
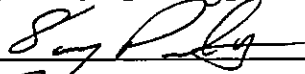
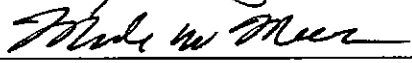


3 – 1 – 10 – H

DAMAGE ASSESSMENT

1. **Purpose:** To provide an overview of how damage assessment will be Accomplished following a disaster in the City of Perham.
2. **Responsibilities:**
  - A. The City Emergency Management Director is responsible for:
    1. Developing and maintaining a damage assessment team composed of municipal and/or private sector agency representatives.
    2. Maintaining an up-to-date listing of damage assessment personnel.
    3. Maintaining the procedures to be followed for damage assessment
    4. Coordinating the city's damage assessment effort following the occurrence of a disaster.
  - B. City Government officials who, depending upon the nature of the disaster, will participate in a damage assessment effort;
    1. City Engineer
    2. City Assessor
    3. City Manager
    4. Department Heads
  - C. County government officials who will participate in a damage assessment effort:
    1. County Emergency Management Director
    2. County Assessor
  - D. Private sector agencies that might be available and that might be appropriate participants in a damage assessment effort:
    1. Red Cross
    2. Realtors/appraisors
    3. Insurance agents
    4. Hazardous materials clean-up contractors
3. **Policies and Procedures**
  - A. A damage assessment effort will be initiated as soon as practical following the occurrence of a disaster.
  - B. Where possible and when appropriate, pictures will be taken of damaged areas, and city maps will be used to show the location of damage sites.
  - C. When damage assessment is carried out in conjunction with a request for state or federal disaster assistance, the emergency management director will contact the County emergency management director, who will coordinate with the Minnesota Division of Emergency Management (DEM)
  - D. When possible, the city emergency management director and other appropriate local government officials will participate in damage assessment procedure training.
  - E. For additional information and guidance, refer to : **Disaster Response and recovery: Request procedures relative to State and Federal disaster assistance programs.**

AUTHENTICATION

DATE: 3/25/02 City Manager   
DATE: 12-20-01 Em. Manage. Dir.   
DATE: 4/9/02 Works Director 

FEDERAL EMERGENCY MANAGEMENT AGENCY  
**REQUEST FOR PUBLIC ASSISTANCE**

O.M.B. No. 3067-0151  
 Expires April 30, 2001

**PAPERWORK BURDEN DISCLOSURE NOTICE**

Public reporting burden for this form is estimated to average 10 minutes. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing and submitting the forms. You are not required to respond to this collection of information unless a valid OMB control number is displayed in the upper right corner of the forms. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472, Paperwork Reduction Project (3067-0151). **NOTE:** Do not send your completed form to this address.

APPLICANT (Political subdivision or eligible applicant.)

DATE SUBMITTED

COUNTY (Location of Damages. If located in multiple counties, please indicate.)

**APPLICANT PHYSICAL LOCATION**

STREET ADDRESS

CITY

COUNTY

STATE

ZIP CODE

**MAILING ADDRESS (If different from Physical Location)**

STREET ADDRESS

POST OFFICE BOX

CITY

STATE

ZIP CODE

**Primary Contact/Applicant's Authorized Agent**

**Alternate Contact**

NAME

NAME

TITLE

TITLE

BUSINESS PHONE

BUSINESS PHONE

FAX NUMBER

FAX NUMBER

HOME PHONE (Optional)

HOME PHONE (Optional)

CELL PHONE

CELL PHONE

E-MAIL ADDRESS

E-MAIL ADDRESS

PAGER & PIN NUMBER

PAGER & PIN NUMBER

Did you participate in the Federal/State Preliminary Damage Assessment (PDA)?  Yes  No

Private Non-Profit Organization?  Yes  No

If yes, which of the facilities below best describe your organization? \_\_\_\_\_

Title 44 CFR, part 206.221(e) defines an eligible private non-profit facility as: "... any private non-profit educational, utility, emergency, medical or custodial care facility, including a facility for the aged or disabled, and other facility providing essential governmental type services to the general public, and such facilities on Indian reservations." "Other essential governmental service facility" means museums, zoos, community centers, libraries, homeless shelters, senior citizen centers, rehabilitation facilities, shelter workshops and facilities which provide health and safety services of a governmental nature. All such facilities must be open to the general public.

Private Non-Profit Organizations must attach copies of their Tax Exemption Certificate and Organization Charter or By-Laws. If your organization is a school or educational facility, please attach information on accreditation or certification.

Official Use Only: FEMA- \_\_\_\_\_ -DR- \_\_\_\_\_ - \_\_\_\_\_ FIPS # \_\_\_\_\_ Date Received: \_\_\_\_\_

**FEDERAL EMERGENCY MANAGEMENT AGENCY  
PROJECT WORKSHEET  
INSTRUCTIONS**

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

**Projects with estimated or actual cost of damage greater than \$47,800 (FY 99) are large projects.  
Projects with estimated or actual cost of damage less than \$47,800 (FY 99) are small projects.**

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

---

**Identifying Information**

**Declaration No:** Indicate the disaster declaration number as established by FEMA (i.e. "FEMA 1136-DR-TN", etc.).

**Project No:** Indicate the project designation number you established to track the project in your system (i.e. 1, 2, 3, etc.).

**FIPS No:** Indicate your FIPS number within this space. This is optional.

**Date:** Indicate the date the worksheet was prepared in MM/DD/YY format.

**Category:** Indicate the category of the project according to FEMA specified work categories. This is optional.

**Applicant:** Name of the governmental or other legal entity to which the funds will be awarded.

**County:** Name of the county where the damage is located. If located in multiple counties, indicate "Multi-County."

**Damage facility:** Identify the facility and describe its basic function.

**Work Complete as of:** Indicate the date that the work was examined in the format of MM/DD/YY and the percentage of work completed to that date.

**Location:** This item can range anywhere from an "address," "intersection of..." "1 mile south of ...on..." to "county wide." If damages are in different locations or different counties please list each location. Include latitude and longitude of the project if known.

**Damage Description and Dimensions:** Describe the disaster-related damage to the facility, including the cause of the damage and the area or components affected.

**Scope of Work:** List work that has been completed, and work to be completed, which, is necessary to repair disaster-related damage. Include items recorded on the preliminary damage assessment.

**Does the Scope of Work change the pre-disaster conditions of the site:** If the work described under the Scope of Work changes the facilities conditions (i.e. increases / decreases the size or function of the facility or does not replace damaged components in kind with like materials), check (✓) yes. If the Scope of Work returns the site to its pre-disaster configuration, capacity and dimensions check (✓) no.

**Special Considerations:** If the project includes insurable work, and/or is affected by environmental (NEPA) or historic concerns, check (✓) either the Yes or No box so that appropriate action can be initiated to avoid delays in funding. Refer to *Applicant Guidelines* for further information.

**Hazard Mitigation:** If the pre-disaster conditions at the site can be changed to prevent the disaster-related damage, check (✓) Yes. If no opportunities for hazard mitigation exist check (✓) no. Appropriate action will be initiated and avoid delays in funding. Refer to *Applicant Handbook* for further information.

**Is there insurance coverage on this facility:** Federal law requires that FEMA be notified of any entitlement for proceeds to repair disaster-related damages, from insurance or any other source. Check (✓) yes if any funding or proceeds can be received for the work within the Scope of Work from any source besides FEMA.

---

**Project Cost**

**Item:** Indicate the item number on the column (i.e. 1, 2, 3, etc.). Use additional forms as necessary to include all items.

**Code:** If using the FEMA cost codes, place the appropriate number here.

**Narrative:** Indicate the work, material or service that best describes the work (i.e. "force account labor overtime", "42 in. Dia. RCP", "sheet rock replacement", etc.).

**Quantity/Unit:** List the amount of units and the unit of measure ("48/cy", "32/lf", "6/ea", etc.).

**Unit Price:** Indicate the price per unit.

**Cost:** This item can be developed from cost to date, contracts, bids, applicant's experience in that particular repair work, books which lend themselves to work estimates, such as RS Means, or by using cost codes supplied by FEMA.

**Total Cost:** Record total cost of the project.

---

**Prepared By:** Record the name and title of the person completing the Project Worksheet.

---

**Record Requirements**

Please review the *Applicant Handbook* for detailed instructions and examples.

For all completed work, the applicant must keep the following records:

- Force account labor documentation sheets identifying the employee, hours worked, date and location;
- Force account equipment documentation sheets identifying specific equipment, operator, usage by hour/mile and cost used;
- Material documentation sheets identifying the type of material, quantity used and cost;
- Copies of all contracts for work and any lease/rental equipment costs.

For all estimated work, keep calculations, quantity estimates, pricing information, etc. as part of the records to document the "cost/estimate" for which funding is being requested.

**PROJECT WORKSHEET**

**PAPERWORK BURDEN DISCLOSURE NOTICE**

Public reporting burden for this form is estimated to average 30 minutes. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing and submitting the forms. You are not required to respond to this collection of information unless a valid OMB control number is displayed in the upper right corner of the forms. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472, Paperwork Reduction Project (3067-0151). **NOTE:** Do not send your completed form to this address.

DECLARATION NO. FEMA- _____ -DR- _____	PROJECT NO.	FIPS NO.	DATE	CATEGORY
---	-------------	----------	------	----------

DAMAGED FACILITY	WORK COMPLETE AS OF: _____ : _____ %
------------------	---

APPLICANT	COUNTY
-----------	--------

LOCATION	LATITUDE	LONGITUDE
----------	----------	-----------

DAMAGE DESCRIPTION AND DIMENSIONS

SCOPE OF WORK

Does the Scope of Work change the pre-disaster conditions at the site?  Yes  No  
 Special Considerations issues included?  Yes  No Hazard Mitigation proposal included?  Yes  No  
 Is there insurance coverage on this facility?  Yes  No

PROJECT COST					
ITEM	CODE	NARRATIVE	QUANTITY/UNIT	UNIT PRICE	COST
			/		\$0.00
			/		\$0.00
			/		\$0.00
			/		\$0.00
			/		\$0.00
			/		\$0.00
			/		\$0.00
			/		\$0.00
			/		\$0.00
			/		\$0.00
			/		\$0.00
				<b>TOTAL COST</b>	<b>\$0.00</b>

PREPARED BY:	TITLE:
--------------	--------

**PROJECT WORKSHEET - Damage Description and Scope of Work Continuation Sheet**

DECLARATION NO. FEMA- ____ -DR- ____	PROJECT NO.	FIPS NO.	DATE	CATEGORY
APPLICANT		COUNTY		

PREPARED BY:

FEDERAL EMERGENCY MANAGEMENT AGENCY  
**PROJECT WORKSHEET – Cost Estimate Continuation Sheet**

O.M.B. No. 3067-0151  
 Expires April 30, 2001

DECLARATION NO. FEMA- _____ -DR- _____	PROJECT NO.	FIPS NO.	DATE	CATEGORY
APPLICANT		COUNTY		

**PROJECT COST**

ITEM	CODE	NARRATIVE	QUANTITY/UNIT	UNIT PRICE	COST
			/		\$0.00
			/		\$0.00
			/		\$0.00
			/		\$0.00
			/		\$0.00
			/		\$0.00
			/		\$0.00
			/		\$0.00
			/		\$0.00
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			/		\$0.00
			/		\$0.00
			/		\$0.00
			/		\$0.00
			/		\$0.00
			/		\$0.00
			/		\$0.00
			/		\$0.00
<b>TOTAL COST</b>					<b>\$0.00</b>

PREPARED BY:

FEDERAL EMERGENCY MANAGEMENT AGENCY  
PROJECT WORKSHEET – Maps and Sketches Sheet

O.M.B. No. 3067-0151  
Expires April 30, 2001

DECLARATION NO. FEMA- ____ -DR- ____	PROJECT NO.	FIPS NO.	DATE	CATEGORY
APPLICANT		COUNTY		



FEDERAL EMERGENCY MANAGEMENT AGENCY  
PROJECT WORKSHEET - Photo Sheet

O.M.B. No. 3067-0151  
Expires April 30, 2001

DECLARATION NO.

PROJECT NO.

FIPS NO.

DATE

CATEGORY

FEMA- \_\_\_\_ -DR- \_\_\_\_

APPLICANT

COUNTY

PHOTO

PHOTO

FEDERAL EMERGENCY MANAGEMENT AGENCY  
**FORCE ACCOUNT LABOR SUMMARY RECORD**

Page \_\_\_\_\_ of \_\_\_\_\_

1. APPLICANT \_\_\_\_\_ 2. PAID ID \_\_\_\_\_ 3. PW # \_\_\_\_\_ 4. DISASTER NUMBER \_\_\_\_\_

5. LOCATION/SITE \_\_\_\_\_ 6. CATEGORY \_\_\_\_\_ 7. PERIOD COVERING \_\_\_\_\_ to \_\_\_\_\_

8. DESCRIPTION OF WORK PERFORMED \_\_\_\_\_

NAME	DATE	DATES AND HOURS WORKED EACH WEEK					COSTS				
		TOTAL HOURS	HOURLY RATE	BENEFIT RATE/HR	TOTAL HOURLY	TOTAL COSTS					
JOB TITLE	REG.										
JOB TITLE	O.T.										
JOB TITLE	REG.										
JOB TITLE	O.T.										
JOB TITLE	REG.										
JOB TITLE	O.T.										
JOB TITLE	REG.										
JOB TITLE	O.T.										
JOB TITLE	REG.										
JOB TITLE	O.T.										

Total Cost for Force Account Labor Regular Time                     

Total Cost for Force Account Labor Overtime                     

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


CERTIFIED \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_





FEDERAL EMERGENCY MANAGEMENT AGENCY  
**CONTRACT WORK SUMMARY RECORD**

Page \_\_\_\_\_ of \_\_\_\_\_

1. APPLICANT	2. PAID	3. PW #	4. DISASTER NUMBER	
5. LOCATION/SITE	6. CATEGORY		7. PERIOD COVERING to	
8. DESCRIPTION OF WORK PERFORMED				
DATES WORKED	CONTRACTOR	BILLING/INVOICE NUMBER	AMOUNT	COMMENTS—SCOPE
to			\$	
to			\$	
to			\$	
to			\$	
to			\$	
to			\$	
to			\$	
to			\$	
to			\$	
<b>GRAND TOTAL</b> 			\$	

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

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

**FEDERAL EMERGENCY MANAGEMENT AGENCY  
FORCE ACCOUNT EQUIPMENT SUMMARY RECORD**

Page \_\_\_\_\_ of \_\_\_\_\_

1. APPLICANT	2. PA ID	3. PW #	4. DISASTER NUMBER
5. LOCATION/SITE	6. CATEGORY		7. PERIOD COVERING to

8. DESCRIPTION OF WORK PERFORMED

TYPE OF EQUIPMENT	EQUIPMENT CODE NUMBER	OPERATOR'S NAME	DATES AND HOURS USED EACH DAY							COSTS		
			DATE							TOTAL HOURS	EQUIPMENT RATE	TOTAL COST
INDICATE SIZE, CAPACITY, HORSEPOWER, MAKE AND MODEL AS APPROPRIATE			HOURS								\$	\$
			HOURS								\$	\$
			HOURS								\$	\$
			HOURS								\$	\$
			HOURS								\$	\$
			HOURS								\$	\$
			HOURS								\$	\$
			HOURS								\$	\$
			HOURS								\$	\$
<b>GRAND TOTALS</b> →												\$

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

CERTIFIED	DATE
TITLE	

FEDERAL EMERGENCY MANAGEMENT AGENCY  
**APPLICANT'S BENEFITS CALCULATION  
 WORKSHEET**

PAGE \_\_\_\_\_ OF \_\_\_\_\_

1. APPLICANT

2. PA ID

3. DISASTER NUMBER

4. PW #

FRINGE BENEFITS (by %)	REGULAR TIME	OVERTIME
HOLIDAYS		
VACATION LEAVE		
SICK LEAVE		
SOCIAL SECURITY		
MEDICARE		
UNEMPLOYMENT		
WORKER'S COMP.		
RETIREMENT		
HEALTH BENEFITS		
LIFE INS. BENEFITS		
OTHER		
<b>TOTAL in % of annual salary</b>		

COMMENTS

I CERTIFY THAT THE INFORMATION ABOVE WAS TRANSCRIBED FROM PAYROLL RECORDS OR OTHER DOCUMENTS WHICH ARE AVAILABLE FOR AUDIT.

CERTIFIED BY

TITLE

DATE

FEDERAL EMERGENCY MANAGEMENT AGENCY  
SPECIAL CONSIDERATIONS QUESTIONS

1. APPLICANT'S NAME	2. FIPS NUMBER	3. DATE
---------------------	----------------	---------

4. PROJECT NAME	5. LOCATION
-----------------	-------------

**Form must be filled out—for each project.**

1. Does the damaged facility or item of work have insurance and/or is it an insurable risk? (e.g., buildings, equipment, vehicles, etc.)

Yes     No     Unsure    Comments \_\_\_\_\_

\_\_\_\_\_

2. Is the damaged facility located within a floodplain or coastal high hazard area, or does it have an impact on a floodplain or wetland?

Yes     No     Unsure    Comments \_\_\_\_\_

\_\_\_\_\_

3. Is the damaged facility or item of work located within or adjacent to a Coastal Barrier Resource System Unit or an Otherwise Protected Area?

Yes     No     Unsure    Comments \_\_\_\_\_

\_\_\_\_\_

4. Will the proposed facility repairs/reconstruction change the pre-disaster condition? (e.g., footprint, material, location, capacity, use or function)

Yes     No     Unsure    Comments \_\_\_\_\_

\_\_\_\_\_

5. Does the applicant have a hazard mitigation proposal or would the applicant like technical assistance for a hazard mitigation proposal?

Yes     No     Unsure    Comments \_\_\_\_\_

\_\_\_\_\_

6. Is the damaged facility on the National Register of Historic Places or the state historic listing? Is it older than 50 years? Are there more, similar buildings near the site?

Yes     No     Unsure    Comments \_\_\_\_\_

\_\_\_\_\_

7. Are there any pristine or undisturbed areas on, or near, the project site? Are there large tracts of forestland?

Yes     No     Unsure    Comments \_\_\_\_\_

\_\_\_\_\_

8. Are there any hazardous materials at or adjacent to the damaged facility and/or item of work?

Yes     No     Unsure    Comments \_\_\_\_\_

\_\_\_\_\_

9. Are there any other environmentally or controversial issues associated with the damaged facility and/or item of work?

Yes     No     Unsure    Comments \_\_\_\_\_

\_\_\_\_\_



**FEDERAL EMERGENCY MANAGEMENT AGENCY  
HISTORIC REVIEW ASSESSMENT FOR DETERMINATION OF EFFECT**

FIPS Number	Project Number	LATITUDE/LONGITUDE /
-------------	----------------	-------------------------

Address/location of facility/site	Historic Name and ID #
-----------------------------------	------------------------

Historic Status:       NHL                       NR/NR eligible                       State Register or other                       Contributing to Historic District

1. Describe disaster damage, particularly as it relates to character-defining features:

2. The proposed scope of work will (check all that apply):

Repair or replace non character-defining features.       Repair and/or replace historic features/elements in-kind to return facility to pre-disaster condition.

Alter or remove historic features/elements.       Add non-historic features/elements to a historic facility, setting or landscape.

Disturb, destroy or make archeological resources inaccessible.       Include mitigation, an alternate project or an improved project.

Other (explain): \_\_\_\_\_

3. Describe measures to prevent or minimize loss or impairment of character-defining features:

4. Attachments:

Maps     Drawings     Specifications     Photographs     Project Worksheet     Scope of Work     Site Plan     National Register

List of Materials     Samples     Archeological Survey     Field Notes     Summary Views of Interested Parties     Nomination Form

Research Material     Other

5. Conclusions:

5a. No Character-defining features were affected.

5b. The above action(s) meets the conditions for a Programmatic Exclusion # \_\_\_\_\_ of the Programmatic Agreement governing historic review.

5c. The above action(s) substantially conforms with the applicable parts of the Secretary of the Interior's Standards and Guidelines for Archeology and Historic Preservation.

5d. Further consultation with the SHPO in accordance with the Programmatic Agreement is required.

5e. Development of STMA or Memorandum of Agreement is required.

5f. Recommendations for conditions or stipulations to ensure that the assessment of effect is consistent with 36 CFR Part 800 criteria of effect and substantially conforms to the Secretary of the Interior's Standards and Guidelines for Archeology and Historic Preservation include:

6. Assessment of Effect (check one):       No Effect                       No Adverse Effect                       Adverse Effect

7. Specialist: Your signature shows that you have reviewed this form and related material for conformity with requirements in FEMA's Programmatic Agreement governing compliance with the National Historic Preservation Act; applicable parts of the Secretary of the Interior's Standards for Rehabilitation and Guidelines for Rehabilitating Historic Buildings 1992 (Standards), the Secretary of the Interior's Guidelines for Archeological Documentation (Guidelines), or any other applicable Secretary of the Interior's Standards, 44 CFR Part 206, and FEMA Management Policies, and have provided your best professional opinion.

Comments:

Name	Field of Expertise	Date
------	--------------------	------

8. Action Taken and Date:

FEDERAL EMERGENCY MANAGEMENT AGENCY VALIDATION WORKSHEET		DISASTER: FEMA — _____ — DR — _____	
1. APPLICANT'S NAME	2. PA ID NUMBER	3. PROJECT NUMBER	
4. VALIDATOR'S NAME	5. AGENCY	6. TELEPHONE NUMBER	
I. GENERAL—ALL PROJECTS			
VALIDATION ITEM		REMARKS	
<input type="checkbox"/> Review projects <input type="checkbox"/> Visit site <input type="checkbox"/> Statement of work <ul style="list-style-type: none"> <li><input type="checkbox"/> Accurate</li> <li><input type="checkbox"/> Complete</li> <li><input type="checkbox"/> Eligible</li> </ul> <input type="checkbox"/> Pictures <input type="checkbox"/> Sketches/drawings			
II. COMPLETED WORK			
<input type="checkbox"/> Force Account Labor <ul style="list-style-type: none"> <li><input type="checkbox"/> Eligible employee</li> <li><input type="checkbox"/> Hours               <ul style="list-style-type: none"> <li><input type="checkbox"/> Regular</li> <li><input type="checkbox"/> Overtime</li> </ul> </li> </ul> <input type="checkbox"/> Fringe benefits <ul style="list-style-type: none"> <li><input type="checkbox"/> Regular</li> <li><input type="checkbox"/> Overtime</li> </ul> <input type="checkbox"/> Calculations			
III. FORCE ACCOUNT EQUIPMENT			
<input type="checkbox"/> Labor hours exceeds or match equipment hours <input type="checkbox"/> FEMA rates used <input type="checkbox"/> PAC approved rates used <input type="checkbox"/> Mileage used for automobiles, buses, pickups, and ambulances <input type="checkbox"/> Calculations			
IV. LEASED/RENTAL EQUIPMENT			
<input type="checkbox"/> Invoice <input type="checkbox"/> Price reasonable <input type="checkbox"/> Operation/labor cost <input type="checkbox"/> Gasoline/oil/lubricants <input type="checkbox"/> Eligible repairs/parts <input type="checkbox"/> Calculations			
V. MATERIALS			
<input type="checkbox"/> Purchase orders/invoices <input type="checkbox"/> Inventory records/stock tickets <input type="checkbox"/> Calculations			

VI. CONTRACT

VALIDATION ITEM	REMARKS
<input type="checkbox"/> Price reasonable <input type="checkbox"/> Competitive bids <input type="checkbox"/> Exception <input type="checkbox"/> Follow procurement procedures <input type="checkbox"/> Calculations	

VII. WORK TO BE COMPLETED

<input type="checkbox"/> Cost estimating method approved by PAC <input type="checkbox"/> Calculations	
--	--

VIII. SPECIAL CONSIDERATIONS

<input type="checkbox"/> Insurance <input type="checkbox"/> Mitigation <input type="checkbox"/> Environmental <input type="checkbox"/> Historic	
--	--

ADDITIONAL REMARKS

Large empty rectangular area for additional remarks.

FEDERAL EMERGENCY MANAGEMENT AGENCY  
PROJECT VALIDATION FORM

DISASTER:

FEMA — \_\_\_\_\_ — DR — \_\_\_\_\_

1. APPLICANT'S NAME		2. DATE	3. FIPS NUMBER
4. VALIDATOR'S NAME		5. AGENCY	
6. CONTACT PERSON		7. TELEPHONE NUMBER	

The projects listed below were validated from:

Sample 1

Samples 1 and 2

VALIDATION

A	B	C	D	E
Project #	Applicant Estimate	Eligibility Variance	Cost Estimate Variance	Comments
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
<b>SUBTOTAL</b>	B \$	C \$	D \$	<b>PERCENT OF VARIANCE</b> % <i>(F divided by B)</i>
<b>TOTAL VARIANCE</b>	<b>(COL. C+ D) = F</b>		F \$	

II. VALIDATION RESULTS

VARIANCE WITHIN 20% 1ST VALIDATION
  VARIANCE WITHIN 20% 2ND VALIDATION  
 VARIANCE WITHIN 20% 1ST & 2ND VALIDATION

III. RECOMMENDATION

Approve funding, variance within 20%
  Provide technical assistance, variance exceeds 20%