state, tribal and local recovery efforts in the area affected by a severe winter storm and snowstorm during the period of January 26-28, 2015.

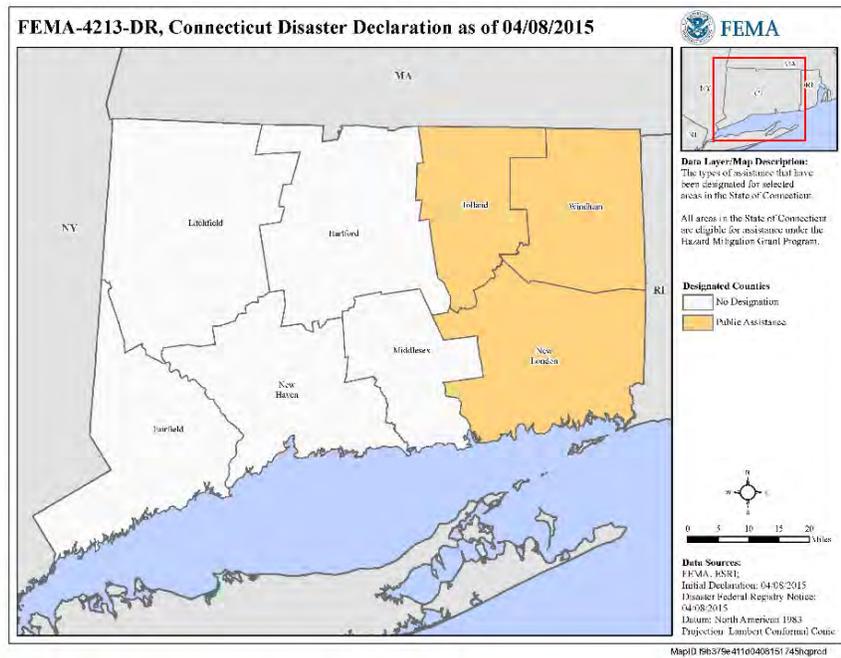
The President's action makes federal funding available to state, tribal and eligible local governments and certain private nonprofit organizations on a cost-sharing basis for emergency work and the repair or replacement of facilities damaged by a severe winter storm and snowstorm in New London, Tolland, and Windham counties.

In addition, federal funding is available on a cost-sharing basis for snow assistance for a continuous 48 hour period during or proximate to the incident period in New London, Tolland, and Windham counties.

Federal funding is available on a cost-sharing basis for hazard mitigation measures statewide.

Albert L. Lewis has been named as the Federal Coordinating Officer for federal recovery operations in the affected area. Lewis said additional designations may be made at a later date if requested by the state and warranted by the results of further damage assessments.

<https://www.fema.gov/disaster/4213>



Federal Aid Programs for the State of Connecticut Declaration

Release date:

April 8, 2015

Release Number:

HQ-15-015-FactSheet

Following is a summary of key federal disaster aid programs that can be made available *as needed and warranted* under President Obama's disaster declaration issued for the State of Connecticut.

Assistance for the State and Affected Local and Tribal Governments Can Include *as Required*:

- Payment of not less than 75 percent of the eligible costs for emergency protective measures taken to save lives and protect property and public health. Emergency protective measures assistance is available to state and eligible local governments on a cost-sharing basis. (*Source: FEMA funded, state administered.*)
- Payment of not less than 75 percent of the eligible costs for repairing or replacing damaged public facilities, such as roads, bridges, utilities, buildings, schools, recreational areas and similar publicly owned property, as well as certain private non-profit organizations engaged in community service activities. (*Source: FEMA funded, state administered.*)
- Payment of not less than 75 percent for snow assistance, for a specific period of time during or proximate to the incident period. Snow Assistance may include snow removal, de-icing, salting, snow dumps, and sanding of roads. (*Source: FEMA funded, state administered.*)
- Payment of not more than 75 percent of the approved costs for hazard mitigation projects undertaken by state and local governments to prevent or reduce long-term risk to life and property from natural or technological disasters. (*Source: FEMA funded, state administered.*)

<https://www.fema.gov/news-release/2015/04/08/federal-aid-programs-state-connecticut-declaration>

**PUBLIC ASSISTANCE PROGRAM APPLICANTS BRIEFING INFORMATION PACKET
CONTENTS LIST
DR4213 - JAN 26 – 28, 2015 SEVERE WINTER STORM WITH SNOW ASSISTANCE**

Documents included, in order:

Order	Document	# of Pages
1	APPLICANTS' BRIEFING SHEET	2
2	PA PROGRAM APPLICANTS BRIEFING PACKET CONTENTS LIST	1
3	REQUEST FOR PUBLIC ASSISTANCE (RPA) FORM	1
4	RECEIPT OF LIST OF APPLICANT ASSURANCES	1
5	LIST OF APPLICANT ASSURANCES	4
6	DUNS NUMBER AND FEIN NUMBER FORM	1
7	DUNS NUMBER INFORMATION SHEET	1
8	FEMA PUBLIC ASSISTANCE POLICY DIGEST 321 – TIME LIMITS	1
9	ELIGIBLE APPLICANTS – STATE AND LOCAL GOVERNMENTS	1
10	REQUIRED DOCUMENTATION FOR SPECIAL DISTRICT GOVERNMENTS – DESPP/DEMHS CHECK LIST	1
11	PNPS – CRITICAL, NON-CRITICAL, AND INELIGIBLE	3
12	REQUIRED DOCUMENTATION FOR PNPS - DESPP/DEMHS CHECK LIST	1
13	PNP ORGANIZATION CERTIFICATION FORM	1
14	PNP FACILITY QUESTIONNAIRE	2
15	STATE OF CT AGENCY VENDOR FORM (FOR PNPS & SPECIAL DISTRICT GOVERNMENTS)	1
16	FORM W-9 REQUEST FOR TAXPAYER ID NUMBER AND CERTIFICATION (FOR PNPS & SPECIAL DISTRICT GOVERNMENTS)	4
17	DIRECT ADMINISTRATIVE COST SUMMARY WITH SAMPLE FORM	2
18	APPLICANT'S GUIDE & CHECKLIST FOR SUBMITTING FEMA PUBLIC ASSISTANCE DOCUMENTS	4
19	WORK SUMMARY RECORD	1
20	APPLICANT'S BENEFITS CALCULATION WORKSHEET	1
21	FORCE ACCOUNT LABOR SUMMARY RECORD	1
22	FORCE ACCOUNT EQUIPMENT SUMMARY RECORD	1
23	FORCE ACCOUNT MATERIAL SUMMARY RECORD	1
24	RENTED EQUIPMENT SUMMARY RECORD	1
25	CONTRACT WORK SUMMARY RECORD	1
26	FEMA'S SCHEDULE OF EQUIPMENT RATES	6
27	CT DESPP/DEMHS PROJECT CERTIFICATION OF COMPLETION REPORT	2
28	Blank Note Page	1
	TOTAL	48

Documents to be submitted TODAY:

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

REQUEST FOR PUBLIC ASSISTANCE FORM

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

RECEIPT
OF
LIST OF APPLICANT ASSURANCES

I, _____,
(Print your name & title)

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

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

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

(Signature)

(Title)

(Date)

Hand in today OR

EMAIL to: demhs.pa@ct.gov OR

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

Rev 011915

LIST OF APPLICANT ASSURANCES (revised January 2015)

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

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

origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance and will immediately take any measures necessary to effectuate this agreement. If any real property or structure is provided or improved with the aid of Federal financial assistance extended to the Applicant, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

26. To the best of its knowledge and belief, it will comply with Federal laws, regulations and policies as they may apply to FEMA Public Assistance Projects, including, but not limited to: Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5121-5206), Public Law 93-288, as amended; FEMA Regulations, 44 CFR Parts 206, 13, 9 and 10; OMB Circulars A-102, A-110, A-133, A-21, A-87, A-122; Executive Order 12612, Federalism; Executive Order 12699, Seismic Design; Executive Order 12898, Environmental Justice for Low Income and Minority Populations; Executive Order 11988, Floodplains Management per 44 CFR part 9.5(c)(13); Flood Disaster Protection Act of 1973, Public Law 93-234, 87 Stat. 975 Executive Order 11990; Protection of Wetlands per 44 CFR part 9.5(c)(13); 16 USC 3501, Coastal Barrier Resources Act (CBRA), Public Law 97-348; 16 USC 470, National Historic Preservation Act (NHPA) of 1966, as amended, (16 U.S.C. 470) [Section 106], Executive Order 11593; Archeological and Historic Preservation Act of 1966 (16 U.S.C. 469a-1 et seq.); 16 USC 1531, Endangered Species Act (ESA); Fish and Wildlife Coordination Act (FWCA); Migratory Bird Treaty Act (MBTA); Magnuson-Stevens Fishery Conservation and Management Act (MSA); Coastal Zone Management Act (CZMA); Clean Water Act (CWA) (Section 404); Clean Air Act (CAA); Farmland Protection Policy Act (FPPA); Wild and Scenic Rivers Act (WSR); National Environmental Policy Act (NEPA); Resource Conservation and Recovery Act (RCRA); Comprehensive Environmental Response Compensation and Liability Act (CERCLA); "American Standard Specifications for Making Buildings and Facilities Accessible to,

and Usable by the Physically Handicapped," Number A117.1-1961, as modified (41 CFR 101-17-7031); Title VI of the Civil Rights Act of 1964 (P.L. 83-352); Title II and Title III of the Uniform Relocation Assistance and Real Property Acquisitions Act of 1970 (P.L. 91-646); Hatch Act; and the Federal Fair Labor Standards Act.

27. Applicant agrees to conform to revisions to these assurances that may from time to time be posted on the DESPP/DEMHS website: www.ct.gov/demhs. Click on Emergency Management in the left hand column and then click on Public Assistance in the bottom center box.

STATE ASSURANCES

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

Rev 011915

DUNS # and FEIN # Form

APPLICANT _____

ADDRESS _____

CONTACT PERSON _____

CONTACT PHONE NUMBER _____

CONTACT E-MAIL ADDRESS _____

CONTACT FAX NUMBER _____

FEIN NUMBER _____

DUNS NUMBER _____

STATE TAX NUMBER _____

EMAIL to: demhs.pa@ct.gov

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

DUNS NUMBER REQUIRED FOR ALL APPLICATIONS

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

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

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

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

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

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

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

Your organization can also register for a DUNS number via [D&B's Web site](http://www.dnb.com/us) at <http://www.dnb.com/us>. Choose the "DUNS number only" option.

PLEASE NOTE THAT REGISTRATION VIA THE WEBSITE MAY TAKE UP TO 30 BUSINESS DAYS TO COMPLETE.

PLEASE NOTE: FEMA FUNDS WILL NOT BE DISBURSED UNLESS THE APPLICANT HAS FILED A DUNS NUMBER!

Time Limits

FEMA has established **Time Limits** for requesting assistance and for completing work using Public Assistance Program grants.

Requesting Assistance

- An applicant must submit a *Request for Public Assistance* within 30 days of the date that the area was designated a disaster area
- Information on damaged facilities must be submitted to FEMA within 60 days of the first substantive meeting, usually the Kickoff Meeting
- An applicant may appeal any FEMA decision to the State within 60 days of being notified of that decision.

Completing Work

The time frames for completing eligible work are also measured from the date of declaration of the disaster and vary depending on the type of work.

Type of Work	Months After Designation
Debris Clearance	6
Emergency Protective Measures	6
Permanent Work	18

Time Extensions

All time frames are set by regulation; however, if extenuating circumstances or unusual project conditions exist, a time extension may be requested through the State. If not changing the scope of work or cost, the State has the authority to extend the time frames for completion of debris removal and emergency work by 6 months and permanent work by 30 months. For all other extensions, the State must request the extension from FEMA. The Regional Administrator may extend the time limitation beyond the State authority.

The Regional Administrator also may extend the time limitations for submitting a *Request for Public Assistance* and for identifying and reporting damage to FEMA if the State justifies and makes the request in writing. A justification must be based on extenuating circumstances beyond the State's or applicant's control.

References: 44 CFR §206.202, §206.204, and §206.206(c)
Public Assistance Guide, FEMA 322, pages 38-39, 113, 138-139, 141

ELIGIBLE APPLICANTS

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

State and Local Governments

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

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

Special District Governments

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

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

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

REVIEW CHECKLIST FOR SPECIAL DISTRICT GOVERNMENTS

Agency Name: _____

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

**PRIVATE NON-PROFIT
ORGANIZATIONS**<http://www.fema.gov/pdf/government/grant/pa/pdigest08.pdf>

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

See [FEMA Policy 9521.3, Private Nonprofit Facility \(PNP\) Eligibility](https://www.fema.gov/media-library/assets/documents/89685) at <https://www.fema.gov/media-library/assets/documents/89685>

PNP Organizations

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

Critical PNPs

Critical PNPs are those that provide:

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

Non-Critical PNPs

Non-Critical PNPs are those that do not qualify as critical service facilities.

PNPs with non-critical services must first apply to the SBA for a low-interest loan for permanent work.

They may apply directly to FEMA for emergency work.

Non-Critical PNPs are:

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

Ineligible PNP Facilities

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

REVIEW CHECKLIST FOR PRIVATE NON-PROFIT ORGANIZATIONS

Agency Name: _____

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

PRIVATE NON-PROFIT ORGANIZATION CERTIFICATION FORM

This is to certify that:

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

Signature of private non-profit organization authorized official

Date

FEMA PRIVATE NON-PROFIT FACILITY QUESTIONNAIRE

PNP FACILITY QUESTIONNAIRE

INSTRUCTIONS TO APPLICANT:

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

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

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

Additional information or comments:

Name of Contact Person

Clear Form

STATE OF CONNECTICUT - AGENCY VENDOR FORM

IMPORTANT: ALL parts of this form must be completed, signed and returned by the vendor.

READ & COMPLETE CAREFULLY

SP-2008-1P/PF Rev 4/10

COMPLETE VENDOR LEGAL BUSINESS NAME		Taxpayer ID # (TIN): <input type="checkbox"/> SSN <input type="checkbox"/> FEIN	
<small>WRITE/TYPE SSN/FEIN NUMBER ABOVE</small>			
BUSINESS NAME, TRADE NAME, DOING BUSINESS AS (IF DIFFERENT FROM ABOVE)			
BUSINESS ENTITY: <input type="checkbox"/> CORPORATION <input type="checkbox"/> LLC CORPORATION <input type="checkbox"/> LLC PARTNERSHIP <input type="checkbox"/> LLC SINGLE MEMBER ENTITY <input type="checkbox"/> NON-PROFIT <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> INDIVIDUAL/SOLE PROPRIETOR <input type="checkbox"/> GOVERNMENT			
NOTE: IF INDIVIDUAL/SOLE PROPRIETOR, INDIVIDUAL'S NAME (AS OWNER) MUST APPEAR IN THE LEGAL BUSINESS NAME BLOCK ABOVE.			
BUSINESS TYPE: A. SALE OF COMMODITIES B. MEDICAL SERVICES C. ATTORNEY FEES D. RENTAL OF PROPERTY (REAL ESTATE & EQUIPMENT)			
E. OTHER (DESCRIBE IN DETAIL)			
UNDER THIS TIN, WHAT IS THE PRIMARY TYPE OF BUSINESS YOU PROVIDE TO THE STATE? (ENTER LETTER FROM ABOVE) →			
UNDER THIS TIN, WHAT OTHER TYPES OF BUSINESS MIGHT YOU PROVIDE TO THE STATE? (ENTER LETTER FROM ABOVE) →			
NOTE: IF YOUR BUSINESS IS A PARTNERSHIP, YOU MUST ATTACH THE NAMES AND TITLES OF ALL PARTNERS TO YOUR BID SUBMISSION.			
NOTE: IF YOUR BUSINESS IS A CORPORATION, IN WHICH STATE ARE YOU INCORPORATED?			
VENDOR ADDRESS	STREET	CITY	STATE ZIP CODE
<small>Add Additional Business Address & Contact information on back of this form.</small>			
VENDOR E-MAIL ADDRESS		VENDOR WEB SITE	
REMITTANCE INFORMATION: INDICATE BELOW THE REMITTANCE ADDRESS OF YOUR BUSINESS. <input type="checkbox"/> SAME AS VENDOR ADDRESS ABOVE.			
REMIT ADDRESS	STREET	CITY	STATE ZIP CODE
CONTACT INFORMATION: NAME (TYPE OR PRINT)			
1 ST BUSINESS PHONE:	Ext. #	HOME PHONE:	
2 ND BUSINESS PHONE:	Ext. #	1 ST PAGER:	
CELLULAR:		2 ND PAGER:	
1 ST FAX NUMBER:		TOLL FREE PHONE:	
2 ND FAX NUMBER:		TELEX:	
WRITTEN SIGNATURE OF PERSON AUTHORIZED TO SIGN PROPOSALS ON BEHALF OF THE ABOVE NAMED VENDOR			DATE EXECUTED
← SIGN HERE			
TYPE OR PRINT NAME OF AUTHORIZED PERSON		TITLE OF AUTHORIZED PERSON	
IS YOUR BUSINESS CURRENTLY A DAS CERTIFIED SMALL BUSINESS ENTERPRISE? <input type="checkbox"/> Yes (ATTACH COPY OF CERTIFICATE) <input type="checkbox"/> No			
IS YOUR BUSINESS CURRENTLY A CT DOT CERTIFIED DISADVANTAGED BUSINESS ENTERPRISE (DBE)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
IF YOU ARE A STATE EMPLOYEE, INDICATE YOUR POSITION, AGENCY & AGENCY ADDRESS			
PURCHASE ORDER DISTRIBUTION: (E-MAIL ADDRESS)			
NOTE: THE E-MAIL ADDRESS INDICATED IMMEDIATELY ABOVE WILL BE USED TO FORWARD PURCHASE ORDERS TO YOUR BUSINESS.			

ADD FURTHER BUSINESS ADDRESS, E-MAIL & CONTACT INFORMATION ON SEPARATE SHEET IF REQUIRED

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 2%; border: none;">-</td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 2%; border: none;">-</td> <td style="width: 46%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-		-	
	-		-		
or					
Employer identification number					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 2%; border: none;">-</td> <td style="width: 73%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-			
	-				

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here Signature of U.S. person ▶

Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States:

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Publication 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),

3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code* on page 3 and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships* above.

What is FATCA reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code* on page 3 and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line: **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account, list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note. ITIN applicant. Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C Corporation, or S Corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

Line 3

Check the appropriate box in line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box in line 3.

Limited Liability Company (LLC). If the name on line 1 is an LLC treated as a partnership for U.S. federal tax purposes, check the "Limited Liability Company" box and enter "P" in the space provided. If the LLC has filed Form 8632 or 2553 to be taxed as a corporation, check the "Limited Liability Company" box and in the space provided enter "C" for C corporation or "S" for S corporation. If it is a single-member LLC that is a disregarded entity, do not check the "Limited Liability Company" box; instead check the first box in line 3 "Individual/sole proprietor or single-member LLC."

Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space in line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 5 ²
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

- A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)
- B—The United States or any of its agencies or instrumentalities
- C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)
- E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(ii)
- F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state
- G—A real estate investment trust
- H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940
 - I—A common trust fund as defined in section 584(a)
 - J—A bank as defined in section 581
 - K—A broker
 - L—A trust exempt from tax under section 664 or described in section 4947(a)(1)
 - M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note. You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on this page), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at www.ssa.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting IRS.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, or 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee* code earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. **Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.
2. **Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.
3. **Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.
4. **Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).
5. **Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee ¹ The actual owner ²
5. Sole proprietorship or disregarded entity owned by an individual	The owner ³
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor ⁴
For this type of account:	Give name and EIN of:
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity ⁵
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account file.) Also see *Special rules for partnerships* on page 2.

⁵ Note. Grantor also must provide a Form W-9 to trustee of trust.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN.
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4498 or submit Form 14039.

For more information, see Publication 4535, *Identity Theft Prevention and Victim Assistance*.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: spam@uce.gov or contact them at www.ftc.gov/idtheft or 1-877-IDTHEFT (1-877-438-4338).

Visit IRS.gov to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

Direct Administrative Costs (DAC)

DIRECT ADMINISTRATIVE COSTS

“Direct” administrative costs are costs incurred by the sub-grantee which can be identified separately and assigned to a specific sub-grant application (SGA), also known as a Project Worksheet (PW).

For all large projects and small projects where the work is 100% complete, direct administrative costs are actual costs incurred and documented. For small projects where the work is NOT 100% complete the direct admin costs can be estimated. For large projects where the work is NOT 100% complete the direct admin costs will be based on actual costs incurred and documented at closeout. **Direct administrative costs eligible activities include:** labor, equipment, travel expenses, and other costs related to the administration of the specific project, the preparation of the specific PW, the providing of documentation of the work completed, and the inspections of the project worksite.

Eligible activities include:

- Identifying and Assessing Damage (for a specific SGA/PW)
 - Phone calls made and received to gain information
 - On-site trips/inspections
 - Discussions with response personnel
 - Collecting cost data
 - Developing cost estimates
- Preparation of an SGA/PW, or assistance to the FEMA Project Specialist in the preparation of a specific SGA/PW
 - All time involved in preparing forms
 - Any time needed to copy forms
 - Cost to copy forms-if any
 - Time spent to review information
 - Preparing files
 - Providing other documentation (invoices, contract documents, bid advertisements, etc)
- Working with the State and FEMA During Project Monitoring and Final Inspection
 - Site inspections
 - Providing other documentation (invoices, proof of payment, contract documents, bid advertisements, etc)

SAMPLE Direct Administrative Cost Summary Form

Direct Administrative Cost Summary						Costs Incurred
Name/Title OR Equipment Used & by Whom	PW# or site name	Work Performed	Date	Hours Worked/ Equipment used	Rate\$/hr incl. fringe	Total Cost
				0	0.00	0.00
				0	0.00	0.00
				0	0.00	0.00
				0	0.00	0.00
				0	0.00	0.00
				0	0.00	0.00
				0	0.00	0.00
				0	0.00	0.00
				0	0.00	0.00
				0	0.00	0.00
Authorized Representative Signature			Date Signed	Total		

APPLICANT'S GUIDE AND CHECKLIST FOR SUBMITTING PUBLIC ASSISTANCE DOCUMENTS

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

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

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

Required Documents

1. **Required Information for forms & worksheets** – on many forms you will be asked to provide the following:

- Disaster declaration number
- Applicant name
- Certifying representative signature/title/date
- Federal Employer Identification Number (FEIN)
- DUNS number
- The dates and hours of selected time period (ex: 48 hrs, 72 hrs) for the event (i.e., TIME/DATE through TIME/DATE) (Applicants should pick the time period based on whatever time/date is most beneficial to them.)

2. **Work Summary Record** – Serves as an important Cover Sheet which separately lists the total expenditures for:

- a) Force Account Labor
- b) Force Account Equipment
- c) Force Account Materials
- d) Rental Equipment
- e) Contract Work
- f) Miscellaneous/Other
- g) Total of all Costs

NOTE: If a specific category (such as Rental Equipment) does not apply to your submission, place a "0" in the "AMOUNT CLAIMED" field.

3. **Applicant's Benefits Calculation Worksheet** – Displays the fringe benefit costs related to regular time work and to overtime work. Aside from Social Security and Medicare (FICA), the eligible items for overtime are contingent upon the terms of individual labor contracts. Consult your finance/business/human resources office for this information.
4. **Force Account Labor Summary Record** – For emergency work, only the overtime labor costs of regular employees are normally eligible for FEMA reimbursement. (However, you must show the number of regular hours worked on the disaster as well, so that force account equipment time – both regular and overtime can be reimbursed.)

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

Please show regular time pay rate for all claimed employees.

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

- Time period covered
- Employee name
- Employee title
(In the Employee title area, you may also show a cross-reference with the equipment identified on the Force Account Equipment Summary Record.)
- Regular hourly rates for all employees
- Show regular and overtime hours for employees.
- Show regular hourly rate and hours worked for additional hires
- Overtime rate used: Both time and a half and double time (if applicable)
- Benefit rate per hour shown in \$ based on % calculated on Applicant's Benefits Calculation Worksheet
- Totals – both across rows and down columns
- Supporting documents:
 - o Time Cards and/or Time Sheets for all employees
 - o Labor Contract(s) – selected pages, including:
 - (1) the cover page that identifies the union being represented and duration of the contract
 - (2) the pages of the contract showing overtime policy and meal reimbursement policy, if any, need to be included.
 - o Town Personnel Policy – selected pages showing overtime policy and other benefit policies such as meal reimbursement need to be included.
 - o Any other documents and/or explanations to support your labor submission.

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

- Location
- Time period covered
- Description of equipment
A truck, a plow, and a sander are three separate pieces of equipment, even if they are being utilized by the same person in the same time frame, and therefore, each piece must be listed separately. (Account for the actual hours that the sander was used and the actual hours that the plow was used.)
- Correct equipment code number from the **FEMA Schedule of Equipment Rates**
[Note: If an applicant uses a different rate it must be approved by FEMA, and the reasons for the rate and its approval must be noted in the FEMA Project Worksheet.]
- Operator's name associated with each listed piece of equipment

- Date and time of operation matching the operator's time on the **Force Account Labor Summary Record**
- Correct equipment rate from the **FEMA Schedule of Equipment Rates**

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

- Time period covered
- Vendor name
- Description of product
- Quantity used
- Unit price
- Proof of Payment

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

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

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

- Time period covered
- Description of rented equipment
- Dates and hours used
- Rate per hour
- Vendor name
- Contracts/Agreements and invoices attached
- Proof of Payment

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

- Time period covered
- Description of the work performed
- Dates and hours the contractor worked
- Contractor name
- Invoice number
- Invoice amount
- Proof of Payment
- Contracts and invoices attached
- Copy of Bid Proposal/RFP, Advertising of Bid/RFP, List of Bids Received, Bid Comparison Sheet, Final Contract
- Applicant's Procurement Policy

9. **Required Permits** - Include copies of all necessary permits – federal, state, municipal. Include any waivers received on permits.

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

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

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

Revised 040915 – DESPP/DEMHS

FEDERAL EMERGENCY MANAGEMENT AGENCY

**WORK SUMMARY RECORD
EMERGENCY/MAJOR DISASTER DECLARATION**

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

COMMENTS:

I certify that the information above was transcribed from payroll records or other documents which are available for audit.

Certified by:

Title:

Date:

APPLICANT'S BENEFITS CALCULATION WORKSHEET

FEMA DISASTER DECLARATION # FEMA DR - _____ - CT

BENEFIT	REGULAR TIME %	OVERTIME %
Social Security	6.2%	6.2%
Medicare	1.35%	1.35%
Workers Compensation		
Unemployment Insurance		
Retirement (if applicable)		
Health Insurance		Not Applicable
Life Insurance		Not Applicable
Annual Leave		Not Applicable
Sick Leave		Not Applicable
Holiday Leave		Not Applicable
Other		
TOTAL in % of annual salary:		
COMMENTS:		
I certify that the information above was transcribed from payroll records or other documents which are available for audit.		
Certified by:		
Title:		
Date:		

FORCE ACCOUNT LABOR SUMMARY RECORD

Page _____ of _____

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

8. DESCRIPTION OF WORK PERFORMED EMPLOYEE NAME: JOB TITLE:	DATES AND HOURS WORKED EACH DAY							LABOR COSTS				
	DATE							TOTAL HOURS	HOURLY RATE	BENEFIT Rate/Hr	TOTAL HOURLY	TOTAL COST
	REG								\$	\$	\$	\$
	O.T.								\$	\$	\$	\$
	2X REG								\$	\$	\$	\$
	REG								\$	\$	\$	\$
	O.T.								\$	\$	\$	\$
	2X REG								\$	\$	\$	\$
	REG								\$	\$	\$	\$
	O.T.								\$	\$	\$	\$
	2X REG								\$	\$	\$	\$
	REG								\$	\$	\$	\$
	O.T.								\$	\$	\$	\$
	2X REG								\$	\$	\$	\$
	REG								\$	\$	\$	\$
	O.T.								\$	\$	\$	\$
	2X REG								\$	\$	\$	\$
	REG								\$	\$	\$	\$
	O.T.								\$	\$	\$	\$
	2X REG								\$	\$	\$	\$
GRAND TOTALS ---								\$	\$	\$	\$	\$

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

CERTIFIED _____	TITLE _____	DATE _____
-----------------	-------------	------------

FORCE ACCOUNT EQUIPMENT SUMMARY RECORD

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

8. DESCRIPTION OF WORK PERFORMED

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

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

CERTIFIED	TITLE	DATE
-----------	-------	------

FORCE ACCOUNT MATERIAL SUMMARY RECORD

Page _____ of _____

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

8. DESCRIPTION OF WORK PERFORMED

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

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

CERTIFIED	TITLE	DATE
-----------	-------	------

RENTED EQUIPMENT SUMMARY RECORD

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

8. DESCRIPTION OF WORK PERFORMED

TYPE OF EQUIPMENT <small>Indicate size, capacity, horsepower, make and model as appropriate</small>	DATES AND HOURS USED	RATE WITH OPER.	PER HOUR without Operator	TOTAL COST	VENDOR	INVOICE NO.	DATE AND	
							AMOUNT PAID	CHECK NO.
				\$ -				
				\$ -				
				\$ -				
				\$ -				
				\$ -				
				\$ -				
				\$ -				
				\$ -				
				\$ -				
				\$ -				
				\$ -				
				\$ -				
				\$ -				
				\$ -				
GRAND TOTAL --				\$ -				

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

CERTIFIED	TITLE	DATE
-----------	-------	------

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

FEMA's SCHEDULE OF EQUIPMENT RATES

DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY

RECOVERY 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 SEPTEMBER 15, 2010.

Cost Code	Equipment	Specification	Capacity/Size	HP	Notes	Unit	Rate
8490	Aerial Lift, Self-Propelled	Max. Platform Height	37 ft	to 15	Articulated, Telescoping, Scissor.	hour	\$8.25
8491	Aerial Lift, Self-Propelled	Max. Platform Height	60 ft	to 30	Articulated, Telescoping, Scissor.	hour	\$12.25
8492	Aerial Lift, Self-Propelled	Max. Platform Height	70 ft	to 50	Articulated, Telescoping, Scissor.	hour	\$21.00
8493	Aerial Lift, Self-Propelled	Max. Platform Height	125 ft	to 85	Articulated and Telescoping.	hour	\$55.00
8494	Aerial Lift, Self-Propelled	Max. Platform Height	150 ft	to 130	Articulated and Telescoping.	hour	\$67.00
8486	Aerial Lift, Truck Mntd	Max. Platform Height	40 ft		Articulated and Telescoping. Add to Truck rate for total rate.	hour	\$6.75
8487	Aerial Lift, Truck Mntd	Max. Platform Height	61 ft		Articulated and Telescoping. Add to Truck rate for total rate.	hour	\$12.25
8488	Aerial Lift, Truck Mntd	Max. Platform Height	80 ft		Articulated and Telescoping. Add to Truck rate for total rate.	hour	\$23.50
8489	Aerial Lift, Truck Mntd	Max. 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	\$7.00
8012	Air Compressor	Air Delivery	130 cfm	to 50	Hoses included.	hour	\$9.25
8013	Air Compressor	Air Delivery	175 cfm	to 90	Hoses included.	hour	\$20.00
8014	Air Compressor	Air Delivery	400 cfm	to 145	Hoses included.	hour	\$27.50
8015	Air Compressor	Air Delivery	575 cfm	to 230	Hoses included.	hour	\$45.50
8016	Air Compressor	Air Delivery	1100 cfm	to 355	Hoses included.	hour	\$51.00
8017	Air Compressor	Air Delivery	1600 cfm	to 500	Hoses included.	hour	\$80.00
8040	Ambulance			to 150		hour	\$25.50
8041	Ambulance			to 210		hour	\$32.50
8060	Auger, Portable	Hole Diameter	16 in	to 6		hour	\$1.30
8061	Auger, Portable	Hole Diameter	18 in	to 13		hour	\$3.50
8062	Auger, Tractor Mntd	Max. 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	Max. Auger Size	24 in	to 100	Includes digger, boom and mounting hardware. Add to Truck rate for total rate.	hour	\$29.00
8070	Automobile			to 130	Transporting people.	mile	\$0.50
8071	Automobile			to 130	Transporting cargo.	hour	\$13.00
8072	Automobile, Police			to 250	Patrolling.	mile	\$0.60
8073	Automobile, Police			to 250	Stationary with engine running.	hour	\$16.25
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	\$3.15
8051	Board, Message			to 5	Trailer Mounted.	hour	\$8.50
8133	Boat, Push	Size	45'x21'x6'	to 435	Flat hull.	hour	\$150.00
8134	Boat, Push	Size	54'x21'x6'	to 525	Flat hull.	hour	\$200.00
8135	Boat, Push	Size	58'x24'x7.5'	to 705	Flat hull.	hour	\$250.00
8136	Boat, Push	Size	64'x25'x8'	to 870	Flat hull.	hour	\$300.00

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	\$14.00
8132	Boat, Tender	Size	14'x7'	to 100	Inboard with 360 degree drive.	hour	\$26.00
8120	Boat, Tow	Size	55'x20'x5'	to 870	Steel.	hour	\$250.00
8121	Boat, Tow	Size	60'x21'x5'	to 1050	Steel.	hour	\$300.00
8122	Boat, Tow	Size	70'x30'x7.5'	to 1350	Steel.	hour	\$450.00
8123	Boat, Tow	Size	120'x34'x8'	to 2000	Steel.	hour	\$830.00
8140	Boat, Tug	Length	16 ft	to 100		hour	\$33.50
8141	Boat, Tug	Length	18 ft	to 175		hour	\$53.00
8142	Boat, Tug	Length	26 ft	to 250		hour	\$65.00
8143	Boat, Tug	Length	40 ft	to 380		hour	\$150.00
8144	Boat, Tug	Length	51 ft	to 700		hour	\$225.00
8419	Breaker, Pavement, Hand-Held	Weight	25-90 lb			hour	\$0.65
8420	Breaker, Pavement			to 70		hour	\$31.25
8150	Broom, Pavement	Broom Length	72 in	to 35		hour	\$12.30
8151	Broom, Pavement	Broom Length	96 in	to 100		hour	\$19.75
8153	Broom, Pavement, Mntd	Broom Length	72 in	to 18	Add to Prime Mover rate for total rate.	hour	\$6.00
8154	Broom, Pavement, Pull	Broom Length	84 in	to 20	Add to Prime Mover rate for total rate.	hour	\$10.25
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	\$20.00
8181	Bus			to 210		hour	\$23.00
8182	Bus			to 300		hour	\$27.00
8190	Chain Saw	Bar Length	16 in			hour	\$1.75
8191	Chain Saw	Bar Length	25 in			hour	\$3.20
8192	Chain Saw, Pole	Bar Size	18 in			hour	\$1.60
8200	Chipper, Brush	Chipping Capacity	6 in	to 35	Trailer Mounted.	hour	\$7.50
8201	Chipper, Brush	Chipping Capacity	9 in	to 65	Trailer Mounted.	hour	\$16.00
8202	Chipper, Brush	Chipping Capacity	12 in	to 100	Trailer Mounted.	hour	\$21.75
8203	Chipper, Brush	Chipping Capacity	15 in	to 125	Trailer Mounted.	hour	\$30.75
8204	Chipper, Brush	Chipping Capacity	18 in	to 200	Trailer Mounted.	hour	\$45.50
8210	Clamshell & Dragline, Crawler		149,999 lb	to 235	Bucket not included in rate.	hour	\$86.00
8211	Clamshell & Dragline, Crawler		250,000 lb	to 520	Bucket not included in rate.	hour	\$121.00
8212	Clamshell & Dragline, Truck			to 240	Bucket not included in rate.	hour	\$130.00
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	\$11.00
8221	Compactor, Towed, Vibratory Drum			to 45		hour	\$17.50
8222	Compactor, Vibratory, Drum			to 75		hour	\$25.00
8223	Compactor, Pneumatic, Wheel			to 100		hour	\$29.00
8225	Compactor, Sanitation			to 300		hour	\$96.00
8226	Compactor, Sanitation			to 400		hour	\$163.00
8227	Compactor, Sanitation			to 535		hour	\$225.00
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	Max. Lift Capacity	8 MT	to 80		hour	\$27.00
8501	Crane	Max. Lift Capacity	15 MT	to 150		hour	\$55.00
8502	Crane	Max. Lift Capacity	50 MT	to 200		hour	\$95.00
8503	Crane	Max. Lift Capacity	70 MT	to 300		hour	\$155.00
8504	Crane	Max. Lift Capacity	110 MT	to 350		hour	\$220.00
8496	Crane, Truck Mntd	Max. Lift Capacity	24000 lb		Add to Truck rate for total rate.	hour	\$10.00
8497	Crane, Truck Mntd	Max. Lift Capacity	36000 lb		Add to Truck rate for total rate.	hour	\$16.00
8498	Crane, Truck Mntd	Max. Lift Capacity	60000 lb		Add to Truck rate for total rate.	hour	\$30.00
8195	Cutter, Brush	Cutter Size	8 ft	to 150		hour	\$90.00
8196	Cutter, Brush	Cutter Size	8 ft	to 190		hour	\$100.00
8197	Cutter, Brush	Cutter Size	10 ft	to 245		hour	\$120.00
8670	Derrick, Hydraulic Digger	Max. Boom Length	60 ft		Includes hydraulic pole alignment attachment. Add to Truck rate.	hour	\$21.00
8671	Derrick, Hydraulic Digger	Max. Boom Length	90 ft		Includes hydraulic pole alignment attachment. Add to Truck rate.	hour	\$39.00
8580	Distributor, Asphalt	Tank Capacity	500 gal		insulated tank, and circulating spray bar.	hour	\$12.00
8581	Distributor, Asphalt	Tank Capacity	1000 gal		Truck Mounted. Includes burners, insulated tank, and circulating spray bar. Add to Truck rate.	hour	\$13.00
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	\$31.00
8251	Dozer, Crawler			to 105		hour	\$40.00
8252	Dozer, Crawler			to 160		hour	\$65.00
8253	Dozer, Crawler			to 250		hour	\$80.00
8254	Dozer, Crawler			to 360		hour	\$135.00
8255	Dozer, Crawler			to 565		hour	\$250.00
8256	Dozer, Crawler			to 850		hour	\$340.00
8260	Dozer, Wheel			to 300		hour	\$55.00
8261	Dozer, Wheel			to 400		hour	\$110.00
8262	Dozer, Wheel			to 500		hour	\$150.00
8263	Dozer, Wheel			to 625		hour	\$200.00
8280	Excavator, Hydraulic	Bucket Capacity	0.5 cy	to 45	Crawler, Truck & Wheel. Includes bucket.	hour	\$18.00
8281	Excavator, Hydraulic	Bucket Capacity	1.0 cy	to 90	Crawler, Truck & Wheel. Includes bucket.	hour	\$39.00
8282	Excavator, Hydraulic	Bucket Capacity	1.5 cy	to 160	Crawler, Truck & Wheel. Includes bucket.	hour	\$65.00
8283	Excavator, Hydraulic	Bucket Capacity	2.5 cy	to 265	Crawler, Truck & Wheel. Includes bucket.	hour	\$120.00
8284	Excavator, Hydraulic	Bucket Capacity	4.5 cy	to 420	Crawler, Truck & Wheel. Includes bucket.	hour	\$200.00
8285	Excavator, Hydraulic	Bucket Capacity	7.5 cy	to 650	Crawler, Truck & Wheel. Includes bucket.	hour	\$240.00
8286	Excavator, Hydraulic	Bucket Capacity	12 cy	to 1000	Crawler, Truck & Wheel. Includes bucket.	hour	\$400.00
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	11.75
8301	Fork Lift	Capacity	12000 lb	to 90		hour	\$17.00
8302	Fork Lift	Capacity	18000 lb	to 140		hour	\$23.00
8303	Fork Lift	Capacity	50000 lb	to 215		hour	\$50.00
8310	Generator	Prime Output	5.5 kW	to 10		hour	\$3.25
8311	Generator	Prime Output	16 kW	to 25		hour	\$8.00
8312	Generator	Prime Output	43 kW	to 65		hour	\$17.00
8313	Generator	Prime Output	100 kW	to 125		hour	\$34.00
8314	Generator	Prime Output	150 kW	to 240		hour	\$50.00
8315	Generator	Prime Output	210 kW	to 300		hour	\$60.00
8316	Generator	Prime Output	280 kW	to 400		hour	\$85.00

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	\$95.00
8318	Generator	Prime Output	530 kW	to 750		hour	\$150.00
8319	Generator	Prime Output	710 kW	to 1000		hour	\$200.00
8320	Generator	Prime Output	1100 kW	to 1500		hour	\$375.00
8321	Generator	Prime Output	2500 kW	to 3000		hour	\$500.00
8755	Golf Cart	Capacity	2 person			hour	\$3.20
8330	Graders	Moldboard Size	10 ft	to 110	Includes Rigid and Articulate	hour	\$34.50
8331	Graders	Moldboard Size	12 ft	to 150	Includes Rigid and Articulate	hour	\$58.00
8332	Graders	Moldboard Size	14 ft	to 225	Includes Rigid and Articulate	hour	\$70.00
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	\$11.50
8381	Loader, Crawler	Bucket Capacity	1 cy	to 60	Includes bucket.	hour	\$19.00
8382	Loader, Crawler	Bucket Capacity	2 cy	to 118	Includes bucket.	hour	\$42.00
8383	Loader, Crawler	Bucket Capacity	3 cy	to 178	Includes bucket.	hour	\$76.00
8384	Loader, Crawler	Bucket Capacity	4 cy	to 238	Includes bucket.	hour	\$115.00
8540	Loader, Skid-Steer	Operating Capacity	1000 lb	to 35		hour	\$11.00
8541	Loader, Skid-Steer	Operating Capacity	2000 lb	to 65		hour	\$18.00
8542	Loader, Skid-Steer	Operating Capacity	3000 lb	to 85		hour	\$22.00
8401	Loader, Tractor, Wheel			to 81		hour	\$25.00
8390	Loader, Wheel	Bucket Capacity	0.5 cy	to 38		hour	\$15.50
8391	Loader, Wheel	Bucket Capacity	1 cy	to 60		hour	\$21.50
8392	Loader, Wheel	Bucket Capacity	2 cy	to 105		hour	\$28.75
8393	Loader, Wheel	Bucket Capacity	3 cy	to 152		hour	\$40.00
8394	Loader, Wheel	Bucket Capacity	4 cy	to 200		hour	\$52.00
8395	Loader, Wheel	Bucket Capacity	5 cy	to 250		hour	\$66.00
8396	Loader, Wheel	Bucket Capacity	6 cy	to 305		hour	\$82.00
8397	Loader, Wheel	Bucket Capacity	7 cy	to 360		hour	\$95.00
8398	Loader, Wheel	Bucket Capacity	8 cy	to 530		hour	\$140.00
8570	Loader-Backhoe, Wheel	Loader Bucket Capacity	0.5 cy	to 40	Loader and Backhoe Buckets included.	hour	\$14.75
8571	Loader-Backhoe, Wheel	Loader Bucket Capacity	1 cy	to 70	Loader and Backhoe Buckets included.	hour	\$23.50
8572	Loader-Backhoe, Wheel	Loader Bucket Capacity	1.5 cy	to 95	Loader and Backhoe Buckets included.	hour	\$33.00
8573	Loader-Backhoe, Wheel	Loader Bucket Capacity	1.75 cy	to 115	Loader and Backhoe Buckets included.	hour	\$38.00
8410	Mixer, Concrete Portable	Batching Capacity	10 cft			hour	\$3.25
8411	Mixer, Concrete Portable	Batching Capacity	12 cft			hour	\$4.25
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	\$15.25
8075	Motorcycle, Police					mile	\$0.35
8633	Mulcher, Trailer Mntd	Working Capacity	7 tph	to 35		hour	\$10.25
8634	Mulcher, Trailer Mntd	Working Capacity	10 tph	to 55		hour	\$15.75
8635	Mulcher, Trailer Mntd	Working Capacity	20 tph	to 120		hour	\$24.75
8430	Paver, Asphalt, Towed				Does not include Prime Mover.	hour	\$7.00
8431	Paver, Asphalt			to 50	Includes wheel and crawler equipment.	hour	\$65.00
8432	Paver, Asphalt			to 125	Includes wheel and crawler equipment.	hour	\$115.00
8433	Paver, Asphalt			to 175	Includes wheel and crawler equipment.	hour	\$125.00
8434	Paver, Asphalt			to 250	Includes wheel and crawler equipment.	hour	\$140.00
8436	Pick-up, Asphalt			to 110		hour	\$55.00
8437	Pick-up, Asphalt			to 150		hour	\$83.00
8438	Pick-up, Asphalt			to 200		hour	\$110.00
8439	Pick-up, Asphalt			to 275		hour	\$140.00
8660	Plow, Cable	Plow Depth	24 in	to 30		hour	\$10.25

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	\$27.75
8662	Plow, Cable	Plow Depth	48 in	to 110		hour	\$31.75
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	\$16.00
8476	Pump			to 60	Does not include Hoses.	hour	\$18.75
8477	Pump			to 95	Does not include Hoses.	hour	\$26.50
8478	Pump			to 140	Does not include Hoses.	hour	\$31.00
8479	Pump			to 200	Does not include Hoses.	hour	\$36.00
8480	Pump			to 275	Does not include Hoses.	hour	\$80.00
8481	Pump			to 350	Does not include Hoses.	hour	\$95.00
8482	Pump			to 425	Does not include Hoses.	hour	\$120.00
8483	Pump			to 500	Does not include Hoses.	hour	\$135.00
8484	Pump			to 575	Does not include Hoses.	hour	\$155.00
8485	Pump			to 650	Does not include Hoses.	hour	\$180.00
8510	Saw, Concrete	Blade Diameter	14 in	to 14		hour	\$6.00
8511	Saw, Concrete	Blade Diameter	26 in	to 35		hour	\$13.50
8512	Saw, Concrete	Blade Diameter	48 in	to 65		hour	\$23.00
8513	Saw, Rock			to 100		hour	\$30.00
8514	Saw, Rock			to 200		hour	\$60.00
8521	Scraper	Scraper Capacity	16 cy	to 250		hour	\$90.00
8522	Scraper	Scraper Capacity	23 cy	to 365		hour	\$130.00
8523	Scraper	Scraper Capacity	34 cy	to 475		hour	\$200.00
8524	Scraper	Scraper Capacity	44 cy	to 600		hour	\$240.00
8560	Snow Blower	Capacity	2,000 tph	to 400		hour	\$140.00
8561	Snow Blower	Capacity	2,500 tph	to 500		hour	\$160.00
8562	Snow Blower	Capacity	3,500 tph	to 600		hour	\$180.00
8550	Snow Blower, Truck Mntd	Capacity	600 tph	to 75	Does not include Truck.	hour	\$37.50
8551	Snow Blower, Truck Mntd	Capacity	1400 tph	to 200	Does not include Truck.	hour	\$70.00
8552	Snow Blower, Truck Mntd	Capacity	2000 tph	to 340	Does not include Truck.	hour	\$110.00
8553	Snow Blower, Truck Mntd	Capacity	2500 tph	to 400	Does not include Truck.	hour	\$120.00
8558	Snow Thrower, Walk Behind	Cutting Width	25 in	to 5		hour	\$3.25
8559	Snow Thrower, Walk Behind	Cutting Width	60 in	to 15		hour	\$7.00
8630	Sprayer, Seed	Working Capacity	750 gal	to 30	Trailer & Truck mounted. Does not include Prime Mover.	hour	\$9.75
8631	Sprayer, Seed	Working Capacity	1250 gal	to 50	Trailer & Truck mounted. Does not include Prime Mover.	hour	\$15.00
8632	Sprayer, Seed	Working Capacity	3500 gal	to 115	Trailer & Truck mounted. Does not include Prime Mover.	hour	\$25.75
8458	Spreader, Chemical	Capacity	5 cy	to 4	Trailer & Truck mounted. Does not	hour	\$4.00
8423	Spreader, Chip	Spread Hopper Width	12.5 ft	to 152		hour	\$50.00
8424	Spreader, Chip	Spread Hopper Width	16.5 ft	to 215		hour	\$80.00
8425	Spreader, Chip, Mntd	Hopper Size	8 ft	to 8	Trailer & Truck mounted.	hour	\$3.30
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	\$8.75
8441	Striper	Paint Capacity	90 gal	to 60		hour	\$19.00
8442	Striper	Paint Capacity	120 gal	to 122		hour	\$37.00
8445	Striper, Truck Mntd	Paint Capacity	120 gal	to 460		hour	\$70.00
8446	Striper, Walk-behind	Paint Capacity	12 gal			hour	\$3.35
8157	Sweeper, Pavement			to 110		hour	\$59.00
8158	Sweeper, Pavement			to 230		hour	\$74.00
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	\$25.00
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	\$11.75
8651	Trencher			to 85	Walk-behind, Crawler & Wheel Mounted. Chain and Wheel.	hour	\$25.00
8290	Trowel, Concrete	Diameter	48 in	to 12		hour	\$4.50
8680	Truck, Concrete Mixer	Mixer Capacity	13 cy	to 300		hour	\$75.00
8720	Truck, Dump	Struck Capacity	8 cy	to 220		hour	\$35.00
8721	Truck, Dump	Struck Capacity	10 cy	to 320		hour	\$45.00
8722	Truck, Dump	Struck Capacity	12 cy	to 400		hour	\$60.00
8723	Truck, Dump	Struck Capacity	18 cy	to 400		hour	\$65.00
8724	Truck, Dump, Off	Struck Capacity	28 cy	to 450		hour	\$105.00
8690	Truck, Fire	Pump Capacity	1000 gpm			hour	\$70.00
8691	Truck, Fire	Pump Capacity	1250 gpm			hour	\$80.00
8692	Truck, Fire	Pump Capacity	1500 gpm			hour	\$85.00
8693	Truck, Fire	Pump Capacity	2000 gpm			hour	\$90.00
8694	Truck, Fire Ladder	Ladder length	75 ft			hour	\$125.00
8695	Truck, Fire Ladder	Ladder length	150 ft			hour	\$150.00
8700	Truck, Flatbed	Maximum Gvw	15000 lb	to 200		hour	\$20.00
8701	Truck, Flatbed	Maximum Gvw	25000 lb	to 275		hour	\$22.00
8702	Truck, Flatbed	Maximum Gvw	30000 lb	to 300		hour	\$25.00
8703	Truck, Flatbed	Maximum Gvw	45000 lb	to 380		hour	\$43.00
8730	Truck, Garbage	Capacity	25 cy	to 255		hour	\$47.00
8731	Truck, Garbage	Capacity	32 cy	to 325		hour	\$55.00
8800	Truck, Pickup				Transporting people.	mile	\$0.50
8801	Truck, Pickup		½ ton			hour	\$14.00
8802	Truck, Pickup		1 ton			hour	\$20.00
8803	Truck, Pickup		1½ ton			hour	\$22.00
8804	Truck, Pickup		1½ ton			hour	\$25.00
8805	Truck, Pickup		1¾ ton			hour	\$30.00
8790	Truck, Tractor	4 x 2	30000 lb	to 220		hour	\$32.00
8791	Truck, Tractor	4 x 2	45000 lb	to 310		hour	\$45.00
8792	Truck, Tractor	6 x 4	50000 lb	to 400		hour	\$55.00
8780	Truck, Water	Tank Capacity	2500 gal	to 175	Include pump and rear spray system.	hour	\$31.00
8781	Truck, Water	Tank Capacity	4000 gal	to 250	Include pump and rear spray system.	hour	\$42.00
8620	Tub Grinder			to 440		hour	\$85.00
8621	Tub Grinder			to 630		hour	\$120.00
8622	Tub Grinder			to 760		hour	\$150.00
8623	Tub Grinder			to 1000		hour	\$270.00
8753	Vehicle, Recreational			to 10		hour	\$3.00
8750	Vehicle, Small			to 30		hour	\$7.00
8761	Vibrator, Concrete			to 4		hour	\$1.15
8770	Welder, Portable			to 16	Includes ground cable and lead cable.	hour	\$5.00
8771	Welder, Portable			to 34	Includes ground cable and lead cable.	hour	\$11.50
8772	Welder, Portable			to 50	Includes ground cable and lead cable.	hour	\$16.00
8773	Welder, Portable			to 80	Includes ground cable and lead cable.	hour	\$22.00



State of Connecticut
Department of Emergency Services and Public Protection/Division of Emergency Management and Homeland Security
Public Assistance Program
Project Certification of Completion Report
Disaster: FEMA- -DR-CT

Inspection Number: DR-

Applicant ID:

Applicant:

PW #	Project Title	Cat	Date Obligated	Project Amount (\$)	Federal Share (\$)	Applicant Comments	Inspector Comments	Inspection Date	Inspector Initials
PW-		A							
PW-		B							
PW-		C							
PW-		D							
PW-		E							
PW-		D							
PW-		E							
APPLICANT TOTALS: (Projects)									



State of Connecticut
Department of Emergency Services and Public Protection/Division of Emergency Management and Homeland Security
Public Assistance Program
Project Certification of Completion Report
Disaster: FEMA- -DR-CT

Inspection Number: DR-

[Applicant ID:](#)

[Applicant:](#)

CERTIFICATION

APPLICANT:

I hereby certify that to the best of my knowledge and belief all work and costs are eligible in accordance with the grant conditions, all work claimed has been completed, and all costs claimed have been paid in full.

Applicant's Authorized Representative:

Signed: _____

Date: _____

Name:

Title:

E-Mail:

Phone: ()

Address:

GRANTEE:

I certify that all funds were expended in accordance with the provisions of the signed FEMA-State Agreement for the approved amount of \$xxx,xxx.xx

State Public Assistance Coordinator:

Signed: _____

Date: _____

Name: Dana Conover

Title: State Public Assistance Coordinator

E-Mail: dana.conover@ct.gov

Phone: (860) 883-3904

Address: 25 Sigourney Street, 6th Floor
Hartford, CT 06106

Notes: