

Management Costs Streamlined Project Application



FEMA developed the streamlined project application to simplify the application process for Public Assistance (PA) funding. This document is a reference guide that Recipients and Subrecipients may use when completing a project application for management costs.

Overview

FEMA provides contributions for management costs based on actual costs incurred up to:

- 7 percent of the total award amount for the Recipient, excluding Subrecipient management costs.
- 5 percent of the total award amount for each Subrecipient.

The costs claimed may include any of the following when associated with the PA portion of a major disaster or emergency:

- Indirect cost
- Direct administrative cost
- Other administrative expense associated with a specific project.

All management costs will be obligated via Category Z projects and funded at 100 percent Federal share. This includes management costs for all projects (e.g., small projects, large projects, and any projects completed under Stafford Act Section 428, Public Assistance Program Alternative Procedures). For more information, visit <https://www.fema.gov/media-library/assets/documents/174133> for FEMA's interim policy, FEMA Recovery Policy FP 104-11-2, Public Assistance Management Costs (Interim) and FEMA's Public Assistance Management Costs Standard Operating Procedures.

What information is required?

To complete this application, the Recipient or Subrecipient will need:

- A description of the activities including when, where, and by whom the activities were completed or will be completed.
- An itemized summary of how much the activities cost, including costs associated with contract, labor, equipment, supply, material, and other cost types.
- Documentation supporting the activities completed and costs claimed.

How is the project application completed?

The project application may be completed and submitted online in the FEMA [Public Assistance Grants Portal](#). FEMA will **not** accept paper submissions of this project application. The application is being provided to Recipients and Subrecipients in paper form here to provide guidance on what information FEMA will require when seeking reimbursement for management cost activities.

All management costs activities should be reported on one project application.

Recipients

are state, tribal, or territorial entities that receive and administer Public Assistance federal awards.

Subrecipients

are state, tribal, territorial, or local governments or private non-profit entities that may request and receive subawards under a Recipient's award.

Grants Portal

is the system used by Recipients and Subrecipients to manage PA grant applications.

Projects & Subawards

Projects are groupings of activities that become a subaward under the Recipient's award when approved.

Certain activities may require FEMA to complete a more in-depth environmental or historic preservation review, for example, modifications to buildings or new construction. For additional information, see the [COVID-19 Fact Sheet: Environmental and Historic Preservation and Emergency Protective Measures for COVID-19](#)

The project application has four sections and three supplemental schedules. Sections I, II, III, and IV must be completed and one or more of the following schedules:

- Schedule B or G depending on the activity status.
- Schedule D for certain activities.
- Schedule F when claiming costs for activities that may have environmental and historic preservation concerns.

Table 1 illustrates the circumstances under which each schedule should be completed.

Cost	Funding Request Type	Cost Basis	Schedules Required			
			B	D	G	F
Any	Initial Estimate	Any		X	X	X
	Actual	Actual Costs	X	X		X

*Schedule D and F may be required based on specific activities.

What happens after submitting the application?

FEMA and the Recipient will review the information in the project application and may follow up with limited requests for additional information as part of the process outlined in the FEMA Fact Sheet [Coronavirus \(COVID-19\) Pandemic: Public Assistance Simplified Application](#). After submission:

1. FEMA and the Recipient review the project application and validate information and documentation provided to ensure compliance with all federal laws and regulations. If there are additional questions to evaluate the eligibility of the project application, FEMA and the Recipient will contact the Subrecipient to discuss.
2. Upon completion of these reviews, the Subrecipient will be notified that funding for their project application is ready to be awarded. The Subrecipient will be required to review, agree to terms and conditions, and sign to accept the subaward in the Public Assistance [Grants Portal](#).
3. Once the Subrecipient signs the subaward, FEMA makes funding available to the Recipient for disbursement to the Subrecipient.
4. The Recipient may request additional information before disbursing funds to the Subrecipient.
5. The Recipient will work directly with Subrecipients to: monitor and report on the status of the activities, comply with federal and Recipient grant requirements, and close the subaward in accordance with 44 C.F.R. § 206.204-209, 2 C.F.R. Part 200, FEMA's *Public Assistance Program and Policy Guide (PAPPG)*, and FEMA's [Program Management and Grant Closeout SOP](#).

Section I – Project Application Information

Instructions: Recipients and Subrecipients must complete this section. The Recipient or Subrecipient may assign a unique number for each project application. This number can help the Recipient or Subrecipient connect this project application to their accounting or other systems. Any documents attached to this project application should include the project application number and title.

Declaration #:	Name of Organization Applying:	FEMA PA Code:	Applicant-Assigned Project Application #:
----------------	--------------------------------	---------------	---

Project Application Title: *Management Costs*

Continue to Section II – Scope of Work.

Section II – Scope of Work

Instructions: Recipients and Subrecipients must complete this section and describe the activities that the Recipient or Subrecipient conducted or will conduct.

1. DESCRIPTION OF ACTIVITIES

Activities eligible as management costs include those related to developing eligible Public Assistance projects and receiving reimbursement. Activities related to ineligible projects are not eligible to be claimed under the management cost contribution.

Please provide a brief description of the activities the {Subrecipient, Recipient} conducted or will conduct:

Please select all the activities the {Subrecipient, Recipient} conducted or will conduct:

- ☐ *Meetings regarding the PA program or overall PA damage claims
 - ☐ Preliminary Damage Assessments (PDAs)
 - ☐ Site Inspections
 - ☐ Exploratory Calls, Recovery Scoping Meeting, Recovery Transition Meetings
- ☐ Preparing and reviewing Public Assistance projects and project applications
 - ☐ Preparing Small and Large projects
 - ☐ Organizing Public Assistance damage sites into logical groups
 - ☐ Developing the detailed site-specific damage description
 - ☐ Collecting copying, filing, or submitting documents to support a claim
 - ☐ Preparing correspondence
 - ☐ Reviewing projects
 - ☐ Evaluating Section 406 Hazard Mitigation measures
 - ☐ Requesting disbursement of Public Assistance funds
- ☐ *Purchasing or renting equipment, software, and supplies used specifically for the Public Assistance Program.
- ☐ *Purchasing or renting facilities or space used specifically for the Public Assistance Program.
- ☐ Travel expenses related to documenting damage and developing Public Assistance projects (e.g., site inspections).
- ☐ *Training related to Public Assistance.
- ☐ Other activity. *Please describe:* _____

Complete Schedule D if any of the starred activities are selected above.

Please select the method(s) of work the {Subrecipient, Recipient} used or will use to complete the activities reported above:

- ☐ Establishment of facilities
- ☐ Repurposing, renovating, or reusing existing facilities.
- ☐ Placing prefabricated facilities on a site.

☐ Constructing new facilities

Complete Schedule F if repurposing, renovating, or reusing existing facilities; placing prefabricated facilities on a site; or constructing new facilities selected above.

2. LOCATIONS

Please select the locations where the activities reported above were or will be conducted:

- ☐ Jurisdiction-wide
- ☐ Specific sites. Please attach a list of all addresses or GPS coordinates.

Continue to Section III – Cost and Work Status Information.

Section III – Cost and Work Status Information

Instructions: Recipients and Subrecipients must complete this section and provide the costs of the management activities reported in Section II.

1. GENERAL COST & WORK STATUS QUESTIONS

Does the {Subrecipient, Recipient} want to request an initial obligation of funding for management costs?

- ☐ Yes. Please complete Schedule G to request an initial management cost funding obligation.
- ☐ No. Please complete Schedule B to provide actual costs incurred.

FEMA will formulate a project for up to 5% for Subrecipients and up to 7% for Recipients of the total award amount obligated at the time of this request. All management cost projects will be reconciled to actual reasonable costs upon receipt of a Subrecipient's or Recipient's final actual management cost claim.

What is the status of the activities reported in Section II?

- ☐ Activities started _____ (MM/DD/YY) and completed _____ (MM/DD/YY).
- ☐ Activities started _____ (MM/DD/YY), ____% complete, and projected to end _____ (MM/DD/YY).
- ☐ Activities started _____ (MM/DD/YY), ____% complete, with no predictable end date.
- ☐ Activities have not started.

Does the {Subrecipient, Recipient} anticipate the total costs for management costs to exceed \$1 million?

- ☐ No.
- ☐ Yes. Will funds be needed within 1 year?
- ☐ No.
- ☐ Yes. This project is subject to FEMA's strategic funds management process. Please provide documentation that includes projected dates for when and how much management cost funding is needed, and a plan for expending management cost funds.

Strategic Funds Management is FEMA's process for obligating PA funding based on the {Recipient, Subrecipient}'s schedule to execute the work. FEMA's Strategic Funds Management – Implementation Procedures for the Public Assistance Program ([FEMA SOP 9570.24](#)) addresses this obligation process in detail.

2. PROJECT COST

What is the total net cost? For actual costs, the total net cost will be based on actual costs reported in Schedule C, up to 5% for Subrecipients and up to 7% for Recipients of the total award amount for the event. For estimated costs, this value is based on the estimating method selected in Schedule G.

\$

Please continue to Section IV – Project Certifications.

Section IV – Project Certifications

Instructions: Complete this section to certify that the activities and costs reported in this project application comply with applicable federal, state, tribal, territorial, and local laws and regulations.

1. GENERAL CERTIFICATION

I certify the following:

Activity Certifications

In accordance with the *Public Assistance Management Costs (Interim) FEMA Recovery Policy FP 104-11-2*

- All management activities claimed are related to eligible Public Assistance projects under the declaration referenced in Section 1 of this application.
- I understand that all Management Cost projects will be reconciled and reimbursed based on actual costs not to exceed the maximum percentage allowed (7 percent for Recipients and 5 percent for Subrecipients). This includes management cost projects that are below the large project threshold.
- The specific activities and costs in this project application were not requested from another funding source or, if they were requested, that other source has not yet approved the funding. Further, I certify that if the Subrecipient does receive funding for the specific activities and costs in this project application, I must notify the Recipient and FEMA, and funding will be reconciled to eliminate duplication.

As required by Title 44 Code of Federal Regulations (C.F.R.) §§ 206.223 and in accordance with the *Public Assistance Management Costs (Interim) FEMA Recovery Policy FP 104-11-2*, the costs described in this project were or are:

- The {Recipient, Subrecipient}'s legal responsibility;
- Required as the result of the emergency or major disaster event; and
- Incurred up to and not to exceed whichever of the following occurs first:
 - o 180 days after work is completed on the last non-management cost PA project for the declaration; or
 - o 180 days after the latest performance period of a non-management cost PA project for the declaration; or
 - o Two years from the date of an Emergency Declaration; or
 - o Eight years from the date of a Major Disaster Declaration.

Cost Certifications

As required by 44 C.F.R. § 206.228 and 2 C.F.R. Part 200 and in accordance with the PAPPG, the costs for which the {Recipient, Subrecipient} is claiming reimbursement were or are:

- Of a type generally recognized as ordinary and necessary for the type of facility or activities;
- Reduced by applicable credits, such as insurance proceeds and salvage values; and
- Reasonable as demonstrated by the method selected in *Schedule C or G* of this project application.

As required by the Stafford Act § 312, 42 U.S. Code § 5155, and 2 C.F.R. § 200.406 and in accordance with the PAPPG, the {Recipient, Subrecipient} has either:

- Informed FEMA of all insurance proceeds; or
- Did not have insurance coverage in place for the claimed costs at the time of the declaration.

If claiming contract costs: The {Recipient, Subrecipient} complied with federal, Recipient, and Subrecipient procurement requirements.

If claiming equipment costs: The {Recipient, Subrecipient} complied with all FEMA policies regarding equipment rates in accordance with the PAPPG.

If claiming labor costs: The {Recipient, Subrecipient} complied with all FEMA policies regarding labor in accordance with the PAPPG.

Environmental and Historic Preservation Compliance Certifications

In accordance with the PAPPG, the {Recipient, Subrecipient} will comply with applicable federal, state, and local laws; will provide all documentation requested to allow FEMA to ensure project applications comply with federal Environmental and Historic Preservation (EHP) laws, implementing regulations, and Executive Orders; and will comply with any EHP compliance conditions placed on the grant.

Documentation Certifications

In accordance with 2 C.F.R. § 200.333 as well as state and local record retention requirements, the {Recipient, Subrecipient} will maintain all documentation that supports this project application in its own files. This

documentation will be required if the {Recipient, Subrecipient} submits an appeal for additional funding, as well as in the case of any audits.

It is important to know that upon submittal your project application becomes a legal document. The Recipient or FEMA may use external sources to verify the accuracy of the information you enter. It is a violation of Federal law to intentionally make false statements or hide information when applying for Public Assistance. This can carry severe criminal and civil penalties including a fine of up to \$250,000, imprisonment, or both. (18 U.S.C. §§ 287, 1001, 1040, and 3571). I certify that all information I have provided regarding the project application is true and correct to the best of my knowledge. I understand that, if I intentionally make false statements or conceal any information in an attempt to obtain Public Assistance, it is a violation of federal laws, which carry severe criminal and civil penalties.

{Recipient, Subrecipient} Authorized Representative

Title

Signature

2. PREPARER CERTIFICATION

Did the {Recipient, Subrecipient} Authorized Representative receive consultant support or technical assistance in preparing this project application from anyone not directly employed by the Subrecipient?

☐ No.

☐ Yes. *Please provide the following information and obtain the preparer's certification.*

Preparer's Company or Firm Name

Preparer's Company or Firm EIN

Preparer's Company or Firm Address

By signing below, I certify all information provided in this project application is true and correct based on all information of which I have any knowledge. I understand that causing the {Recipient, Subrecipient} to make false certification or statements or conceal any information in an attempt to obtain disaster aid is a violation of federal laws, which carry severe criminal and civil penalties, including a fine of up to \$250,000, imprisonment, or both (18 U.S.C. Part 287, 1001, 1040 and 3571).

Preparer's Name

Preparer's Title

Preparer's Signature

*Please ensure that you have completed all schedules applicable to the activities you performed.
You have completed the project application. Thank you.*

SCHEDULE D – Activity-Specific Eligibility Questions

Instructions: If any of the following activities were selected in Section II, Recipients and Subrecipients must answer the corresponding questions:

- Conducting meetings –Complete part 1
- Purchase of land or buildings – Complete part 3.
- Purchase of supplies or equipment–Complete part 2.
- Training related to PA –Complete part 4.

1. CONDUCTING MEETINGS

Please describe the purpose of meetings conducted or that will be conducted regarding the PA program or overall PA damage claim:

Please indicate the total number of meetings: _____ [Approximate or Exact]

2. PURCHASE OF SUPPLIES OR EQUIPMENT

Please provide a description to substantiate the necessity of any claimed office supplies or equipment to conduct management cost activities:

Please provide approximate quantities and unit costs for each type of supply or equipment reported in Section II:

Supply or Equipment	Quantity	Unit Cost	Total Cost
		\$	\$
		\$	\$
		\$	\$
		\$	\$

Did or will the {Recipient, Subrecipient} purchase equipment or supplies with a total cost of greater than \$5,000?

- ☐ No. Please skip the remaining questions in this part.
- ☐ Yes. Please proceed to the next question.

If yes to the previous question, is the aggregate value or will the aggregate value of unused supplies be greater than \$5,000 after use for federal projects concludes?

- ☐ Unsure. Please skip the remaining question in this part. Please ensure you keep accurate records of unused supplies as the Recipient or FEMA may request this information during an audit or when closing the Subrecipient's subaward(s).
- ☐ No. Please skip the remaining questions in this part.
- ☐ Yes. Please ensure the Subrecipient included disposition proceeds in Schedule B or G as applicable.

If the aggregate total of unused supplies is less than \$5,000, FEMA does not reduce funding. See PAPPG at pp. 29-30.

(Tribal, local, and non-profit entities only) Does the Subrecipient anticipate any piece of equipment they purchased will have fair market value of greater than \$5,000 after its use for federal projects concludes?

- ☐ No.
- ☐ Yes. Please ensure the Subrecipient included disposition proceeds in Schedule B or G as applicable.

(State- and Territory Recipients only) Did the Recipient dispose of equipment in accordance with state or territorial laws and procedures?

- ☐ No.
- ☐ Yes. Please ensure the Recipient included disposition proceeds in Schedule B or C as applicable.

Did or will the {Recipient, Subrecipient} distribute supplies or equipment to for-profit entities?

☐ No.☐ Yes. *Please describe how the {Recipient, Subrecipient} will seek reimbursement for the fair market value of the supplies or equipment:*

In certain cases, FEMA requires that funding be reduced by the remaining value of supplies and equipment after they are no longer needed for federally funded projects. When equipment or supplies (including materials) purchased with PA funding are no longer needed for response to or recovery from the incident, the {Recipient, Subrecipient} may use the items for other federally funded programs or projects, provided the {Recipient, Subrecipient} informs FEMA. For more information on these requirements, see PAPPG at pp. 29-30.

3. PURCHASE OR RENTAL OF LAND OR BUILDINGS

Did or will the {Recipient, Subrecipient} acquire or improve any real property?

FEMA defines real property as "Land, including land improvements, structures, and appurtenances thereto." Real property acquired with FEMA funds is subject to specific disposition and reporting requirements.

☐ No.☐ Yes. *The {Recipient, Subrecipient} must obtain specific disposition instructions from FEMA. The Subrecipient should work through their Recipient to obtain specific instructions when the acquired or improved property is no longer needed for the original authorized purpose.*

4. TRAINING

Please describe the training the {Recipient, Subrecipient} conducted or will conduct related to Public Assistance, including location(s), date(s), and title of courses below or in supporting documentation:

Training claimed under management costs must be related to Public Assistance and occur within the period of performance of the project.

SCHEDULE F – Environmental and Historic Preservation Questions

Instructions: {Recipient, Subrecipient}s must complete this schedule if any of the following activities are reported in Section II:

- Establishment of facilities.

1. ESTABLISHMENT OF FACILITIES

In Section II, Establishment of Facilities was selected as a method of work. To provide information regarding these temporary facilities, you must submit a separate EHP Facility Survey for each facility.

You have completed this schedule. Return to Section II.

EHP FACILITY SURVEY

Instructions: {Recipient, Subrecipient}s must complete this survey if the activities reported in Section II of the project application include the set-up or operation of a temporary facility. The {Recipient, Subrecipient} must submit the information in this survey for each temporary facility.

A. FACILITY INFORMATION

What is the name of this facility?

What dates were or will facility be used?

Start date: _____ (MM/DD/YY)

End date: _____ (MM/DD/YY)

What services did or will the temporary facility provide?

Please describe:

Please describe the facility:

Please provide the GPS coordinates for each site (decimal degrees with five decimal places):

Latitude:

Longitude:

Why was or is the facility needed?

Please describe:

Is or will the facility be accessible to and usable by disabled persons, as required by the Americans with Disabilities Act?

- ☐ Yes, the existing facility is in compliance with the Americans with Disabilities Act and no alterations were or will be required to make the facility ADA-compliant.
- ☐ Yes, the {Recipient, Subrecipient} has made or will make all required alterations to ensure that the facility is in compliance with the Americans with Disabilities Act.
- ☐ No. *Please describe why compliance is not applicable to this facility:*

For additional information on Americans with Disabilities Act, see PAPPG at pp. 95-96.

Please indicate how the {Recipient, Subrecipient} did or will establish the facility and attach a cost analysis justifying the selection. Please select all that apply.

- ☐ Rent a facility. *Please provide a lease agreement.*
- ☐ Purchase a facility. *Please provide documentation to support the purchase price.*
- ☐ Construct a new facility.
- ☐ Modify/expand an existing facility.

If purchasing or constructing a new facility, has the {Recipient, Subrecipient} completed its use of the facility?

- ☐ No.
- ☐ Yes. If the {Recipient, Subrecipient} purchased or constructed a temporary facility, it must return to FEMA the federal share of the equity in the facility. The {Recipient, Subrecipient} must report the equity to FEMA when the approved deadline has expired or when the facility is no longer needed for the authorized purpose, whichever occurs first. For more information on this requirement, see PAPPG at pp. 79-80. *Please ensure disposition proceeds are captured and associated questions answered in Schedule B or G as applicable.*

What method(s) of work did or will the {Recipient, Subrecipient} use to establish the temporary facility:

- ☐ Repurposing, renovating, or reusing existing facilities.
- ☐ Placing prefabricated facilities on a site.
- ☐ Constructing new temporary medical or sheltering facilities.

Will the {Recipient, Subrecipient} only repurpose or reuse an existing facility?

- ☐ Yes, and the temporary use is the same as the most recent use of the facility. *Please skip the remaining questions in this survey.*
- ☐ Yes, but the temporary use is not the same as the most recent use of the facility. *Please describe the temporary use and the most recent use of the facility:*

Please skip the remaining questions in this survey.

- ☐ No, the facility use required renovation, placing prefabricated facilities, or new construction. *Please continue to the next section in this survey.*

B. RENOVATION AND CONSTRUCTION INFORMATION

If the facility is not new construction, what year was the facility built?

Please provide year built and note whether the date is approximate or exact: _____ ☐ Approximate ☐ Exact

Please describe the work in detail, to include any ground disturbing activities, or attach plans or other documentation describing the work:

The description should include a description of the following: For existing buildings, interior and exterior modification descriptions including quantities, dimensions, and material types; and utility upgrade descriptions. For construction of new facilities, a description of site activities and new construction. For placement of prefabricated facilities on sites, a description of the prefabricated facility and any site work to be carried out.

Will the activity occur entirely within an already-developed area?

Examples of developed areas include an existing parking lot, a lot previously developed for construction with existing utility tie-ins, an existing asphalt or concrete pad, or an artificial playing field.

☐ Yes.

☐ No. If no, will the activity require the construction of a concrete or asphalt pad?

☐ No.

☐ Yes. If yes, will the pad be removed when the temporary facility is no longer needed?

☐ No.

☐ Yes. Please describe planned demolition activities:

Will any ground disturbing activities occur as part of construction?

Ground disturbing activities may include site clearing and preparation, laying utilities, or expanding of existing utilities.

☐ No.

☐ Yes. Please attach a site plan for the temporary facility, including GPS coordinates and dimensions (length, width, and depth) of the ground disturbance.

If yes, will the ground disturbance occur outside of an existing footprint or previously disturbed Right-of-Way?

☐ No.

☐ Yes. If yes, will rooted vegetation be removed or cleared?

☐ No.

☐ Yes. Please provide the GPS coordinates (decimal degrees with five decimal places):

Latitude:

Longitude:

If yes, will trees be removed?

☐ No.

☐ Yes. Please provide the GPS coordinates (decimal degrees with five decimal places):

Latitude:

Longitude:

Number of trees:

Diameter of trees (approximate):

Units:

Will the activities include the use of staging areas for equipment or materials?

☐ No.

☐ Yes. Please provide the GPS coordinates for each site (decimal degrees with five decimal places):

Latitude:

Longitude:

What surface does each staging area have (paved, gravel, grass field, etc.)? Please describe:

Will the activities include expansion of parking facilities?

☐ No.

☐ Yes.

Will the activities involve the disposal of any existing materials as part of site preparation or construction?

☐ No.

☐ Yes. If yes, what are the types of debris? Please select all that apply.

- ☐ Vegetative
- ☐ Construction and demolition
- ☐ Hazardous Materials
- ☐ Large Appliances
- ☐ Electronics
- ☐ Other. *Please describe:*

If yes, how will debris be removed?

- ☐ Using a contractor. *Please provide the name of the vendor:*
- ☐ Using other non-contracted resources.

If yes, where will the debris be disposed?

Please provide permits (if available) and the GPS coordinates (decimal degrees with five decimal places):

Latitude:

Longitude:

Will there be any temporary staging of debris?

- ☐ No.
- ☐ Yes. *Please provide permits (if available) and the GPS coordinates (decimal degrees with five decimal places):*
Latitude: Longitude:

If vegetative was selected above, will any vegetative debris be burned?

- ☐ No.
- ☐ Yes. **If yes, what is the method of ash disposal?** *Please provide permits, if available.*
 - ☐ Disposing in a Landfill.
 - ☐ Spreading.
 - ☐ Burying.
 - ☐ Other. *Please describe:*

Will fill or borrow material be used for site preparation?

- ☐ No.
- ☐ Yes. **If yes, what is the quantity of fill?** _____ Units: ☐ Cubic yards ☐ Tons ☐ Other:

If yes, what is the type of fill and borrow material?

- ☐ Soil
- ☐ Sand
- ☐ Gravel
- ☐ Rock
- ☐ Other material. *Please describe:*

If yes, what is the source of the fill and borrow material?

- ☐ Commercial. *Please provide name of vendor:*
- ☐ Private
- ☐ Municipal
- ☐ Other location. *Please describe:*

Please provide the GPS coordinates (decimal degrees with five decimal places) of the fill and borrow sources:

Latitude:

Longitude:

Are there any large, undeveloped or undisturbed areas on, or near, the site?

Select yes if there are large tracts of forestland, farmland, grassland, or naturally preserved areas, etc.

- ☐ No.
- ☐ Yes. Please describe:

Are any of the following environmental issues associated with the site or facility? Select all that apply.

- ☐ Conservation Area or Wildlife Refuge
- ☐ Non-Attainment Area (Clean Air Act)
- ☐ Underground storage tanks
- ☐ Old gas stations or other potential toxic substance generators like dry cleaning, laboratories, landfills, dumps, industrial sites
- ☐ Brownfield or Superfund sites
- ☐ Fuel or oil spills
- ☐ Other. Please describe:
- ☐ None apply
- ☐ Unsure if any apply

Are there any of the following known hazardous materials at or adjacent to the site? If any are selected, please attach applicable permits, if available.

- ☐ Solvents (thinners, cleaners, varnishes, and adhesives)
- ☐ Oil/Fuel/Hydraulics
- ☐ Chemical, pesticide or fuel storage tanks (above or below ground)
- ☐ Lead based paints, solder, flashing
- ☐ Pesticides
- ☐ Mercury containing waste (mercury switches, fluorescent bulbs, thermostats, etc.)
- ☐ PCB containing materials (transformers, caulking, etc.)
- ☐ Hazardous Medical Waste
- ☐ Asbestos containing products (sealants, insulation, tile, etc.)
- ☐ No.
- ☐ Unsure

Will any of the activities described in Section II be performed on any of the following? Select all that apply.

- ☐ A facility listed in or eligible for listing in a local, state, or national register. Please describe:
- ☐ A site in or adjacent to a historic district. Please describe:
- ☐ A locally recognized landmark. Please describe:
- ☐ A National Historic Landmark. Please describe:

- ☐ No.
- ☐ Unsure

If the {Recipient, Subrecipient} selected any of the facility types listed above, and/or the facility is more than 45 years old: Will the {Recipient, Subrecipient} be requiring interior installations or exterior modifications?

- ☐ No.
- ☐ Unsure
- ☐ Yes. *Please describe:*

Please provide the following documentation, if available, to aid FEMA's review of temporary facility activities. *Check each box if the referenced documentation is provided.*

- ☐ Permits and correspondence with regulatory agencies, if applicable.
- ☐ Site map showing the location of all proposed areas where the {Recipient, Subrecipient} will conduct site work or construction and the extent of ground disturbance (including staging areas, access roads, parking, landscaping, grading or utilities)
- ☐ Photographs of the site

SCHEDULE G – Initial Management Cost Estimate

Instructions: The Subrecipient or Recipient must complete this section if requesting advanced funding in Section III of the project application. Advanced funding is only available to the {Recipient, Subrecipient} if at least one PA project is obligated for this event.

1. INITIAL BUDGET ESTIMATE

If this is a Recipient's project application:

Please select one of the following options to estimate the initial management cost funding for your organization:

- ☐ **7 percent of the per capita impact indicator for their state:** \$_____ [system-calc]
This value is calculated as 7 percent of the minimum statewide PA per capita impact indicator. Under the Tribal Declarations Pilot Guidance, FEMA does not use a per capita indicator for Tribes. FEMA will work with tribal Recipients to determine the appropriate amount for an initial obligation, when necessary.
- ☐ **7 percent of the total award amount (excluding Subrecipient management costs):**
 \$_____ [system-calc]
- ☐ **Anticipated expenditures for the first 180 days of the declaration.** If selected, please indicate the estimated funding amount and provide a summary of anticipated expenditures for the first 180 days of the declaration. This amount must not exceed 7 percent of the estimated total award amount (excluding Subrecipient management costs) for the disaster.
 \$_____

Would the Recipient prefer to receive less than the maximum amount?

- ☐ No.
- ☐ Yes. Please enter the preferred amount: \$_____

If this is a Subrecipient's project application:

The Subrecipient will receive an initial obligation for management costs of up to 5 percent of the Subrecipient's total award amount obligated at the time of the request. Based on the current actual total award amount for the disaster of \$_____ [system-calc], the Subrecipient may receive an initial obligation of funding for management costs of up to: \$_____.

Would the Subrecipient prefer to receive less than the maximum amount?

- ☐ No.
- ☐ Yes. Please enter the preferred amount: \$_____

The Subrecipient will receive an initial obligation calculated of not more than 5 percent of the total award amount. Total award amount is the actual eligible PA project costs, including the non-Federal share, after insurance and any other reductions.

2. PROJECT COST & COST ELIGIBILITY

Please select the resources necessary to complete the activities reported in Section II. For each resource selected, please provide the cost or other information FEMA can use to estimate the cost.

☐ **Contracts.**

Cost

\$_____

Please enter the total cost of contracts and provide copies of the request for proposals, bid documents or signed contracts. If contracts are not available, please provide a unit price estimate and the basis for the unit prices (for example, historic price documentation, or vendor quotes).

FEMA provides funding for contract costs based on the terms of the contract if the {Recipient, Subrecipient} meets federal procurement and contracting requirements. See PAPPG at pp.76-85. The federal procurement under grant rules are found at [2 C.F.R. §§ 200.317-200.326](#). Different sets of procurement rules apply depending on whether you are a state or a non-state entity. For additional information see FEMA's [Procurement Under Grants Public Assistance Policy](#) and FEMA Fact Sheet: [Procurement Under Grants: Under Exigent or Emergency Circumstances](#).

☐ Labor. Including the {Recipient, Subrecipient}'s own staff, Mutual Aid, prison labor, or National Guard.	Cost \$
<i>Please enter the total cost of labor and provide a copy of the calculation. If not available, please provide the following (attach a list if necessary):</i> - Number of personnel: - Average hours per day: - Average days per week: - Average pay rate: <i>If the personnel were or will be provided through mutual aid, please provide the written mutual aid agreement.</i> FEMA reimburses force account labor costs based on actual hourly rates plus the cost of the employee's actual fringe benefits. FEMA determines the eligibility of overtime, premium pay, and compensatory time costs based on the {Recipient, Subrecipient}'s pre-disaster written labor policy. See PAPPG at pp. 68-72 and 85-87.	
☐ Equipment. Including {Recipient, Subrecipient] owned, purchased, or rented.	Cost \$
<i>Please enter the total cost of equipment. If {Recipient, Subrecipient]'s own equipment, provide the following (attach a list if necessary):</i> - Number and types of equipment used: - Average hours used per day: - Average days per week: - Average hourly rate: <i>If purchased, enter the purchase price.</i> <i>If rented, provide the rental agreement and enter the rental price.</i> FEMA provides funding for the use of {Recipient, Subrecipient}-owned equipment based on hourly rates. If a {Recipient, Subrecipient} does not have sufficient equipment to effectively respond to an incident, FEMA may provide funding for purchased or leased equipment. Costs are eligible if the {Recipient, Subrecipient} performed an analysis of the cost of leasing versus purchasing the equipment. FEMA funds the least costly option. See PAPPG at pp. 72-74	
☐ Materials and Supplies.	Cost \$
<i>Please enter the total cost of materials and supplies and provide the following (attach a list if necessary):</i> - Amount of materials and supplies, by type: - Purchase or stock replenishment cost: The cost of materials and supplies is eligible if (1) the materials or supplies were purchased and justifiably needed to effectively respond to and/or recovery from the incident or (2) the materials or supplies were taken from a {Recipient, Subrecipient}'s stock and used to for the incident. The {Recipient, Subrecipient} needs to track items taken from stock with inventory withdrawal and usage records. FEMA will also consider escalation of costs (such as due to shortages) or exigent circumstances in evaluating cost reasonableness. See PAPPG at p. 74-75.	
☐ Other costs. Including travel costs, utilities and any other expenses not listed above.	Cost \$
<i>Please enter the total cost and provide high-level information which can substantiate costs. If travel costs will be claimed, please include a description of the purpose of the travel and provide the relevant travel policy:</i> Other costs may include travel costs directly tied to the performance of eligible work. Not all costs incurred as a result of the incident are eligible. See PAPPG at pp. 96.	
Subtotal Please add together costs of contracts, labor, equipment, materials and other costs.	
3. DEDUCTIONS	
Please select the credits available to offset costs of activities reported in Section II. For each selected, please provide the deduction or other information FEMA can use to estimate the deduction.	
☐ Insurance Proceeds.	Deduction \$
Does the {Recipient, Subrecipient} have insurance coverage that might cover any activities reported in Section II? ☐ No.	

☐ Yes, the {Recipient, Subrecipient} *anticipates* receiving a payment from its insurance carrier.

☐ Yes, the {Recipient, Subrecipient} has *actually* received a payment from its insurance carrier.

If yes, please enter the total amount of insurance proceeds and provide copy of insurance documentation.

FEMA cannot provide funding that duplicates insurance proceeds. FEMA requires the {Recipient, Subrecipient} to take reasonable efforts to pursue claims to recover insurance proceeds that the {Recipient, Subrecipient} is entitled to receive from its insurer(s). See FEMA's [Public Assistance Policy on Insurance](#).

☐ **Disposition.**

Deduction

\$

Please enter the total salvage value of purchased equipment and supplies (if greater than \$5,000).

When purchased equipment, supplies, or materials are no longer needed for federally funded projects, FEMA reduces eligible funding by the fair market value of each piece of equipment valued at \$5,000 or more and unused residual supplies and materials that total \$5,000 or more. If the {Recipient, Subrecipient} acquires or improves real property with funds, disposition and reporting requirements apply. See PAPPG at pp.75-76.

☐ **Other Deductions.**

Deduction

\$

Please enter the total amount of other goods and services provided to for-profit entities or any other proceeds or payments received or expected.

NET COST *Please subtract all proceed deductions from the subtotal.*

\$

You have completed this schedule. Return to Section IV to certify and sign this project application.

SCHEDULE B – Completed Work Estimate

Instructions: Subrecipients and Recipients must complete this schedule if the Subrecipient/Recipient (1) has completed the activities reported in Section II and (2) has documentation available to support the actual costs. FEMA does not distinguish between small and large projects for management cost projects.

1. PROJECT COST & COST ELIGIBILITY

Please select the resources necessary to complete the activities reported in Section II. For each resource selected, please provide the cost and requested information.

☐ **Contracts.****Cost**

\$

Please enter the total cost of contracts. To calculate the total cost, complete FEMA Public Assistance Contracts Report or provide all information contained therein.

Please also provide:

- ☐ Contracts, change orders, and summary of invoices
- ☐ Cost or price analysis (for contracts above \$250,000, the federal simplified acquisition threshold)
- ☐ The {Recipient, Subrecipient}'s procurement policy
- ☐ Other procurement documents that support the that the cost was reasonable (for example, requests for proposals, bids, selection process, or justification for non-competitive procurement)
- ☐ Documentation that substantiates a high degree of contractor oversight, such as daily or weekly logs, records of performance meetings (required for time and materials contracts)

FEMA provides funding for contract costs based on the terms of the contract if the {Recipient, Subrecipient} meets federal procurement and contracting requirements. See PAPPG at pp.76-85. The federal procurement under grant rules are found at [2 C.F.R. §§ 200.317-200.326](#). Different sets of procurement rules that apply depending on whether you are a state or a non-state entity. For additional information see FEMA's [Procurement Under Grants Public Assistance Policy](#) and FEMA Fact Sheet: [Procurement Under Grants: Under Exigent or Emergency Circumstances](#).

☐ **Labor.** Including the {Recipient, Subrecipient}'s own staff, Mutual Aid, prison labor, National Guard.**Cost**

\$

Please enter the total cost of labor. To calculate the total cost, complete [FEMA Form 009-0-123 Force Account Labor Summary](#) and [FEMA Form 009-0-128 {Recipient, Subrecipient}'s Benefit Calculation Worksheet](#) or provide all information contained therein.

Please also provide:

- ☐ Justification for any standby time claimed
- ☐ Labor pay policy (must cover each employee type used, for example part time, full time, and temporary)
- ☐ National Guard pay policy (required for National Guard)
- ☐ Mutual aid agreement (required for mutual aid labor)
- ☐ Timesheets (please provide either (1) a summary list of all your timesheets, which FEMA will sample and request copies of a limited number of time sheets; or (2) a sample set of timesheets and a detailed explanation of the sampling methodology you used to select the representative sample)
- ☐ Daily logs or activity reports (please provide either (1) a summary list of all your logs or reports, which FEMA will sample and request copies of a limited number of logs or reports; or (2) a sample set of logs or reports and a detailed explanation of the sampling methodology you used to select the representative sample)

Please describe any labor that was not {Recipient, Subrecipient}'s own staff, mutual aid, prison labor, or National Guard:

FEMA reimburses force account labor costs based on actual hourly rates plus the cost of the employee's actual fringe benefits. FEMA determines the eligibility of overtime, premium pay, and compensatory time costs based on the {Recipient, Subrecipient}'s pre-disaster written labor policy. See PAPPG at pp.68-72 and 85-87.

☐ Equipment. Including {Recipient, Subrecipient} owned, purchased, or rented.	Cost \$
<i>Please enter the total cost of equipment. To calculate the total cost, complete FEMA Form 009-0-127 Force Account Equipment Summary and FEMA Form 009-0-125 Rented Equipment Summary Record or provide all information contained therein. Please also answer the following questions:</i> How did the {Recipient, Subrecipient} acquire the equipment? ☐ Owned prior to the event declaration date. ☐ Purchased. <i>Please provide invoices or receipts, and a rental vs. purchase cost comparison.</i> ☐ Rented. <i>Please provide rental agreement, invoices or receipts, and a rental vs. purchase cost comparison.</i> What was the basis of the rate used in the summary? Please select all that apply. ☐ FEMA Equipment Rates. ☐ {Recipient, Subrecipient}'s Equipment Rates. Note, If the {Recipient, Subrecipient} is not a state- or territory-level entity, they typically must use the lesser of their own rate or FEMA's rate. ☐ No rate is available, and the {Recipient, Subrecipient} would like FEMA to calculate an Equipment Rate. <i>For all equipment where a rate is requested, please provide the original purchase price and documentation, the year purchased, and the total useful lifetime hours.</i> ☐ Other. <i>Please describe:</i> <i>If purchase or rental was over \$250,000, the federal simplified acquisition threshold, please also provide all information requested of contracts above.</i> FEMA provides funding for the use of {Recipient, Subrecipient}-owned equipment based on hourly rates. If a {Recipient, Subrecipient} does not have sufficient equipment to effectively respond to an incident, FEMA may provide funding for purchased or leased equipment. Costs are eligible if the {Recipient, Subrecipient} performed an analysis of the cost of leasing versus purchasing the equipment. FEMA funds the least costly option. See PAPPG at 72-74.	
☐ Materials and Supplies.	Cost \$
<i>Please enter the total cost of materials and supplies. To calculate the total cost, complete FEMA Form 009-0-124 Materials Summary Record or provide all information contained therein.</i> How did the {Recipient, Subrecipient} acquire the materials or supplies? ☐ From stock. <i>Please provide cost documentation such as original invoices or other historical cost records, inventory records, and—if available—supporting documentation such as daily logs.</i> ☐ Purchased. <i>Please provide invoices or receipts, and justification if purchased materials or supplies were not used. If purchase was over \$250,000, the federal simplified acquisition threshold, please also provide all information requested of contracts above.</i> The cost of materials and supplies is eligible if (1) the materials or supplies were purchased and justifiably needed to effectively respond to and/or recovery from the incident or (2) the materials or supplies were taken from a {Recipient, Subrecipient}'s stock and used for the incident. The {Recipient, Subrecipient} needs to track items taken from stock with inventory withdrawal and usage records. FEMA will also consider escalation of costs (such as due to shortages) or exigent circumstances in evaluating cost reasonableness. See PAPPG at 74-75	
☐ Other costs. Including travel costs and any other expenses not listed above.	Cost \$
<i>Please enter the total cost. If travel costs will be claimed, please include a description of the purpose of the travel. Please describe the costs:</i> <i>Please also provide invoices or receipts. If claiming travel expenses, please provide a travel policy.</i> Other costs may include travel costs and other expenses directly tied to the performance of eligible work. Not all costs incurred as a result of the incident are eligible. See PAPPG at pp. 96.	

Subtotal Please add together costs of labor, equipment, materials and other costs.	\$
2. DEDUCTIONS	
Please select the credits available to offset costs of activities reported in Section II. For each selected, please provide the deduction or other information FEMA can use to estimate the deduction.	
☐ Insurance Proceeds. Does the {Recipient, Subrecipient} have insurance coverage that might cover any activities reported in Section II? ☐ No. ☐ Yes, the {Recipient, Subrecipient} <i>anticipates</i> receiving a payment from its insurance carrier. ☐ Yes, the {Recipient, Subrecipient} has <i>actually</i> received a payment from its insurance carrier. <i>If yes, please enter the total amount of insurance proceeds and provide copy of insurance documentation.</i> FEMA cannot provide funding that duplicates insurance proceeds. FEMA requires the {Recipient, Subrecipient} to take reasonable efforts to pursue claims to recover insurance proceeds that the {Recipient, Subrecipient} is entitled to receive from its insurer(s). See FEMA's Public Assistance Policy on Insurance .	Deduction \$
☐ Disposition. <i>Please enter the total salvage value of purchased equipment and supplies (if greater than \$5,000) and answer additional questions in Schedule D.</i> When purchased equipment, supplies, or materials are no longer needed for federally funded projects, FEMA reduces eligible funding by the fair market value of each piece of equipment valued at \$5,000 or more and unused residual supplies and materials that total \$5,000 or more. If the {Recipient, Subrecipient} acquires or improves real property with funds, disposition and reporting requirements apply. See PAPPG at pp.75-76.	Deduction \$
☐ Other Deductions. <i>Please enter the total amount of other goods and services provided to for-profit entities or any other proceeds or payments received or expected.</i>	Deduction \$
NET COST Please subtract all proceed deductions from the subtotal.	
You have completed this schedule. Return to Section III, Part 2.	