

### Section I – Project Application Information

Instructions: Applicants must complete this section and should refer to the Public Assistance Grants Portal for the declaration # and FEMA PA code. The Applicant must assign a unique title and number for each project application. This title and number can help the Applicant 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.

<b>Declaration #:</b>	<b>Name of Organization Applying:</b>	<b>FEMA PA Code:</b>	<b>Applicant-Assigned Project Application #:</b>
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Project Application Title:

*Continue to Section II – Scope of Work.*

### Section II – Scope of Work

Instructions: Applicants must complete this section and describe the activities that the Applicant conducted or will conduct in response to COVID-19. For certain activities Applicants must provide additional information in Schedules D and F.

#### 1. DESCRIPTION OF ACTIVITIES

Please provide a brief description of the activities the Applicant conducted or will conduct:

Please select all the activities the Applicant conducted or will conduct:

**Management, control, and reduction of immediate threats to public health and safety**

- Emergency operations center activities
- Training
- Facility disinfection
- Technical assistance on emergency management
- Dissemination of information to the public to provide warnings and guidance
- Pre-positioning or movement of supplies, equipment, or other resources
- Purchase and distribution of food, water, or ice
- Purchase and distribution of other commodities
- Security, law enforcement, barricading, and patrolling
- Storage of human remains or mass mortuary services
- Other. *Please describe:*

**Emergency Medical Care**

- Purchase and distribution/use of **medical supplies & equipment** including:
  - [In vitro diagnostic](#) supplies
  - [Personal protective equipment](#) including:
    - Respirators
    - [N95 Respirators](#)
    - [Medical gloves](#)
    - [Surgical masks](#)
    - [Medical gowns](#)
    - Coveralls

- Face shields
- Other Personal Protective Equipment (PPE). *Please describe:*
- [Decontamination systems](#)
- [Ventilators and products modified for use as ventilators](#)
- Therapeutics
- Other. *Please describe:*
- Provision of **medical services** including:
  - [Disease testing](#)
  - Treatment
  - Diagnosis
  - Emergency medical transport
  - Medical waste disposal
  - Other. *Please describe:*
- Enhanced **medical facilities** including:
  - [Alternate Care Sites](#) or other temporary medical facilities
  - Expansion of capacity within an existing medical facility
  - [Community-based testing sites](#)
  - Other. *Please describe:*

### Sheltering

- [Isolation-related](#) temporary lodging
- [Quarantine-related](#) temporary lodging
- High-risk population sheltering
- Healthcare worker and first responder temporary lodging
- Household pet or assistance animal or service animal sheltering
- Other. *Please describe:*

### Other

- Other activity. *Please describe:*

*Complete Schedule F if any of the following activities are reported above: storage of human remains or mass mortuary services, decontamination systems, or medical waste disposal.*

### Please select the method(s) of work the Applicant used or will use to complete the activities reported above:

- Establishment of temporary facilities, including:
  - Repurposing, renovating, or reusing existing facilities.
  - Placing prefabricated facilities on a site.
  - Constructing new temporary medical or sheltering facilities.
- Staging resources at an undeveloped site.
- Purchase of meals for emergency workers
- Purchase of supplies or equipment
- Purchase of land or buildings

*Complete Schedule F if any of the following activities are reported above: establishment of temporary facilities or staging resources at an undeveloped site.*

**2. LOCATIONS**

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

- Jurisdiction-wide
- Geographic area(s). *Please attach a list of all areas.*
- 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: Applicants must complete this section and provide the costs of the activities reported in Section II. Applicants must also complete Schedule A, B, C, or EZ as instructed below to estimate a project cost.

**1. GENERAL COST & WORK STATUS QUESTIONS**

**Optional: Request Expedited Funding**  
 An Applicant may request approval for expedited funding from the Recipient and FEMA if they have an immediate need for funding to continue life-saving emergency protective measures. If approved, the Applicant will be awarded 50% of the FEMA-confirmed project cost based on initial documentation. However, the Applicant will then be required to provide **all information**, including all documentation to support actual incurred costs, to support the initial 50% of funding before receiving **any additional funding**. Applicants will be required to return any funds that were not spent in compliance with the program’s terms and conditions. In general, **Applicants who have never received FEMA Public Assistance funding and do not have significant experience with federal grant requirements should avoid expedited funding** or, at a minimum, discuss expedited funding with their Recipient emergency management office *prior* to requesting expedited funding. Expedited funding is only available for activities completed during specific time periods.

**Does the Applicant want to request expedited funding?**

- No. *Continue to the next question.*
- Yes. *Please complete Schedule A to request an expedited project from FEMA and return to Section IV.*

**Is the Applicant’s estimated cost for activities reported in Section II greater than or equal to \$131,100?**

- Yes. *Continue to the next question.*
- No. *Please complete Schedule EZ to provide a small project estimate and return to Section III Part 2.*

**What is the status of the activities reported in Section II?**  
 An Applicant may not request funding for activities conducted prior to January 20, 2020, the beginning of the COVID-19 incident period. This question should be answered once to describe all the activities reported in Section II (i.e. the earliest start date and the latest end date). If FEMA’s eligibility criteria for certain activities are limited to specific time periods, FEMA will ask for the time period that a particular activity was or will be conducted.

- Activities started \_\_\_\_\_ (MM/DD/YY) and completed \_\_\_\_\_ (MM/DD/YY).  
*Please complete Schedule B to provide actual cost documentation and return to Section III Part 2.*
- Activities started \_\_\_\_\_ (MM/DD/YY), \_\_\_% complete, and projected to end \_\_\_\_\_ (MM/DD/YY).  
*Please complete Schedule C to provide a detailed cost estimate and return to Section III Part 2.*
- Activities started \_\_\_\_\_ (MM/DD/YY), \_\_\_% complete, with no predictable end date.  
*Please complete Schedule C to provide a detailed cost estimate and return to Section III Part 2.*
- Activities have not started.  
*Please complete Schedule C to provide a detailed cost estimate and return to Section III Part 2.*

**2. PROJECT COST**

**What is the total net cost?** *Please enter the total net cost from Schedule B, C or EZ.* \$

*If the total net cost is greater than or equal to \$131,100 and the Applicant is not requesting expedited funding, please complete Schedule D and return to Section IV – Project Certifications.  
 If the total net cost is less than \$131,100 or the Applicant is requesting expedited funding, please continue to Section IV – Project Certifications.*

### Section IV – Project Certifications

Instructions: Applicants must 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. CERTIFICATION THAT BENEFITS WILL NOT BE DUPLICATED

**Has the Applicant applied for any funding for COVID-19 from any other federal program?**

An Applicant may request funding from other programs but may not receive funding for the same costs from multiple programs.

- No.
- Yes. *Please list other programs:*

**If yes, has the Applicant applied for any funding from any other federal program for the activities reported in Section II?**

- No.
- Yes, but the other federal program has not yet approved the funding. *The Applicant must inform FEMA if funding is approved and either (a) withdraw the FEMA project application for any non-obligated subaward or (b) request to close the subaward and return withdrawn funding for any obligated subaward.*
- Yes, but the other federal program has conclusively denied the funding. *Please attach denial.*

*I certify that 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 Applicant 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.*

<b>Applicant Authorized Representative</b>	<b>Title</b>	<b>Signature</b>
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#### 2. GENERAL CERTIFICATION

**I certify the following:**

**Activity Certifications**

As required by Title 44 Code of Federal Regulations (C.F.R.) §§ 206.223 and 206.225 and in accordance with the *Public Assistance Program and Policy Guide (PAPPG)*, the Emergency Protective Measures described in this project were or are:

- The Applicant’s legal responsibility;
- Undertaken in response to the COVID-19 threat caused by the declared event; and
- Undertaken because they were necessary to eliminate threats to life, public health, and safety.

Any activity claimed has to have been performed or is being performed at the direction of or pursuant to guidance of state, local, tribal, or territorial public health officials (such as an executive order or other official order signed by a public health official).

*If any activity was or will be occurring on private property:* For each property, the Applicant (A) had or has a legal basis and authority to conduct the activities; and (B) completed or will complete the following actions for each property for which supporting documentation will be maintained: (i) obtained a right-of-entry, (ii) signed an agreement with the property owner to indemnify and hold harmless the Federal Government, and (iii) made efforts to identify any known insurance proceeds for the same activities.

**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 Applicant 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 A, B, C or EZ* 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 Applicant 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 Applicant complied with federal, Recipient, and Applicant procurement requirements.

*If claiming equipment costs:* The Applicant complied with all FEMA policies regarding equipment rates in accordance with the PAPPG.

*If claiming labor costs:* The Applicant complied with all FEMA policies regarding labor in accordance with the PAPPG.

**Environmental and Historic Preservation Compliance Certifications**

In accordance with the PAPPG, the Applicant 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 Applicant will maintain all documentation that supports this project application in its own files. This documentation will be required if the Applicant 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 makes 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.**

Applicant Authorized Representative	Title	Signature
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**3. PREPARER CERTIFICATION**

**Did the Applicant Authorized Representative receive consultant support or technical assistance in preparing this project application from anyone not directly employed by the Applicant?**

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

## SCHEDULE B – Completed Work Estimate

Instructions: Applicants must complete this schedule if the Applicant (1) has completed the activities reported in Section II, (2) has documentation available to support the actual costs, and (3) the cost of the activities is over \$131,100.

### 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 COVID-19 Contracts Report* (attached) 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 Applicant'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 Applicant meets federal procurement and contracting requirements. See *PAPPG* at pp. 30-33. 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 the Applicant is 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 Applicant's own staff, mutual aid, prison labor, and 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 Applicants 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 Applicant'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 Applicant's pre-disaster written labor policy. For Emergency Work activities conducted by budgeted employees, FEMA will only reimburse overtime salary costs. See *PAPPG* at pp. 23-26 and 33-35.

<input type="checkbox"/> <b>Equipment.</b> Including applicant owned, purchased, or rented.	<b>Cost</b> \$
<p><i>Please enter the total cost of equipment. To calculate the total cost, complete <a href="#">FEMA Form 009-0-127 Force Account Equipment Summary</a> and <a href="#">FEMA Form 009-0-125 Rented Equipment Summary Record</a> or provide all information contained therein. Please also answer the following questions:</i></p> <p><b>How did the Applicant acquire the equipment?</b></p> <p><input type="checkbox"/> Owned prior to January 20, 2020.</p> <p><input type="checkbox"/> Purchased. <i>Please provide invoices or receipts, and a rental vs. purchase cost comparison.</i></p> <p><input type="checkbox"/> Rented. <i>Please provide rental agreement, invoices or receipts, and a rental vs. purchase cost comparison.</i></p> <p><b>What was the basis of the rate used in the summary? Please select all that apply.</b></p> <p><input type="checkbox"/> FEMA Equipment Rates.</p> <p><input type="checkbox"/> Applicant's Equipment Rates. Note, If the Applicant is not a state- or territory-level entity, they typically must use the lesser of their own rate or FEMA's rate.</p> <p><input type="checkbox"/> No rate is available, and the Applicant 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></p> <p><input type="checkbox"/> Other. <i>Please describe:</i></p>	
<p><i>If purchase or rental was over \$250,000, the federal simplified acquisition threshold, please also provide all information requested of contracts above.</i></p> <p>FEMA provides funding for the use of Applicant-owned equipment based on hourly rates. If an Applicant 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 Applicant performed an analysis of the cost of leasing versus purchasing the equipment. FEMA funds the least costly option. See PAPPG at pp. 26-28.</p>	
<input type="checkbox"/> <b>Materials and supplies.</b>	<b>Cost</b> \$
<p><i>Please enter the total cost of materials and supplies. To calculate the total cost, complete <a href="#">FEMA Form 009-0-124 Materials Summary Record</a> or provide all information contained therein.</i></p> <p><b>How did the Applicant acquire the materials or supplies?</b></p> <p><input type="checkbox"/> 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></p> <p><input type="checkbox"/> 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></p> <p>The cost of materials and supplies is eligible if (1) the materials or supplies were purchased and justifiably needed to effectively address threats caused by COVID-19 or (2) the materials or supplies were taken from an Applicant's stock and used to address threats caused by COVID-19. The Applicant 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 pp. 22 and 28.</p>	
<input type="checkbox"/> <b>Other costs.</b> Including travel costs, utilities and any other expenses not listed above.	<b>Cost</b> \$
<p><i>Please enter the total cost. Please also describe the costs:</i></p> <p><i>Please also provide invoices or receipts. If claiming travel expenses, please provide a travel policy.</i></p> <p>Other costs may include travel costs, utilities 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. 21-22, and 41-42.</p>	

<b>Subtotal</b> <i>Please add together costs of labor, equipment, materials and other costs.</i>	\$
<b>2. DEDUCTIONS</b>	
<b>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.</b>	
<input type="checkbox"/> <b>Insurance Proceeds.</b> <i>This does <u>not</u> include payment from patient insurance; for that, continue to medical payments below.</i>	Deduction \$
<b>Does the Applicant have insurance coverage that might cover any activities reported in Section II?</b> <input type="checkbox"/> No. <input type="checkbox"/> Yes, but the Applicant has not filed a claim yet. <input type="checkbox"/> Yes, the Applicant <i>anticipates</i> receiving a payment from its insurance carrier. <input type="checkbox"/> Yes, the Applicants 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>	
<p>FEMA cannot provide funding that duplicates insurance proceeds. FEMA requires the Applicant to take reasonable efforts to pursue claims to recover insurance proceeds that the Applicant is entitled to receive from its insurer(s). See FEMA's <a href="#">Public Assistance Policy on Insurance</a>.</p>	
<input type="checkbox"/> <b>Disposition.</b> <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>	Deduction \$
<p>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 Applicant acquires or improves real property with funds, disposition and reporting requirements apply. See PAPPG at pp. 29-30.</p>	
<input type="checkbox"/> <b>Medical Payments.</b> <i>Please enter the total amount of medical payments received or expected from for-profit entities, Medicare, Medicaid, or a pre-existing private payment agreement.</i>	Deduction \$
<p>FEMA cannot provide funding for emergency medical care costs if they are covered by another source, including private insurance, Medicare, Medicaid, or a pre-existing private payment agreement. See PAPPG at pp. 63-64 and FEMA Fact Sheet: <a href="#">Coronavirus (COVID-19) Pandemic: Emergency Medical Care</a>. <b>It is extremely important that Private Non-Profit and government medical care providers, as well as any other Applicant completing Emergency Medical Care activities, take caution to capture and document these cost deductions. If clear documentation is not available to show how medical payments are deducted and not duplicated, the Applicant may not receive funding for otherwise eligible activities.</b></p>	
<input type="checkbox"/> <b>Other Deductions.</b> <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 \$
<b>NET TOTAL</b> <i>Please subtract all proceed deductions from the subtotal.</i>	
\$	
<b><i>You have completed this schedule. Return to Section III.</i></b>	



## SCHEDULE D – Large Project Eligibility Questions

Instructions: Applicants must complete part 1 of this schedule if the total net cost reported in Section III is greater than or equal to \$131,100. Additionally, if any of the following activities were reported in Section II, Applicants must answer the corresponding question:

- Purchase of supplies or equipment—Complete part 2.
- Purchase of land or buildings—Complete part 3.
- Purchase and distribution of food, water, ice, or other commodities—Complete part 4.
- Purchase of meals for emergency workers—Complete part 5.
- Pre-positioning or movement of supplies, equipment, or other resources—Complete part 6.
- Emergency medical care—Complete part 7 and 8.
- Sheltering—Complete part 9.
- Establishing a temporary facility—Complete part 10.

### 1. GENERAL ELIGIBILITY

**Are all activities reported in Section II only being performed by the Applicant as a result of COVID-19?**

- Yes.
- No. *Please explain:*

FEMA can only provide funding for costs that are a result of COVID-19 and above and beyond what the Applicant usually incurs during its normal course of business. See PAPPG at pp. 21-22, and 41-42.

**Is the Applicant legally responsible for performing the activities reported in Section II?**

- Yes, the Applicant is a government organization and the state's, tribe's, or territory's constitution or laws delegate jurisdictional powers to the Applicant.
- Yes, a statute, order, contract, articles of incorporation, charter, or other legal document makes the responsible to conduct the activities for the general public. *Please attach and describe:*
- Yes, for other reasons. *Please attach supporting documentation and describe:*
- No. *Please describe how the Applicant is eligible for funding:*

To determine legal responsibility for Emergency Protective Measures, FEMA evaluates whether the Applicant requesting the assistance either had jurisdiction over the area in which work was performed or the legal authority to conduct the activities. In general, an Applicant only has legal responsibility to conduct Emergency Protective Measures within its jurisdiction. If an Applicant conducts Emergency Protective Measures outside its jurisdiction, it must demonstrate its legal basis and responsibility to conduct those activities. See PAPPG at pp. 20-21, and 41-42.

**Please describe how the activities reported in Section II address an immediate threat to life, public health, or safety:**

If it is not clear that a direct threat to life, public health or safety exists, or that the activity is necessary to cope with the threat, FEMA may request documentation to demonstrate that the Applicant conducted the activities at the direction or guidance of public health officials.

**Did or will any of the activities reported in Section II require access to residential private property?**

*Leasing a private facility is not considered accessing a residential private property.*

- No.
- Yes. *Please identify and describe the activities taking place on private property:*

FEMA may request additional information to demonstrate the Applicant's legal authority and responsibility to enter private property, the basis for the determination that a threat exists to the general public in that community, and copies of the rights-of-entry and agreements to indemnify and hold harmless the Federal Government.

For activities that involve the creation of a new program, please describe or attach the internal control plan the Applicant executed or will execute to ensure costs incurred remain reasonable in accordance with 2 C.F.R. Part 200, the FEMA Public Assistance Program and Policy Guide, and applicable Recipient and Applicant requirements:

**2. PURCHASE OF SUPPLIES OR EQUIPMENT**

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

Supply or Equipment	Quantity	Unit Cost
<a href="#">In vitro diagnostic</a> supplies		\$
Respirators		\$
<a href="#">N95 Respirators</a>		\$
<a href="#">Medical gloves</a>		\$
<a href="#">Surgical masks</a>		\$
<a href="#">Medical gowns</a>		\$
Coveralls		\$
Face shields		\$
Other Personal Protective Equipment (PPE).		\$
<a href="#">Decontamination systems</a>		\$
<a href="#">Ventilators and products modified for use as ventilators</a>		\$
Therapeutics		\$
Other		\$

**Did or will the Applicant 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 Applicant's subaward(s).*
- No. *Please skip the remaining questions in this part.*
- Yes. *Please ensure the Applicant included disposition proceeds in Schedule B or C 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 Applicant 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 Applicant included disposition proceeds in Schedule B or C as applicable.*

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

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

**Did or will the Applicant distribute supplies or equipment to for-profit entities?**

- No.
- Yes. *Please describe how the Applicant 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 Applicant may use the items for other federally funded programs or projects, provided the Applicant informs FEMA. For more information on these requirements, see PAPPG at pp. 29-30.

**3. PURCHASE OF LAND OR BUILDINGS****Did or will the Applicant 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 Applicant must obtain specific disposition instructions from FEMA. The Applicant 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. PURCHASE AND DISTRIBUTION OF FOOD, WATER, ICE, OR OTHER COMMODITIES****When did or will purchase and distribution of food, water, ice or other commodities start and end?**

Activities started \_\_\_\_\_ (MM/DD/YY) and completed \_\_\_\_\_ (MM/DD/YY).

*Please attach any written requests and approvals for the activity given by the FEMA Regional Administrator or Recipient.*

**Please select and describe the work necessary to purchase and distribute food, water, ice or other commodities:**

- Purchasing and packaging. *Please describe:*
- Acquiring distribution and storage space. *Please describe:*
- Delivery and distribution. *Please describe:*
- Other. *Please describe:*

**Did or will the Applicant distribute food, water, ice or other commodities to for-profit entities?**

- No.
- Yes. *Please describe how the Applicant will seek reimbursement for the fair market value of the food, water, ice or other commodity:*

**Did or will the Applicant enter into a formal agreement or contract for the provision of food, water, ice or other commodities through a private organization?**

- No.
- Yes. *Please ensure contract costs are captured and associated questions answered in Schedule B or C as applicable.*

**If the purchase and distribution involved food, how is food security negatively impacted, making food distribution necessary to protect public health and safety? *Please select all that apply.***

- Reduced mobility of those in need due to government-imposed restrictions.
- Marked increase or atypical demand for feeding resources.
- Disruptions to the typical food supply chain within the relevant jurisdiction.
- Other. *Please describe:*

**5. PURCHASE OF MEALS FOR EMERGENCY WORKERS**

**Why are meals for emergency workers being claimed?** *Please select all that apply.*

- A labor policy or written agreement requires the provision of meals. *Please attach.*
- Conditions constituted a level of severity that requires employees to work abnormal, extended work hours without a reasonable amount of time to provide for their own meals. *Please describe:*
- Food or water was or is not reasonably available for employees to purchase. *Please describe:*
- Other. *Please describe:*

**Please check here to confirm that meals were provided in accordance with the following FEMA policy.**  No meals claimed for reimbursement were provided:

- To individuals receiving a per diem
- At a restaurant
- For individual meals

For more information on these requirements, see PAPPG at p. 63.

**6. PRE-POSITIONING OR MOVEMENT OF SUPPLIES, EQUIPMENT, OR OTHER RESOURCES**

**Please describe the resources the Applicant pre-positioned or will pre-position:**

**Please describe the activities that were or will be conducted using the pre-positioned resources:**

For more information on these requirements, see PAPPG at p. 60.

**7. EMERGENCY MEDICAL CARE – GENERAL ELIGIBILITY**

**Please describe how the emergency medical care activities in Section II directly relate to the COVID-19:**

**Did or will the Applicant contract for the provision of emergency medical care?**

- No, the Applicant directly provided the care.
- Yes. *Please ensure contract costs are captured and associated questions answered in Schedule B or C as applicable.*

**Were the medical supplies & equipment, services, or facilities provided to or used by for-profit entities?**

- No.
- Yes. *Please describe how the Applicant will seek reimbursement for the fair market value of the emergency medical care:*

**Please describe how the Applicant has, and will continue to pursue payment from patients' private insurance, Medicaid, Medicare, or any other source of funding:**

**It is extremely important that Private Non-Profit and government medical care providers, as well as any other Applicant completing Emergency Medical Care activities, take caution to capture and document these cost deductions in Schedule B or C. If clear documentation is not available to show how medical payments are deducted and not duplicated, the Applicant may not receive funding for otherwise eligible activities.**

**8. EMERGENCY MEDICAL CARE – MEDICAL SERVICES**

If the Applicant is claiming anything other than set-up costs for alternate care sites, other temporary medical facilities, or expansion of capacity within an existing medical facility, please provide additional information about the emergency medical care activities.

**When did or will the medical service activities start and end?**

Activities started \_\_\_\_\_ (MM/DD/YY) and completed \_\_\_\_\_ (MM/DD/YY).

*Please attach any written requests and approvals for the activity given by the FEMA Regional Administrator or Recipient.*

**Please describe how the emergency medical delivery system within a declared area was or is destroyed, severely compromised, or overwhelmed:**

When the emergency medical delivery system within a declared area is destroyed, severely compromised, or overwhelmed, FEMA may fund extraordinary costs associated with providing temporary facilities for emergency medical care or expanding existing medical care capacity in response to the declared incident. Temporary facilities and expansions may be used to treat COVID-19 patients or non-COVID-19 patients, as appropriate. For COVID-19 declarations where temporary facilities and expansions require additional health care workers, state, tribal, territorial, and local governments may contract with medical providers to provide medical services in these facilities. FEMA may provide assistance and approve funding for an initial 30 days, from the date that the facility is operational, as an immediate need notwithstanding that the services may be covered by another source. If additional time is needed, the Applicant should request FEMA re-assess before the end of the 30 days and FEMA may grant another 30-day extension as warranted. FEMA cannot duplicate funding provided by another source and will reconcile final funding based on any funding provided by another agency or covered by insurance. Applicable requirements for labor and contracting under federal grants apply. For more information on these requirements, see [fema.gov/coronavirus](https://www.fema.gov/coronavirus) and the PAPPG at pp. 63-64.

**9. SHELTERING****When did or will the sheltering activities start and end?**

Activities started \_\_\_\_\_ (MM/DD/YY) and completed \_\_\_\_\_ (MM/DD/YY).

**Please describe how the sheltering was or is directly related to COVID-19:****Please describe how sheltering was or is being conducted in accordance with standards and guidance approved by public health officials including social distancing measures:****Was the sheltering conducted in a non-congregate environment?**

Congregate sheltering is sheltering in facilities with large open spaces. Non-congregate sheltering is sheltering in which each individual or household has living space that offers some level of privacy. For more information, see PAPPG at pp. 66-67.

Yes. *Please proceed to the next question.*

No. *Please skip the remaining questions in this part.*

**Did the Applicant receive prior approval for non-congregate sheltering from FEMA?**

Yes. *Please attach your request, all supporting documentation, and a copy of the FEMA approval.*

No. *This activity requires the FEMA approval. Please submit a request through the Recipient directly to the FEMA Regional Administrator.*

For more information on these requirements, see [fema.gov/coronavirus](https://www.fema.gov/coronavirus).

**Are the non-congregate sheltering activities completed?**

- No.
- Yes. The Applicant needs to provide sufficient documentation to establish eligibility, including the following information:
- Specific need for each individual sheltered
  - Length of stay for each individual sheltered
  - Age of each individual sheltered
  - If applicable, number of meals provided for each individual sheltered. *Please also answer questions in part 4 related to the purchase and distribution of food, water, ice, or other commodities*
  - If applicable, number of individuals with access or functional needs sheltered
  - If applicable, number of household pets sheltered
  - If applicable, number of assistance and service animals sheltered
  - If applicable, type of shelter provided for animals as stand-alone, co-located, co-habitational
  - Description of services provided to sheltered individuals

For more information on these requirements, see PAPPG at p. 67 and FEMA Fact Sheet: [Coronavirus \(COVID-19\) Pandemic: Non-Congregate Sheltering- FAQ.](#)

**10. ESTABLISHING A TEMPORARY FACILITY**

Applicants must complete this part if the activities conducted or to be conducted include the set-up or operation of a temporary facility. The Applicant must either submit a separate project application for each facility or submit the information in this part for each facility. For more information on these requirements, see the *FEMA Coronavirus (COVID-19) Pandemic: Eligible Emergency Protective Measures Fact Sheet* and the *PAPPG* at pp. 76-80.

**What is the name of this temporary facility?****What dates were or will the temporary facility used?**

Start date: \_\_\_\_\_ (MM/DD/YY)

End date: \_\_\_\_\_ (MM/DD/YY)

**What services did or will this temporary facility provide?**

- Emergency medical care
- Sheltering
- Other. *Please describe:*

**Why was or is this temporary facility needed?**

- Existing facilities were or are forecasted to become overloaded and cannot accommodate the need.
- Quarantine of COVID-19 affected individuals.
- Additional space needed to accommodate COVID-19 related response activities.
- Other. *Please describe:*

**Please indicate how the Applicant did or will establish the temporary 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 Applicant completed its use of this temporary facility?** No.

Yes. If the Applicant purchased or constructed a temporary facility, it must return to FEMA the federal share of the equity in the facility. The Applicant 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 C as applicable.

**Is or will the temporary 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 Applicant 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.

***You have completed this schedule. Return to Section II.***

## SCHEDULE F – Environmental and Historic Preservation Questions

Instructions: Applicants must complete this schedule if any of the following activities are reported in Section II:

- Staging resources at an undeveloped site–Complete part 1.
- Storage of human remains or mass mortuary services– Complete part 2.
- Medical waste disposal–Complete part 3.
- Decontamination systems–Complete part 4.
- Establishment of temporary facilities–Complete part 5.

For additional information on EHP requirements, see the *Environmental and Historic Preservation (EHP) and Emergency Protective Measures for COVID-19 Fact Sheet*.

### 1. STAGING RESOURCES AT AN UNDEVELOPED SITE

**Please describe the staging activities:**

The description should include if an asphalt or concrete pad was built or if other ground disturbing occurred. If ground disturbing occurred, provide a general description of the disturbance, the general area and depth of the ground disturbing and the equipment used. Ground disturbing activities may also include site preparation and clearing.

*Provide the GPS coordinates for each site (decimal degrees with five decimal places):*

Latitude:

Longitude:

### 2. STORAGE OF HUMAN REMAINS OR MASS MORTUARY SERVICES

**Please describe activities related to the storage or treatment of human remains or mass mortuary services:**

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

- Jurisdiction-wide
- Geographic area(s). *Please attach a list of all areas.*
- Specific sites. *Please attach a list of all addresses or GPS coordinates.*

*Provide the GPS coordinates for each site (decimal degrees with five decimal places):*

Latitude:

Longitude:

### 3. MEDICAL WASTE DISPOSAL

**What is the intended method of disposal?**

- Using an existing licensed disposal site.  
*Provide the GPS coordinates for each site (decimal degrees with five decimal places):*  
Latitude: Longitude:
- Creating a new disposal site. *Please select one of the following:*
  - Landfill  
*Provide the GPS coordinates for each site (decimal degrees with five decimal places):*  
Latitude: Longitude:
  - Incinerator  
*Provide the GPS coordinates for each site (decimal degrees with five decimal places):*  
Latitude: Longitude:

### 4. DECONTAMINATION SYSTEMS

**Please describe decontamination activities:**

*Provide the GPS coordinates for each site (decimal degrees with five decimal places):*

Latitude:

Longitude:



**5. ESTABLISHMENT OF TEMPORARY FACILITIES**

**Please confirm the method(s) of work the Applicant used or will use in establishing a temporary facility:**

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

**Please describe the temporary facilities established:**

*Provide the GPS coordinates for each site (decimal degrees with five decimal places):*

Latitude:

Longitude:

**Will the Applicant 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 part.*
- 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 part.*

- No, the temporary use required renovation, placing prefabricated facilities or new construction.

**If 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 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, or an existing asphalt or concrete pad.*

- 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. *Provide the GPS coordinates (decimal degrees with five decimal places):*

**If yes, will trees be removed?**

- No.
- Yes. *Provide the GPS coordinates (decimal degrees with five decimal places):*

*Number of trees:*

*Diameter of trees (approximate):                                  units:*

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

- No.
- Yes. *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.)?**

**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:*

**How will debris be removed?**

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

**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. **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. **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 Applicant selected any of the facility types listed above, and/or the facility is more than 45 years old: Will the Applicant 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 Applicant 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

***You have completed this schedule. Return to Section II.***

## FEMA Public Assistance COVID-19 Contracts Report

Instructions: Applicants should complete one form for each PA COVID-19 project application.

Section I – Project Application Information			
Declaration #:	Applicant Name:	FEMA PA Code:	Applicant-Assigned Project Application #:

Section II – Contract Information									
Instructions: Applicants must complete this section to provide contract information for contract costs reported on the project application indicated in Section I of this form.									

1. CONTRACT INFORMATION										
Name of Contractor	Contractor EIN	Contract Award Date	Contract Start Date	Contract End Date	Was the contract awarded through a competitive bidding process?	If not competitively bid, please provide justification. Please select one of the following and write in the box below:	Type of Contract <i>Please select one of the following options and write in the box below:</i>	Scope of Contract <i>For example, construction of temporary facility or emergency medical transport.</i>	Total Contract Award <i>Please indicate dollar amount.</i>	Amount requested for funding on this project application <i>Please indicate dollar amount.</i>
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Only available from single source <input type="checkbox"/> Public exigency or emergency <input type="checkbox"/> FEMA authorized <input type="checkbox"/> Recipient authorized <input type="checkbox"/> Inadequate competition <input type="checkbox"/> Other:	<input type="checkbox"/> Fixed price <input type="checkbox"/> Cost-reimbursement <input type="checkbox"/> Time and materials <input type="checkbox"/> Cost-plus % of cost <input type="checkbox"/> Other:			
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Only available from single source <input type="checkbox"/> Public exigency or emergency <input type="checkbox"/> FEMA authorized <input type="checkbox"/> Recipient authorized <input type="checkbox"/> Inadequate competition <input type="checkbox"/> Other:	<input type="checkbox"/> Fixed price <input type="checkbox"/> Cost-reimbursement <input type="checkbox"/> Time and materials <input type="checkbox"/> Cost-plus % of cost <input type="checkbox"/> Other:			
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Only available from single source <input type="checkbox"/> Public exigency or emergency <input type="checkbox"/> FEMA authorized <input type="checkbox"/> Recipient authorized <input type="checkbox"/> Inadequate competition <input type="checkbox"/> Other:	<input type="checkbox"/> Fixed price <input type="checkbox"/> Cost-reimbursement <input type="checkbox"/> Time and materials <input type="checkbox"/> Cost-plus % of cost <input type="checkbox"/> Other:			
<b>TOTAL</b>										

2. CERTIFICATION		
<i>I certify that the above information is accurate and was obtained from documents that are available for audit.</i>		
Applicant Authorized Representative	Title	Signature