
How to Submit a COVID-19 Grant

Presented by FEMA's Public Assistance Training Section

Updated 5-6-20



FEMA

Terms to Know

Recipient

- States, tribes or territories that receive and administer Public Assistance Federal Awards

Applicant

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

Projects & Subawards

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

Grants Portal

- System used by Recipients and Applicants to manage PA grant applications



FEMA

COVID 19 Applicant Process

Streamlined application for COVID-19 allows applications to be processed and managed through the following steps:

Attend virtual applicant briefing

Log on or create account in PA Grants Portal

Submit RPA

Submit COVID-19 project and documents

FEMA and Recipient review documents

Sign final grant

Post Award Activities



FEMA

Attend virtual applicant briefing

Attend virtual Applicant Briefing

Log on or create account in PA Grants Portal

Submit RPA

Submit COVID-19 project and documents

FEMA and Recipient review documents

Sign final grant

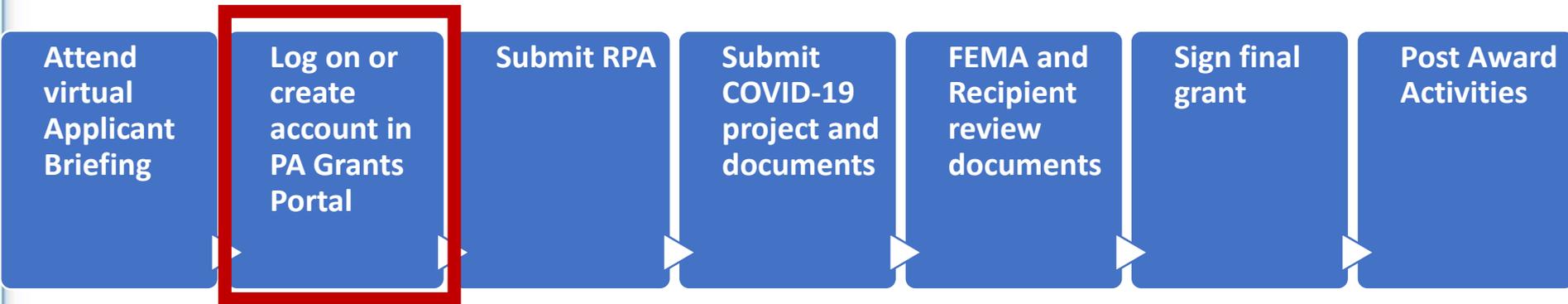
Post Award Activities

- A Recipient led meeting
- Occurs after a declaration to discuss Public Assistance procedures with potential Applicants
- Organizations interested in applying for Public Assistance should contact their state, territorial, tribal or local emergency management representative for information.



FEMA

Grants Portal Account and Request for Public Assistance



- Requests for Public Assistance are submitted and approved through Grants Portal
- Applicants who have previously worked in Grants Portal and have an account can log in with their username and password



FEMA

Grants Portal Account and Request for Public Assistance

Attend virtual Applicant Briefing

Log on or create account in PA Grants Portal

Submit RPA

Submit COVID-19 project and documents

FEMA and Recipient review documents

Sign final grant

Post Award Activities

- Applicant will submit their Request for Public assistance through Grants Portal
- Recipient and FEMA will review RPA for eligibility
- If FEMA approves the application, the Applicant proceeds with submitting project application(s).



FEMA

Streamlined Project Application



The project application has four sections and supplemental schedules. All Applicants must complete Sections I, II, and III and IV. The Applicant may have to complete one or more of the following Schedules:

Cost	Funding Request Type	Work Status	Cost Basis	Schedule A	Schedule B	Schedule C	Schedule D	Schedule EZ	Schedule F*
Less than \$131,100	Small	Any	Any					X	X
Equal to or Greater than \$131,100	Expedited	Any	Applicant-Provided Estimates or Information	X					X
	Regular	Complete	Actual Costs		X		X		X
	Regular	In-progress	Actual Costs & Applicant-Provided Estimates			X	X		X
	Regular	Not Started	Applicant-Provided Estimates or Information			X	X		X



FEMA

Grants Portal Account and Request for Public Assistance

Attend virtual Applicant Briefing

Log on or create account in PA Grants Portal

Submit RPA

Submit COVID-19 project and documents

FEMA and Recipient review documents

Sign final grant

Post Award Activities

- Applicant completes and submits project application(s) in Grants Portal
- Application includes:
 - Detailed information about the activities for which the Applicant is requesting funding
 - Lists supporting documentation the Applicant needs to justify the request



FEMA

What are the Schedules:

A- Large Projects that are Expedited

B- Large Projects that are work completed

C- Large Projects that are work-to-be-completed

D- Large projects that were reported in Schedules B and C, and Large Projects having purchased or pre-positioned supplies, equipment or provided emergency medical care, sheltering, operation of a temporary facility, etc.

EZ- All small projects, regardless of work status

F- EHP form that gets completed based off certain answers and activities



FEMA

Locate the Application



- Organization Profile
- Organization Personnel
- Applicant Event Profiles
- Exploratory Calls
- Recovery Scoping Meetings
- Events
- Projects
- Damages
- Work Order Requests
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- My Tasks
- Calendar
- Subrecipients
- Subrecipient Tasks

⚠ Your organization has been assigned as the primary Grantee for one or more disasters and you have not yet submitted a Request for Public Assistance (RPA) to FEMA for each of those disasters. You may also submit a RPA to FEMA on behalf of any of your subrecipients.

[Click here to submit a RPA for your organization.](#)

[Click here to submit a RPA for your organization.](#)

Click on your Task Bell and/or Applicant Profile

i Your dashboard has no tiles!

The **Dashboard** is a great place to put the Grants Portal data that you care about the most.

The Dashboard is made up of tiles that display the most *important* info about a particular item or set of items in the system.

Any time you find data that you want to keep track of, click "☆" at the top of the page or section - a tile will be created for that particular data.

Locate the Application



Grants Portal

PAUL

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 - Utilities

Applicant Event Profile

4480DR-NY (4480DR) / Oyster Bay,

SUBMIT PROJECT APPLICATION

OPTIONS

REPORTS

Warning: Oyster Bay, Town of is pending grant completion.

A completed Project Application is required in order to submit your application to FEMA. You may [download a blank Project Application](#) if one was not...

- Submit a Project Application
- View In Progress Project Applications
- Download a blank Project Application

Click on Submit Project Application Bar and/or link on the "yellow brick road"

General Information

FEDERAL AGENCY	FEDERAL AGENCY
FEDERAL PA CODE	FEDERAL PA CODE
NAME	Oyster Bay,
TYPE	City or Township Government
SECTOR	--
STATUS	Eligible
RPA DECISION DATE	04/03/2020 10:52 AM EDT

Event Information

JOB #	4480DR
EVENT NAME	4480DR-NY
EVENT TYPE	Disaster
INCIDENT TYPE	Biological
INCIDENT LEVEL	3
INCIDENT START DATE	January 20, 2020



Review the Process

Attend virtual applicant briefing

Log on or create account in PA Grants Portal

Submit RPA

Submit COVID-19 project and documents

FEMA and Recipient review documents

Sign final grant

Post Award Activities

Streamlined Project Application

4480DR-NY (4480DR) / Oyster Bay, / Create Streamlined Project Application

CANCEL

Help

Section I - Project Application Information

Submitting the Streamlined Project Application At a Glance

You must complete this application to receive reimbursement from FEMA's Public Assistance program.

Time to Complete

1-2 hours depending on the types of activities conducted and amount of funding requested. Please have your documents ready to upload.

Key Considerations

- Incorrect or incomplete information will delay funding. ([More Info](#))
- FEMA funds 75% of activity cost. ([More Info](#))
- FEMA cannot duplicate other grant funding. ([More Info](#))
- FEMA cannot duplicate medical payments. ([More Info](#))
- This application is only for financial assistance. ([More Info](#))

Scroll down to review Application Process

About this Application

This application will autosave as you fill it out. You may fill out this application in one sitting or over time.

FEMA developed the streamlined project application to simplify the application process for Public Assistance funding under the COVID-19 pandemic declarations. After you, the Applicant, complete this application, it will be submitted to the Recipient and FEMA for review and development of an eligible Public Assistance subgrant.

[What is an Applicant, Recipient, Project / Subgrant?](#)

What Will FEMA Reimburse?

Section I



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Streamlined Project Application

4480DR-NY (4480DR) / Oyster Bay, NY / Create Streamlined Project Application

CANCEL

Section I – Project Application Information

Declaration # 4480DR-NY
Organization Oyster Bay, Town of
FEMA PA Code

Applicant-Assigned Project Application # *

Project Application Title *

Step 1: Enter Application # and Title

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 have read the statements above and understand that I will be required to certify these statements upon completion of my project application.

BACK

Step 2: Check the Box to certify

Step 3: Click Done with Section 1

DONE WITH SECTION I

Section I Complete



Streamlined Project Application

4480DR-NY (4480DR) / Oyster Bay, / Streamlined Project Application

HELP

CANCEL APPLICATION

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Section I - Project Application Information

(Modify)

Applicant-Assigned Project Application #	123456	Event	4480DR-NY (4480DR)
Project Application Title	COVID-19 Emergency Protective Measures	Applicant	Oyster Bay,
Project Net Cost	\$0.00	FEMA PA Code)
Status	In Progress		

Click Start to proceed and begin with Section 2

Sections & Schedules

In order for your Application to be completed, you must complete the following Sections and Schedules.

Section II – Scope of Work	Not Started	START
Section III – Cost and Work Status Information	Not Started	START

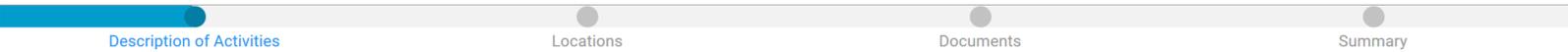
Section II



Streamlined Project Application Section II – Scope of Work

4480DR-NY (4480DR) / Oyster Bay, / Streamlined Project Application

[? HELP](#) [SAVE](#) [GO TO SUMMARY](#)



Section II 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.

Description of Activities

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

Add Info

Please select all the activities the Applicant conducted or will conduct. *

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

Enter Description of Activities then scroll down to Proceed

Section II



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Streamlined Project Application Section II – Scope of Work

? HELP SAVE GO TO SUMMARY

4480DR-NY (4480DR) / Oyster Bay, Streamlined Project Application

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

Emergency Medical Care

- Purchase and distribution/use of medical supplies & equipment >
- Provision of medical services >

Select all that Apply

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Streamlined Project Application Section II – Scope of Work

4480DR-NY (4480DR) / Oyster Bay, Streamlined Project Application

HELP SAVE GO TO SUMMARY

- Healthcare worker and first responder temporary lodging
- Household pet or assistance animal or service animal sheltering
- Other

Other

- Other Activity

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

- Establishment of temporary facilities >
- Staging resources at an undeveloped site
- Purchase of meals for emergency workers
- Purchase of supplies or equipment
- Purchase of land or buildings

Select all that Apply then click Proceed

PROCEED >

Section II



Streamlined Project Application Section II – Scope of Work

4480DR-NY (4480DR) / Oyster Bay,

/ Streamlined Project Application

? HELP

SAVE

GO TO SUMMARY

Description of Activities

Locations

Documents

Summary

Section II 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.

Locations

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

- Jurisdiction-wide
- Geographic area(s)
- Specific sites

Select the Location then click Proceed

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PROCEED >



FEMA

Section II



Grants Portal

Organization Profile Organization Personnel Applicant Event Profiles Exploratory Calls Recovery Scoping Meetings Events Projects Damages Work Order Requests Work Orders My Tasks Calendar Subrecipients Subrecipient Tasks Utilities Resources Intelligence

Description of Activities **Locations** Documents Summary

Section II Instructions
Applicants must complete this section and describe the activities that the Applicant conducted or will conduct. Additional information in Schedules D and F.

Locations

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

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If Geographic Location is chosen

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Description of Activities

Locations

Documents

Summary

Section II 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.

Documents

- Locations
 - Geographic Areas (+ Add Document) **Required**

Document required

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PROCEED



FEMA

Section II



Upload document from computer

Attach Project Application Documents

Drag and drop files here, or click here to select files.

Selected Documents to Attach

No documents selected. To begin uploading a document, either drag and drop a file into the area above, click the area above to upload a file manually, or attach a document from the Available Documents to Attach section below.

Available Documents to Attach

Category: Activity / Locations Listing

Quick Search...

Filename	Description	Category	Size	Uploaded Date	Uploaded By
No data available					

Showing 0 to 0 of 0 entries

ATTACH SELECTED CANCEL

Section II



File Upload

This PC > Desktop > Rhode Island

Search Rhode Island

Organize New folder

Name	Date modified	Type	Size
2City Hall Building Insurance document.docx	4/21/2020 11:20 AM	Microsoft Word Doc...	12 KB
2City Insurance document.docx	4/21/2020 11:21 AM	Microsoft Word Doc...	12 KB
2City Police Department Building Insurance ...	4/21/2020 11:21 AM	Microsoft Word Doc...	12 KB
3City Hall Building Insurance document.docx	4/23/2020 1:55 PM	Microsoft Word Doc...	12 KB
Correct_Organization_Invites_Import_Templa...	4/21/2020 11:24 AM	Microsoft Excel Work...	14 KB
County Insurance document.docx	4/13/2020 9:07 PM	Microsoft Word Doc...	12 KB
Courthouse Insurance document.docx	4/13/2020 9:07 PM	Microsoft Word Doc...	12 KB
Geographic Locations.docx			
Organization_Invites_Import_Template.xlsx	4/3/2020 12:22 PM	Microsoft Excel Work...	14 KB
Pre-Disaster Photos.docx	3/31/2020 10:05 AM	Microsoft Word Doc...	12 KB
RPA.docx	3/31/2020 10:05 AM	Microsoft Word Doc...	12 KB
Timesheets.docx	3/31/2020 10:07 AM	Microsoft Word Doc...	12 KB

File name: All Files (*.*)

Open Cancel

Drop files here

Drop is temporarily disabled. If the document selection window is open, you cannot drop files here.

Available Documents to Attach

Category: Activity / Locations Listing

Quick Search...

Filename	Description	Category	Size	Uploaded Date	Uploaded By
No data available					

Showing 0 to 0 of 0 entries

ATTACH SELECTED CANCEL

Locate document on your computer. Select and open.

Section II



Grants Portal

Streamlined Project

4480DR-NY (4480DR) | NYS Division of Home

Section II

Documents

Locations

Geographic

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HELP SAVE

Summary

PROCEED

Attach Project Application Documents

Drag and drop files here, or click here to select files.

Selected Documents to Attach

	Filename	Description	Size	Category
✓	Geographic Locations.docx		11.5 KB	Activity / Locations Listing

Showing 1 to 1 of 1 entries

Available Documents to Attach

Category: Activity / Locations Listing

Filename	Description	Category	Size	Uploaded Date	Uploaded By
No data available					

Showing 0 to 0 of 0 entries

ATTACH SELECTED CANCEL

Upload document

Section II



Grants Portal

Dashboard

My Organization
NYS Division of Homeland Security & Emergency Services (000-UBQEH-00) / Streamlined Project Application

4480DR-NY (4480DR) / NYS Division of Homeland Security & Emergency Services (000-UBQEH-00) / Streamlined Project Application

Streamlined Project Application Section II – Scope of Work

HELP SAVE

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Description of Activities

Section II Instructions
Applicants must complete this section and describe the activities that the Applicant conducted...

Documents

Locations
Geographic Areas (+ Add Document) Requirement Met

BACK PROCEED

Required documentation complete



FEMA

Section II



Grants Portal

Dashboard
My Organization
NYS Division of Homeland Security & Emergency Services (000-UBQEH-00)

Streamlined Project Application Section II – Scope of Work

4480DR-NY (4480DR) / NYS Division of Homeland Security & Emergency Services (000-UBQEH-00) / Streamlined Project Application

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Description of Activities | **Locations** | Documents | Summary

Section II Instructions
Applicants must complete this section and describe the activities that the Applicant conducts... provide additional information in Schedules D and F.

Locations

Please select the locations where the activities to be conducted were or will be conducted. *

- Jurisdiction-wide
- Geographic area(s)
- Specific sites

Is this an individual address or a list of latitudes and longitudes? *

- Address
- List of latitudes and longitudes

If Specific Site is chosen

Select if documentation will be address or GPS Coordinates

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Section II



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HELP SAVE

4480DR-NY (4480DR) / NYS Division of Homeland Security & Emergency Services (000-U8QEH-00) / Streamlined Project Application



Section II 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.

Locations

Please select the locations where the activities reported above were or will

- Jurisdiction-wide
- Geographic area(s)
- Specific sites

Is this an individual address or a list of latitudes and longitudes? *

- Address
- List of latitudes and longitudes

Address 1 *

Address 2

City *

State *

Zip *

Enter address of site

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Description of Activities | Locations | Documents | Summary

Section II 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.

Locations

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

- Jurisdiction-wide
- Geographic area(s)
- Specific sites

Is this an individual address or a list of latitudes and longitudes? *

- Address
- List of latitudes and longitudes

Please list the latitudes and longitudes separated by a semicolon.

List of latitude and longitudes

Enter GPS Coordinates

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Streamlined Project Application Section II – Scope of Work

HELP SAVE GO TO SUMMARY

4480DR-NY (4480DR) / Oyster Bay, Town of (059-56000-00) / Streamlined Project Application



Section II 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.

Documents

No documents are currently required for this section/schedule.

Click Proceed

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FEMA

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Streamlined Project Application Section II – Scope of Work

HELP SAVE GO TO SUMMARY

4480DR-NY (4480DR) / Oyster Bay, Town of (059-56000-00) / Streamlined Project Application

Description of Activities	Locations	Documents	Summary
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Section II 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.

Summary

Description of Activities

Brief description of the activities the Applicant conducted or will conduct.

Add Info

Activities the Applicant conducted or will conduct.

Enter Description of Activities then scroll down to Proceed

Section II



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Streamlined Project Application Section II – Scope of Work

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? HELP SAVE GO TO SUMMARY

Method(s) of work the Applicant used or will use to complete the activities reported above.

- Purchase of meals for emergency workers

Locations

Locations where the activities reported above were or will be conducted.

- Jurisdiction-wide

Documents

No documents are currently required for this section/schedule.

**Review then
click Done with
Section 2**

BACK

DONE WITH SECTION II



FEMA

Section II Complete



Click Go to Summary

Section II Completed!

Section II has been successfully completed.

[GO TO SUMMARY](#)

[DONE WITH SECTION II](#)

Section III



Streamlined Project Application

4480DR-NY (4480DR) / Oyster Bay, Town of (059-56000-00) / Streamlined Project Application

HELP

CANCEL APPLICATION

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Protective Measures	FEMA PA Code	059-56000-00
Project Net Cost	\$0.00	
Status	In Progress	

Sections & Schedules

In order for your Application to be completed, you must complete the following Sections and Schedules.

Section II – Scope of Work	Completed	VIEW
Section III – Cost and Work Status Information	In Progress	CONTINUE
Document Repository	No Documents Required	VIEW/EDIT

REVIEW AND SUBMIT

Click Start to Complete next Task or Continue to finish a Task already started



Section III



Grants Portal

Dashboard

My Organization

Streamlined Project Application Information

4480DR-NY (4480DR) | NYS Division of Homeland Security & Emergency Services

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Section III Instructions

Applicants must complete this section and provide the information reported in Section II. Applicants must also complete Schedule A, B, C, or EZ as instructed to estimate a project cost.

General Cost & Work Order Questions

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 accordance 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? *

Yes

No

Is the Applicant's estimated cost for activities reported in Section II greater than or equal to \$131,100.00? *

Yes

No

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

Activities started and completed

Activities started with projected end date

Activities started with no predictable end date

Activities have not started

PROCEED >

Does Applicant request Expedited Funding

Choose small or large project

Choose status of activities



FEMA

Section III



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SECTION III 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 to estimate a project cost.

General Cost & Work Status Questions

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? *

- Yes
- No

Is the Applicant's estimated cost for activities reported in Section II greater than or equal to \$131,100.00? *

- Yes
- No

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

An Applicant may not request funding for activities conducted prior to 01/20/2020, 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). 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 and completed

Date Started *

Date Completed *

- Activities started with projected end date
- Activities started with no predictable end date
- Activities have not started

Enter date started and date completed

⚠ Based on your answers, you will be required to complete a Schedule B and a Schedule D form for this application upon completion of Section III.
You are required to complete a Schedule B and Schedule D form because activities are completed and the Applicant's estimated cost for activities reported in Section II is greater than \$131,100.00.

Section III



Grants Portal

- Organization Profile
- Organization Personnel
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- Subrecipient Tasks
- Utilities
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- Intelligence

Section III 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 to estimate a project cost.

General Cost & Work Status Questions

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? *

- Yes
- No

Is the Applicant's estimated cost for activities reported in Section II greater than or equal to \$131,100.00? *

- Yes
- No

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

An Applicant may not request funding for activities conducted prior to 01/20/2020, the beginning of the COVID-19 incident period. This question should be answered once to describe all the activities reported in Section II. 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 and completed
- Activities started with projected end date

Date Started *

% Complete *

Projected Completion End Date *

- Activities started with no predictable end date
- Activities have not started

Enter date started, % complete, projected completion date

Based on your answers, you will be required to complete a Schedule C and a Schedule D form for this application upon completion of Section III.
You are required to complete a Schedule C and Schedule D form because activities are completed and the Applicant's estimated cost for activities reported in Section II is greater than \$131,100.00.



Section III



- Dashboard
- My Organization
- Organization Profile
- Organization Personnel
- Applicant Event Profiles
- Exploratory Calls
- Recovery Scoping
- Meetings
- Events
- Projects
- Damages
- Work Order Requests
- Work Orders
- My Tasks
- Calendar
- Subrecipients
- Subrecipient Tasks
- Utilities
- Resources
- Intelligence

Section III 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 to estimate a project cost.

General Cost & Work Status Questions

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? *

- Yes
- No

Is the Applicant's estimated cost for activities reported in Section II greater than or equal to \$131,100.00? *

- Yes
- No

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

An Applicant may not request funding for activities conducted prior to 01/20/2020, 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 and completed
- Activities started with projected end date
- Activities started with no predictable end date

Date Started *

% Complete *

Enter date started and % complete

- Activities have not started

Based on your answers, you will be required to complete a Schedule C and a Schedule D form for this application upon completion of Section III.

You are required to complete a Schedule C and Schedule D form because activities are completed and the Applicant's estimated cost for activities reported in Section II is greater than \$131,100.00.



Section III



Grants Portal

Dashboard

My Organization

Streamlined Project Application Section III – Cost and Work Status Information

HELP

SAVE

NYS Division of Homeland Security & Emergency Services (000-UB0H-00)

4480DR-NY (4480DR) / NYS Division of Homeland Security & Emergency Services (000-UB0H-00) / Streamlined Project Application

- Organization Profile
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Section III 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 to estimate a project cost.

General Cost & Work Status Questions

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? *

- Yes
- No

Is the Applicant's estimated cost for activities reported in Section II greater than or equal to \$131,100.00? *

- Yes
- No

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

An Applicant may not request funding for activities conducted prior to 01/20/2020, 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 and completed
- Activities started with projected end date
- Activities started with no predictable end date
- Activities have not started

Based on your answers, you will be required to complete a Schedule C and a Schedule D form for this application upon completion of Section III.

You are required to complete a Schedule C and Schedule D form because activities are completed and the Applicant's estimated cost for activities reported in Section II is greater than \$131,100.00.

PROCEED >



FEMA

Section III



Information

4480DR-NY (4480DR) / Oyster Bay, Town of (059-56000-00) / Streamlined Project Application

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? *

Yes

No

⚠️ Based on your answers, you will be required to complete a Schedule A form for this application upon completion of Section III.

You are required to complete a Schedule A form because the Applicant is requesting expedited funding

Answer the question, if yes is selected, click Proceed

PROCEED >



FEMA

Section III



Information

4480DR-NY (4480DR) / Oyster Bay, Town of (059-56000-00) / Streamlined Project Application

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- Subrecipient Tasks

General Cost & Work Status Questions

Summary

Section III 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 to estimate a project cost.

Summary

General Cost & Work Status Questions

Did the Applicant want to request expedited funding?

- Yes

Based on your answers, you will be required to complete a Schedule A form for this application upon completion of Section III.

You are required to complete a Schedule A form because the Applicant is requesting expedited funding

Review then scroll down

Section III



Grants Portal PAUL, STEPHA...

Streamlined Project Application Section III – Cost and Work Status

Information

4480DR-NY (4480DR) / Oyster Bay, Town of (059-56000-00) / Streamlined Project Application

Summary

General Cost & Work Status Questions

Did the Applicant want to request expedited funding?

- Yes

⚠ Based on your answers, you will be required to complete a Schedule A form for this application upon completion of Section III.

You are required to complete a Schedule A form because the Applicant is requesting expedited funding

Review then click Done with Section 3

[← BACK](#) [✓ DONE WITH SECTION III](#)

<https://grantsportal-uat-site.azurewebsites.net/#home>



What are the Schedules:

A- Large Projects that are Expedited

B- Large Projects that are work completed

C- Large Projects that are work-to-be-completed

D- Large projects that were reported in Schedules B and C, and Large Projects having purchased or pre-positioned supplies, equipment or provided emergency medical care, sheltering, operation of a temporary facility, etc.

EZ- All small projects, regardless of work status

F- EHP form that gets completed based off certain answers and activities



FEMA

Schedule A



Grants Portal 🔔 1 PAUL, STEPHA...

Dashboard | **My Organization** ? HELP | CANCEL APPLICATION | GO BACK

Streamlined Project Application
4480DR-NY (4480DR) / Oyster Bay, Town of (059-56000-00) / Streamlined Project Application

Status: In Progress

Sections & Schedules

In order for your Application to be completed, you must complete the following Sections and Schedules.

☰	Section II – Scope of Work	Completed	VIEW/EDIT
\$	Section III – Cost and Work Status Information	Completed	VIEW/EDIT
A	Schedule A – Expedited Funding Estimate	Not Started	START
📄	Document Repository	No Documents Required	VIEW/EDIT

[REVIEW AND SUBMIT](#)

Click Start to Complete next Task



Schedule A



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- General Eligibility
- Project Cost & Cost Eligibility
- Deductions
- Documents
- Summary

Schedule A Instructions

The Applicant must complete this section if requesting expedited funding in Section III of the project application. Expedited funding is only available if the total net cost for the request is greater than or equal to \$131,100.00.

General Eligibility

Please explain why there is an immediate need for funding *

Add Info

Enter Information then scroll down to Proceed

Please select the time-period for which the Applicant is requesting expedited funding for the activities reported in Section II * ([More Info](#))

Start Date * 04/30/2020

Schedule A



Step 1: Enter Information

Step 2: Select the Reason

Step 3: Click Proceed



Schedule A



Grants Portal PAUL, STEPHA...

Streamlined Project Application Schedule A – Expedited Funding Estimate

4480DR-NY (4480DR) / Oyster Bay, Town of (059-56000-00) / Streamlined Project Application

General Eligibility **Project Cost & Cost Eligibility** Deductions Documents Summary

Schedule A Instructions
The Applicant must complete this section if requesting expedited funding in Section III of the project application. Expedited funding is only available if the total net cost for the request is greater than or equal to \$131,100.00.

Project Cost & Cost Eligibility

Please select the resources necessary to complete the activities reported in Section II ([More Info](#))

- Contracts ([More Info](#))
- Labor ([More Info](#))
- Equipment ([More Info](#))

Select all that Apply

Costs
\$

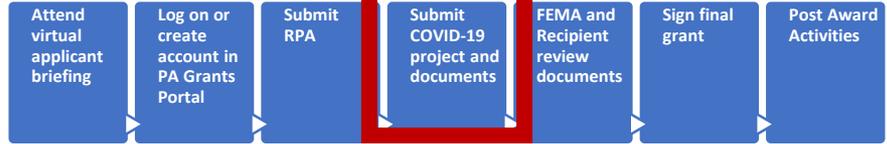
Costs
\$

Costs
\$

Costs



Schedule A



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General Eligibility

Project Cost & Cost Eligibility

Deductions

Documents

Summary

Schedule A Instructions

The Applicant must complete this section if requesting expedited funding in Section III of the project application. Expedited funding is only available if the total net cost for the request is greater than or equal to \$131,100.00.

Project Cost & Cost Eligibility

Please select the resources necessary to complete the activities reported in Section II ([More Info](#))

Contracts ([More Info](#))

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).

Labor ([More Info](#))

Costs

\$45,000.00

Costs

\$55,000.00

Enter Amounts

Schedule A



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Streamlined Project Application Schedule A – Expedited Funding Estimate

[? HELP](#) [SAVE](#) [GO TO SUMMARY](#)

4480DR-NY (4480DR) / Oyster Bay, Town of (059-56000-00) / Streamlined Project Application



Schedule A Instructions

The Applicant must complete this section if requesting expedited funding in Section III of the project application. Expedited funding is only available if the total net cost for the request is greater than or equal to \$131,100.00.

Deductions

Please select the credits available to offset costs of activities reported in Section II ([More Info](#))

- Insurance Proceeds ([More Info](#))
- Disposition ([More Info](#))
- Medical Payments ([More Info](#))

Select all that Apply

Deductions	\$

Schedule A



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Streamlined Project Application Schedule A – Expedited Funding Estimate

HELP SAVE GO TO SUMMARY

NYS Division of Homeland Security & Emergency Services (000-UBQEH-00)

4480DR-NY (4480DR) / Oyster Bay, Town of (059-56000-00) / Streamlined Project Application

Materials And Supplies [\(More Info \)](#)

Other Costs [\(More Info \)](#)

Including travel costs, utilities and any other expenses not listed above.

Please enter the total cost.

Please provide high-level information which can substantiate costs *

Add Info

\$

Costs

\$32,000.00

Enter Info and Amount for Other Cost then click Proceed

Project Cost \$132,000.00

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PROCEED

Schedule A



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Streamlined Project Application Schedule A – Expedited Funding Estimate

HELP SAVE GO TO SUMMARY

4480DR-NY (4480DR) / Oyster Bay, Town of (059-56000-00) / Streamlined Project Application



Schedule A Instructions

The Applicant must complete this section if requesting expedited funding in Section III of the project application. Expedited funding is only available if the total net cost for the request is greater than or equal to \$131,100.00.

Documents

- Project Cost & Cost Eligibility
 - Contracts
 - Requests for Proposals (+ Add Document)
 - Bid Documents (+ Add Document)
 - Signed Contracts (+ Add Document)
 - Unit Pricing Estimates (+ Add Document)
 - Labor
 - Force Account Labor Documentation (+ Add Document) **Required**
 - Mutual Aid Agreements (+ Add Document)

Add Documents

Schedule A



Attach Project Application Documents

Drag and drop files here, or click here to select files.

Selected Documents to Attach

Quick Search...

	Filename	Description	Size	Category
✓ EDIT REMOVE	Contract Info.docx		11.7 KB	Request for Proposals

Showing 1 to 1 of 1 entries

Previous 1 Next

Available Documents to Attach

Category: Request for Proposals

Quick Search...

Filename	Description	Category	Size	Uploaded Date	Uploaded By
No data available					

Schedule A



Process Document

CAUTION: Document will be uploaded to the **Project Application**.

Filename *
Request for Proposal.pdf

Description
Request for Proposal

Category *
Request for Proposals

SAVE **CANCEL**

Add Description



FEMA

Schedule A



Dashboard

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Exploratory O

Recovery Sc

Meetings

Events

Projects

Damages

Work Order F

Work Orders

My Tasks

Calendar

Subrecipient

Subrecipient Tasks

Selected Documents to Attach

Quick Search...

	Filename	Description	Size	Category
✓	EDIT REMOVE Request for Proposal.pdf	Request for Proposal	30.7 KB	Request for Proposals

10 Showing 1 to 1 of 1 entries

Previous 1 Next

Available Documents to Attach

Category: Request for Proposals

Quick Search...

Filename	Description	Category	Size	Uploaded Date	Uploaded By
No data available					

5 Showing 0 to 0 of 0 entries

Previous Next

[ATTACH SELECTED](#) [CANCEL](#)

Click Attach Selected



Schedule A



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Streamlined Project Application Schedule A – Expedited Funding Estimate

HELP SAVE GO TO SUMMARY

4480DR-NY (4480DR) / Oyster Bay, Town of (059-56000-00) / Streamlined Project Application



Schedule A Instructions

The Applicant must complete this section if requesting expedited funding in Section III of the project application. Expedited funding is only available if the total net cost for the request is greater than or equal to \$131,100.00.

Documents

- Project Cost & Cost Eligibility
 - Contracts
 - Requests for Proposals (+ Add Document)
 - Request for Proposal.pdf (X Remove)
 - Bid Documents (+ Add Document)
 - Signed Contracts (+ Add Document)
 - Unit Pricing Estimates (+ Add Document)
 - Labor
 - Force Account Labor Documentation (+ Add Document) (X Required)
 - Mutual Aid Agreements (+ Add Document)

View attached document

Schedule A



- Dashboard
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Streamlined Project Application Schedule A – Expedited Funding Estimate

🔍 HELP **SAVE** ↶ GO TO SUMMARY

4480DR-NY (4480DR) / Oyster Bay, Town of (059-56000-00) / Streamlined Project Application

Credits available to offset costs of activities reported in Section II ([More Info](#))
No deductions have been added.

Project Cost	\$132,000.00
Project Cost	\$132,000.00
Total Deductions	\$0.00
Net Cost	\$132,000.00

Review then click Done with Schedule A

← BACK

✓ DONE WITH SCHEDULE A

Schedule A Complete



Grants Portal

Dashboard

My Organization

NYS Division of Homeland Security & Emergency Services (000-UBQEH-00)

Streamlined Project Application Schedule A – Expedited Funding Estimate

4480DR-NY (4480DR) / Oyster Bay, Town of (059-56000-00) / Streamlined Project Application

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Credits available to offset c
No deductions have been added.

Schedule A Completed!

Schedule A has been successfully completed

GO TO SUMMARY

Click Go to Summary

Project Cost \$132,000.00

Total Deductions \$0.00

Net Cost \$132,000.00

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DONE WITH SCHEDULE A

Schedule A Submit



Grants Portal

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Streamlined Project Application

HELP

CANCEL APPLICATION

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NYS Division of Homeland Security & Emergency Services (000-UBCEH-00)

4480DR-NY (4480DR) / Oyster Bay, Town of (059-56000-00) / Streamlined Project Application

Status In Progress

Sections & Schedules

In order for your Application to be completed, you must complete the following Sections and Schedules.

Section II – Scope of Work	Completed	VIEW/EDIT
Section III – Cost and Work Status Information	Completed	VIEW/EDIT
Schedule A – Expedited Funding Estimate	Completed	VIEW/EDIT
Document Repository	1 of 1 Provided	VIEW/EDIT

REVIEW AND SUBMIT

Click Review and Submit



FEMA

Section III Complete



Section III Completed!
Section III has been successfully completed.

[GO TO SUMMARY](#)

Click Go to Summary



What are the Schedules:

A- Large Projects that are Expedited

B- Large Projects that are work completed

C- Large Projects that are work-to-be-completed

D- Large projects that were reported in Schedules B and C, and Large Projects having purchased or pre-positioned supplies, equipment or provided emergency medical care, sheltering, operation of a temporary facility, etc.

EZ- All small projects, regardless of work status

F- EHP form that gets completed based off certain answers and activities



FEMA

Schedule B



Schedule B 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 \$131,100.00.

Project Cost & Cost Eligibility

Select resources utilized

Please select the resources necessary to complete the activities reported in Section II ([More Info](#))

- [Contracts \(More Info\)](#)
- [Labor \(More Info\)](#)
- [Equipment \(More Info\)](#)
- [Materials And Supplies \(More Info\)](#)
- [Other Costs \(More Info\)](#)

Costs	\$

Project Cost \$0.00

PROCEED >

Schedule B



- Organization Profile
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- Utilities
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- Intelligence

Contracts (More Info)

Please enter the total cost of contracts. To calculate the total cost, complete FEMA Public Assistance COVID-19 Contracts Report (Click Here for the Blank Template) 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)

Costs
\$



Labor (More Info)

Including the Applicant's own staff, Mutual Aid, prison labor, or National Guard.

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)

Costs
\$

Please describe any labor that was not Applicant's own staff, mutual aid, prison labor, or National Guard

Schedule B



- Organization Profile
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Equipment (More Info)

Including applicant owned, purchased, or rented.

Please enter the completed 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.

How did the Applicant acquire the equipment?

- Owned prior to January 20, 2020
- From Stock ⓘ
- Purchased ⓘ

What was the basis of the rate used in the summary?

- FEMA Equipment Rates
- Applicant's Equipment Rates ⓘ
- No rate is available, and the Applicant would like FEMA to calculate an Equipment Rate ⓘ
- Other

Costs
\$



Materials And Supplies (More Info)

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.

How did the Applicant acquire the materials or supplies?

- From Stock ⓘ
- Purchased ⓘ

Costs
\$



Schedule B



Grants Portal

Streamlined Project Application Schedule B – Completed Work Estimate

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Please enter the completed 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.

How did the Applicant acquire the equipment?

- Owned prior to January 20, 2020
- From Stock
- Purchased

What was the basis of the rate used in the summary?

- FEMA Equipment Rates
- Applicant's Equipment Rates
- No rate is available, and the Applicant would like FEMA to calculate an Equipment Rate
- Other

Materials And Supplies (More Info)

Other Costs (More Info)

Including travel costs, utilities and any other expenses not listed above.

Please enter the total cost. Please also provide invoices or receipts. If claiming travel expenses, please provide a travel policy.

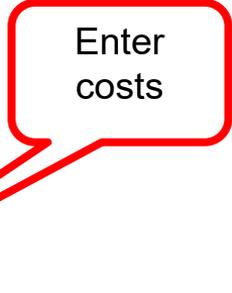
Please describe the costs *

This field is required.

Costs

Costs

Project Cost



HELP SAVE

PROCEED



Schedule B



Grants Portal

Dashboard My Organization Streamlined Project Application Schedule B – Completed Work Estimate

4480DR-NY (4480DR) / NYS Division of Homeland Security & Emergency Services (000-U8QEH-00) / Streamlined Project Application

HELP SAVE

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- Utilities
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- Intelligence

Deductions

Calculate deductions

Please select the credits available to offset costs of activities reported in Section II ([More Info](#))

Insurance Proceeds ([More Info](#))

This does not include payment from patient insurance; for that, continue to medical payments below.

Does the Applicant have insurance coverage that might cover any activities reported in Section II? *

- No.
- Yes, the Applicant anticipates receiving a payment from its insurance carrier.
- Yes, the Applicant has actually received a payment from its insurance carrier.

Disposition ([More Info](#))

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

Medical Payments ([More Info](#))

Please enter the total amount of medical payments received or expected from for-profit entities, Medicare, Medicaid, or a pre-existing private payment agreement.

Other Deductions

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

Deductions
\$

Deductions
\$

Deductions
\$

Deductions
\$

Project Cost	\$129,000.00
Total Deductions	\$0.00
Net Cost	\$129,000.00



Schedule B



Grants Portal

Dashboard | My Organization | Streamlined Project Application Schedule B – Completed Work Estimate | HELP | SAVE

4480DR-NY (4480DR) / NYS Division of Homeland Security & Emergency Services (000-U80EH-00) / Streamlined Project Application

Organization Profile | Organization Personnel | Applicant Event Profiles | Exploratory Calls | Recovery Scoping Meetings | Events | Projects | Damages | Work Order Requests | Work Orders

Project Cost & Cost Eligibility | Deductions | Documents | Summary

Schedule B 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 \$131,100.00.

Documents

- Project Cost & Cost Eligibility
 - Labor
 - Force Account Labor Documentation (+ Add Document) **Required**
 - Standby Time Justifications (+ Add Document)
 - Labor Pay Policies (+ Add Document) **Required**
 - National Guard Pay Policies (+ Add Document)
 - Mutual Aid Agreements (+ Add Document)
 - Timesheets (+ Add Document) **Required**
 - Logs / Activity Reports (+ Add Document) **Required**
 - Equipment
 - Equipment Summaries (+ Add Document) **Required**
 - Purchase Invoices or Receipts (+ Add Document) **Required**
 - Rental vs Purchase Comparison Documentation (+ Add Document) **Required**
 - Rental Agreements (+ Add Document) **Required**
 - Rental Invoices or Receipts (+ Add Document) **Required**
 - Equipment Rate Documentation (+ Add Document) **Required**
 - Acquisition Threshold Documentation (+ Add Document)

Upload required documents

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Schedule B



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Streamlined Project Application Schedule B – Completed Work Estimate

4480DR-NY (4480DR) / NYS Division of Homeland Security & Emergency Services (000-UR0EH-00) / Streamlined Project Application

Project Cost & Cost Eligibility

Deductions

Documents

Schedule B 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 \$50,000.

Summary

Resources necessary to complete the activities reported in Section II (More Info)

Labor (More Info)

Cost
\$9,000.00

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)

If the personnel were or will be provided through mutual aid, please provide the written mutual aid agreement.

Please describe any labor that was not Applicant's own staff, mutual aid, prison labor, or National Guard

Equipment (More Info)

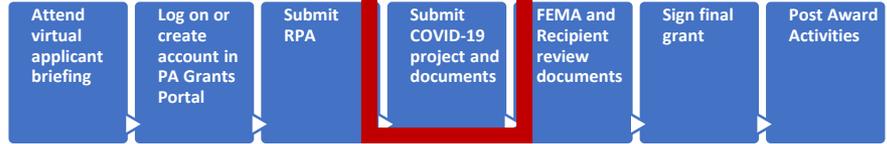
Cost
\$120,000.00

Review Schedule B

Scroll down



Schedule B



Grants Portal

Dashboard

My Organization

NYS Division of Homeland Security & Emergency Services (000-UBQE4-00)

Streamlined Project Application Schedule B – Completed Work Estimate

4480DR-NY (4480DR) / NYS Division of Homeland Security & Emergency Services (000-UBQE4-00) / Streamlined Project Application

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- 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)

Project Cost \$500,000.00

Credits available to offset costs of activities reported in Section II (More Info)
No deductions have been added.

Documents

- Project Cost & Cost Eligibility
 - Contracts
 - Contract Cost Summaries Requirement Met
 - Contract Documentation Requirement Met
 - Change Orders
 - Summary of Invoices Requirement Met
 - Costs or Price Analysis Documentation
 - Procurement Policies Requirement Met
 - Other Procurement Documentation
 - Contractor Oversight Documentation

Project Cost	\$500,000.00
Total Deductions	\$0.00
Net Cost	\$500,000.00

Review then click Done with Schedule B

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DONE WITH SCHEDULE B



FEMA

Schedule B Complete



Grants Portal

Streamlined Project Application Schedule B – Completed Work Estimate

Project Cost: \$500,000.00

Credits available to offset cost: No deductions have been added.

Documents

- Project Cost & Cost Eligibility
 - Contracts
 - Contract Cost Summary
 - Contract Documentation
 - Change Orders
 - Summary of Invoices
 - Costs or Price Analysis
 - Procurement Policies
 - Other Procurement Documentation
 - Contractor Oversight Documentation

Schedule B Completed!

Schedule B has been successfully completed.

[GO TO SUMMARY](#)

Project Cost: \$500,000.00

Total Deductions: \$0.00

Net Cost: \$500,000.00

[← BACK](#) [DONE WITH SCHEDULE B](#)



FEMA

What are the Schedules:

A- Large Projects that are Expedited

B- Large Projects that are work completed

C- Large Projects that are work-to-be-completed

D- Large projects that were reported in Schedules B and C, and Large Projects having purchased or pre-positioned supplies, equipment or provided emergency medical care, sheltering, operation of a temporary facility, etc.

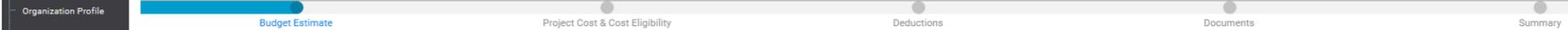
EZ- All small projects, regardless of work status

F- EHP form that gets completed based off certain answers and activities



FEMA

Schedule C



Schedule C Instructions

Applicants must complete this schedule if the Applicant (1) has not started or is in the process of completing the activities reported in Section II and (2) the cost of the activities reported in Section II is over \$131,100.00.

Budget Estimate

Select basis for Applicant's cost estimate

Please attach an itemized budget estimate created using standard procedures the Applicant would use absent federal funding.

The itemized estimate needs to be a unit price estimate broken down by the type and number of resources necessary to complete the work (contracts, labor, equipment, materials & supplies, and other costs) and within those areas broken down further by the costs completed and future costs.

What is the basis for the Applicant's cost estimate?

- Extrapolation of completed costs
- Historical unit costs
- Average costs for similar work in the area
- Published unit costs from national cost estimating database
- Contractor or vendor quotes
- Other

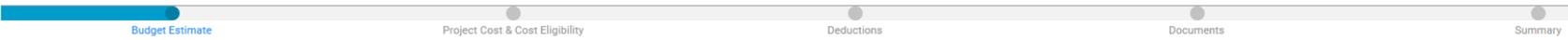
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Schedule C Instructions

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- Historical unit costs
- Average costs for similar work in the area
- Published unit costs from national cost estimating database
- Contractor or vendor quotes
- Other

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Schedule C



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Streamlined Project Application Schedule C – In Progress Work Estimate

4480DR-NY (4480DR) / NYS Division of Homeland Security & Emergency Services (000-UBQE-00) / Streamlined Project Application

Budget Estimate Project Cost & Cost Eligibility Deductions Documents

Schedule C Instructions

Applicants must complete this schedule if the Applicant (1) has not started or is in the process of completing the activities reported in Section II and (2) the cost of the activities reported in Section II is over \$131,100.00.

Project Cost & Cost Eligibility

Select resources necessary for completion

Please select the resources necessary to complete the activities reported in Section II [\(More Info \)](#)

- [Contracts \(More Info \)](#)
- [Labor \(More Info \)](#)
- [Equipment \(More Info \)](#)
- [Materials And Supplies \(More Info \)](#)
- [Other Costs \(More Info \)](#)

Completed Costs	Future Costs	Total Costs
\$	+	=
Completed Costs	Future Costs	Total Costs
\$	+	=
Completed Costs	Future Costs	Total Costs
\$	+	=
Completed Costs	Future Costs	Total Costs
\$	+	=
Completed Costs	Future Costs	Total Costs
\$	+	=

Project Cost \$0.00

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Schedule C

Attend virtual applicant briefing

Log on or create account in PA Grants Portal

Submit RPA

Submit COVID-19 project and documents

FEMA and Recipient review documents

Sign final grant

Post Award Activities

Grants Portal

Streamlined Project Application Schedule C

4480DR-NY (4480DR) / NYS Division of Homeland Security & Emergency Services (000-UBQEH-00) / Streamlined Project

Schedule C Instructions

Applicants must complete this schedule if the Applicant (1) has not started or is in the process of completing the activities reported in Section II and (2) the cost of the activities reported in Section II is over \$131,100.00.

Project Cost & Cost Eligibility

Please select the resources necessary to complete the project (More Info)

- Contracts (More Info)
- Labor (More Info)
- Equipment (More Info)
- Materials And Supplies (More Info)
- Other Costs (More Info)

Category	Completed Costs	Future Costs	Total Costs
Contracts	\$	\$	
Labor	\$	\$	
Equipment	\$	\$	
Materials And Supplies	\$	\$	
Other Costs	\$	\$	

Project Cost: \$0.00

CLICK HERE TO GET MORE INFORMATION

Click More Info for additional guidance.

Schedule C



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Project Cost & Cost Eligibility

Please select the resources necessary to complete the activities reported in Section II [\(More Info \)](#)

Contracts [\(More Info \)](#)

Completed Costs	Future Costs	Total Costs
\$	+	=

Please enter the completed cost of contracts. If no contracts-related costs are complete enter 0. To calculate the completed cost, complete FEMA Public Assistance COVID-19 Contracts Report [\(Click Here for the Blank Template\)](#) 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)

Is the estimate based on awarded contracts? *

Yes

Please complete the FEMA Public Assistance COVID-19 Contracts Report [\(Click Here for the Blank Template\)](#) and provide the following:

- 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)

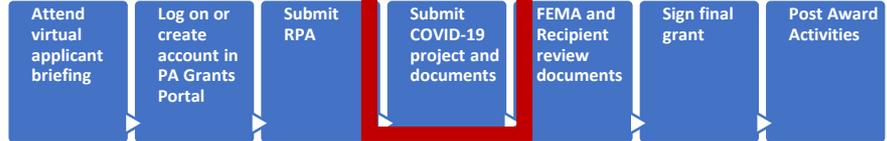
No

Select and/or enter information

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Labor (More Info)

Including the Applicant's own staff, Mutual Aid, prison labor, or National Guard.

Please enter the completed cost of labor. If no labor-related costs are complete enter 0. To calculate the completed 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

Please enter the estimated future cost of labor. To calculate the future cost, please use the procedures the Applicant would normally use to create a budget estimate and provide the following information:

- 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)

Equipment (More Info)

Materials And Supplies (More Info)

Other Costs (More Info)

Completed Costs	Future Costs	Total Costs
\$	+	=

Completed Costs	Future Costs	Total Costs
\$	+	=

Completed Costs	Future Costs	Total Costs
\$	+	=

Completed Costs	Future Costs	Total Costs
\$	+	=

Select and/or enter information

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Select and/or enter information

Please provide the following:

- Cost or price analysis (for contracts above \$250,000, the federal simplified acquisition threshold)
- The Applicant's procurement policy

Labor (More Info)

Completed Costs	Future Costs	Total Costs
\$	+	= \$0.00

Equipment (More Info)

Including applicant owned, purchased, or rented.

Completed Costs	Future Costs	Total Costs
\$	+	=

Please enter the completed cost of equipment. If no equipment-related costs are complete enter 0. 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.

How did the Applicant acquire the equipment?

- Owned prior to January 20, 2020
- Purchased
- Rented

What was the basis of the rate used in the summary?

- FEMA Equipment Rates
- Applicant's Equipment Rates
- No rate is available, and the Applicant would like FEMA to calculate an Equipment Rate
- Other

Materials And Supplies (More Info)

Completed Costs	Future Costs	Total Costs
\$	+	=

Other Costs (More Info)

Completed Costs	Future Costs	Total Costs
\$	+	=

Project Cost \$0.00

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NYS Division of Homeland Security & Emergency Services (000-UGS&00)

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Select and/or enter information

- Purchased
- Rented

What was the basis of the rate used in the summary?

- FEMA Equipment Rates
- Applicant's Equipment Rates
- No rate is available, and the Applicant would like FEMA to calculate an Equipment Rate
- Other

Completed Costs	Future Costs	Total Costs
\$	+	=

Materials And Supplies (More Info)

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.

How did the Applicant acquire the materials or supplies?

- From Stock
- Purchased

Completed Costs	Future Costs	Total Costs
\$	+	=

Other Costs (More Info)

Including travel costs, utilities and any other expenses not listed above.

Please enter the total cost. Please also provide invoices or receipts. If claiming travel expenses, please provide a travel policy.

Please describe the costs *

Project Cost \$0.00

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Budget Estimate Project Cost & Cost Eligibility Deductions Documents Summary

Schedule C Instructions

Applicants must complete this schedule if the Applicant (1) has not started or is in the process of completing the activities reported in Section II and (2) the cost of the activities reported in Section II is over \$131,100.00.

Deductions

Select credits available

Please select the credits available to offset costs of activities reported in Section II (More Info)

- Insurance Proceeds (More Info)
- Disposition (More Info)
- Medical Payments (More Info)
- Other Deductions

Deductions	\$

Project Cost	\$150,000.00
Total Deductions	\$0.00
Net Cost	\$150,000.00

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Deductions

Select and/or enter information

Please select the credits available to offset costs of activities reported in Section II (More Info)

Insurance Proceeds (More Info)
This does not include payment from patient insurance; for that, continue to medical payments below.

Does the Applicant have insurance coverage that might cover any activities reported in Section II? *

No.
 Yes, the Applicant anticipates receiving a payment from its insurance carrier.
 Yes, the Applicant has actually received a payment from its insurance carrier.

Deductions
\$

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

Deductions
\$

Medical Payments (More Info)

Deductions
\$

Other Deductions

Deductions
\$

Project Cost	\$150,000.00
Total Deductions	\$0.00
Net Cost	\$150,000.00

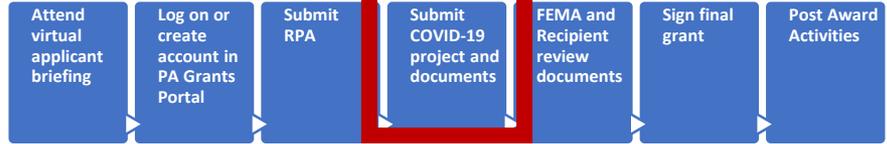
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Budget Estimate | Project Cost & Cost Eligibility | Deductions | Documents | Summary

Schedule C Instructions
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Deductions

Please select the credits available to offset costs of activities reported in Section II ([More Info](#))

- Insurance Proceeds ([More Info](#))
- Disposition ([More Info](#))
- Medical Payments ([More Info](#))
Please enter the total amount of medical payments received or expected from for-profit entities, Medicare, Medicaid, or a pre-existing private payment agreement.
- Other Deductions
Please enter the total amount of other goods and services provided to for-profit entities or any other proceeds or payments received or expected.

Select and/or enter information

Deductions	
\$	<input type="text"/>
Deductions	
\$	<input type="text"/>
Deductions	
\$	<input type="text"/>
Deductions	
\$	<input type="text"/>

Project Cost	\$150,000.00
Total Deductions	— \$0.00
Net Cost	\$150,000.00

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FEMA

Schedule C



Streamlined Project Application Schedule C – In Progress Work Estimate

44800R-NY (44800R) / NYS Division of Homeland Security & Emergency Services (000-UBQEH-00) / Streamlined Project Application

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Schedule C Instructions
Applicants must complete this schedule if the Applicant (1) has not started or is in the process of completing the activities reported in Section II and (2) the cost of the activities reported in Section II is over \$131,100.00.

Documents

- Budget Estimates (+ Add Document) **X Required**
- Project Cost & Cost Eligibility
 - Contracts
 - Contract Cost Summaries (+ Add Document)
 - Contract Documentation (+ Add Document)
 - Change Orders (+ Add Document)
 - Summary of Invoices (+ Add Document)
 - Costs or Price Analysis Documentation (+ Add Document)
 - Procurement Policies (+ Add Document)
 - Other Procurement Documentation (+ Add Document)
 - Contractor Oversight Documentation (+ Add Document)
 - Award Estimate Documentation
 - PA COVID-19 Contract Reports (+ Add Document) **X Required**
 - Cost or Price Analysis Documentation (+ Add Document)
 - Procurement Policies (+ Add Document) **X Required**
 - Other Procurement Documentation (+ Add Document)

Upload required documents

Click proceed

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Budget Estimate ✓

Project Cost & Cost Eligibility ✓

Deductions ✓

Documents

Summary

Schedule C Instructions

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Documents

- Budget Estimates (+ Add Document) ✓ Requirement Met
- Project Cost & Cost Eligibility
 - Labor
 - Force Account Labor Documentation (+ Add Document)
 - Standby Time Justifications (+ Add Document)
 - Labor Pay Policies (+ Add Document) ✓ Requirement Met
 - National Guard Pay Policies (+ Add Document)
 - Mutual Aid Agreements (+ Add Document)
 - Timesheets (+ Add Document)
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4480DR-NY (4480DR) / NYS Division of Homeland Security & Emergency Services (000-U8QE4-00) / Streamlined Project Application

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Budget Estimate | Project Cost & Cost Eligibility | Deductions | Documents | Summary

Schedule C Instructions
Applicants must complete this schedule if the Applicant (1) has not started or is in the process of completing the activities reported in Section II and (2) the cost of the activities reported in Section II is over \$131,100.00.

Summary

Review Schedule C Summary

What is the basis for estimate?

- Extrapolation of completed costs
- Contractor or other vendor

Resources necessary to complete the activities reported in Section II (More Info)

Labor (More Info)

Completed Costs	Future Costs	Total Costs
\$160,000.00	\$	\$160,000.00

Including the Applicant's own staff, Mutual Aid, prison labor, or National Guard.

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)

If the personnel were or will be provided through mutual aid, please provide the written mutual aid agreement.

Please describe any labor that was not Applicant's own staff, mutual aid, prison labor, or National Guard

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Schedule C



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NYS Division of Homeland Security & Emergency Services (000-UR0EH-00) / Streamlined Project Application

Streamlined Project Application Schedule C – In Progress Work Estimate

4480DR-NY (4480DR) / NYS Division of Homeland Security & Emergency Services (000-UR0EH-00) / Streamlined Project Application

Applicant would normally use to create a budget estimate and provide the following information:

- 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)

Project Cost: \$160,000.00

Credits available to offset costs of activities reported in Section II ([More Info](#))
No deductions have been added.

Documents

- Budget Estimates **Requirement Met**
- Project Cost & Cost Eligibility
 - Labor
 - Force Account Labor Documentation
 - Standby Time Justifications
 - Labor Pay Policies **Requirement Met**
 - National Guard Pay Policies
 - Mutual Aid Agreements
 - Timesheets
 - Logs / Activity Reports

Project Cost: \$160,000.00

Total Deductions: \$0.00

Net Cost: \$160,000.00

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[✓ DONE WITH SCHEDULE C](#)

Review Schedule C Summary

Click Done with Schedule C



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Schedule C Complete



Grants Portal

Streamlined Project Application Schedule C – In Progress Work Estimate

Applicant would normally use to create a budget estimate and provide the following information:

- 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)

Project Cost: \$160,000.00

Credits available to offset cost: No deductions have been added.

Documents

- Budget Estimates ✓ Required
- Project Cost & Cost Eligibility
- Labor
 - Force Account Labor
 - Standby Time Justification
 - Labor Pay Policies
 - National Guard Pay Policy
 - Mutual Aid Agreement
 - Timesheets
 - Logs / Activity Reports

Project Cost	\$160,000.00
Total Deductions	\$0.00
Net Cost	\$160,000.00

[GO TO SUMMARY](#)

[DONE WITH SCHEDULE C](#)

What are the Schedules:

A- Large Projects that are Expedited

B- Large Projects that are work completed

C- Large Projects that are work-to-be-completed

D- Large projects that were reported in Schedules B and C, and Large Projects having purchased or pre-positioned supplies, equipment or provided emergency medical care, sheltering, operation of a temporary facility, etc.

EZ- All small projects, regardless of work status

F- EHP form that gets completed based off certain answers and activities



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Schedule D



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Streamlined Project Application Schedule D – Large Project Eligibility Questions

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NYS Division of Homeland Security & Emergency Services (000-USQEH-00) / Streamlined Project Application

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Schedule D Instructions

Applicants must complete part 1 of this schedule if the total net cost reported in Section III is greater than or equal to \$131,100.00. Applicants will need to complete additional questions depending on the activities reported in Section II.

General Eligibility

Are all activities reported in Section II only being performed by the Applicant as a result of COVID-19? * [\(More Info \)](#)

- Yes
- No

Is the Applicant legally responsible for performing the activities reported in Section II? * [\(More Info \)](#)

- 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.
- Yes, for other reasons.
- No.

Please describe how the activities reported in Section II address an immediate threat to life, public health, or safety * [\(More Info \)](#)

DID or will any of the activities reported in Section II require access to residential private property? * [\(More Info \)](#)

- Yes
- No

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

For activities that involve the creation of a new program, 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:

PROCEED >

Select and/or enter information

Click proceed



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Schedule D



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Streamlined Project Application Schedule D – Large Project Eligibility Questions

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Schedule D Instructions

Applicants must complete part 1 of this schedule if the total net cost reported in Section III is greater than or equal to \$131,100.00. Applicants will need to complete additional questions depending on the total net cost.

General Eligibility

Are all activities reported in Section II only being performed by the Applicant as a result of COVID-19? * [\(More Info\)](#)

Yes

No

Is the Applicant legally responsible for performing the activities reported in Section II? * [\(More Info\)](#)

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.

Yes, for other reasons.

No.

Please describe how the activities reported in Section II address an immediate threat to life, public health, or safety * [\(More Info\)](#)

Did or will any of the activities reported in Section II require access to residential private property? * [\(More Info\)](#)

Yes

No

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

For activities that involve the creation of a new program, 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:

PROCEED >

Select and/or enter information

Click proceed



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Streamlined Project Application Schedule D – Large Project Eligibility Questions

4480DR-NY (4480DR) / NYS Division of Homeland Security & Emergency Services (000-UHQEH-00) / Streamlined Project Application

Organization Profile | Activity Details | Documents | Summary

Schedule D Instructions
Applicants must complete part 1 of this schedule if the total net cost reported in Section III is greater than... additional questions depending on the activities reported in Section II.

Activity Details

- Purchase and Distribution of Food, Water, Ice, or Other Commodities >
- Purchase of Meals for Emergency Workers >

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General Eligibility | **Activity Details** | Documents | Summary

Schedule D Instructions
Applicants must complete part 1 of this schedule if the total net cost reported in Section III is greater than or equal to \$131,100.00. Applicants will need to complete additional questions depending on the project type.

Activity Details

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 *

Activities Completed *

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

Purchasing and packaging
Please describe the work necessary for purchasing and packaging *

Acquiring distribution and storage space
 Delivery and distribution
 Other

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

Yes
 No

Select and/or enter information

Scroll down



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Please describe the work necessary for purchasing and packaging *

Acquiring distribution and storage space
 Delivery and distribution
 Other

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

Yes
 No

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? *

Yes
 No

If the purchase and distribution involved food, how is food security negatively impacted, making food distribution necessary to protect public health and safety? *

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 the other impacts *

Purchase of Meals for Emergency Workers >

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Select and/or enter information

Click proceed



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Streamlined Project Application Schedule D – Large Project Eligibility Questions

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HELP SAVE

Please describe the other impacts *

Select and/or enter information

Purchase of Meals for Emergency Workers ▾

Why are meals for emergency workers being claimed? *

- A labor policy or written agreement requires the provision of meals.
- Conditions constituted a level of severity that requires employees to work abnormal, extended workhours without a reasonable amount of time to provide for their own meals.

Please describe these conditions *

Food or water was or is not reasonably available for employees to purchase.

Please describe the lack of availability *

Other

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.

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Applicants must complete part 1 of this schedule if the total ... 1,100.00. Applicants will need to complete additional questions depending on the activities reported in Section II.

General Eligibility

New Program Documentation (+ Add Document)

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Upload required document

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Schedule D Instructions

Applicants must complete part 1 of this schedule if the total net cost reported in Section III is greater than or equal to \$131,100.00. Applicants will need to complete additional questions depending on the activities reported in Section II.

Summary

General Eligibility

Are all activities reported in Section II only being performed by the Applicant as a result of COVID-19? [\(More Info \)](#)

- Yes

Is the Applicant legally responsible for performing the activities reported in Section II? [\(More Info \)](#)

- 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.

How the activities reported in Section II address an immediate threat to life, public health, or safety: [\(More Info \)](#)

Contagious

Did or will any of the activities reported in Section II require access to residential private property? [\(More Info \)](#)

- No

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

For activities that involve the creation of a new program, 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

Purchase and Distribution of Food, Water, Ice, or Other Commodities

Review
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Schedule D Complete



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Streamlined Project Application Schedule D - Large Project Eligibility Questions

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

- No

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

If the purchase and distribution involved food, how is food security n

- Marked increase or atypical demand for feeding resources

Purchase of Meals for Emergency Workers

Why are meals for emergency workers being claimed?

- Conditions constituted a level of severity that requires employees to work abnormal, ext
- Description of these conditions

Conditions

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.

Documents

- General Eligibility
- New Program Documentation

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Click on Go To Summary

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✓ DONE WITH SCHEDULE D

What are the Schedules:

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C- Large Projects that are work-to-be-completed

D- Large projects that were reported in Schedules B and C, and Large Projects having purchased or pre-positioned supplies, equipment or provided emergency medical care, sheltering, operation of a temporary facility, etc.

EZ- All **small projects**, regardless of work status

F- EHP form that gets completed based off certain answers and activities



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Streamlined Project Application Schedule EZ – Small Project Estimate

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Budget Estimate

Project Cost

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Schedule EZ Instructions

Applicants must complete this schedule if the total project is less than \$131,100.00 and provide the costs of the activities reported in Section II.

Budget Estimate

Review how to create Budget Estimate

Please attach an itemized budget estimate created using standard procedures the Applicant would use absent federal funding. The itemized estimate needs to be broken down by the type and number of resources necessary to complete the work (contracts, labor, equipment, materials & supplies, and other costs).

Because activities are complete, you will be required to attach the following summary records based on the resources necessary to complete the activities selected in the Project Cost step.

- [FEMA Public Assistance COVID-19 Contracts Report](#)
- [FEMA Form 009-0-123 Force Account Labor Summary](#)
- [FEMA Form 009-0-128 Applicants Benefit Calculation Worksheet](#)
- [FEMA Form 009-0-127 Force Account Equipment Summary](#)
- [FEMA Form 009-0-125 Rented Equipment Summary Record](#)
- [FEMA Form 009-0-124 Materials Summary Record](#)

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Schedule EZ Instructions

Applicants must complete this schedule if the total project is less than \$131,100.00 and provide the costs of the activities reported in Section II.

Project Cost

Select resources utilized

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

Contracts (More Info)

Please enter the total cost of contracts from your estimate.

Costs
\$

Labor (More Info)

Including the Applicant's own staff, Mutual Aid, prison labor, or National Guard.

Please enter the total cost of labor from your estimate.

Costs
\$

Equipment (More Info)

Including the applicant owned, purchased, or rented.

Please enter the total cost of equipment from your estimate.

Costs
\$

Materials and Supplies (More Info)

Please enter the total cost of materials and supplies from your estimate.

Costs
\$

Other Costs (More Info)

Costs
\$

Project Cost \$0.00

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Schedule EZ



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NYS Division of Homeland Security & Emergency Services (000-UBQEH-00)

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Deductions

Applicants must complete this schedule if the total project is less than \$131,100.00 and provide the costs of the activities reported in Section II.

Please select the credits available to offset costs of activities reported in Section II.

- Insurance Proceeds (More Info)
This does **not** include payment from patient insurance; for that, continue to medical payments below.
Does the Applicant have insurance coverage that might cover any activities reported in Section II? *
 - No.
 - Yes, the Applicant anticipates receiving a payment from its insurance carrier.
Please enter the total amount of insurance proceeds and provide copy of insurance documentation.
 - Yes, the Applicant has actually received a payment from its insurance carrier.
- Disposition (More Info)
Please enter the total salvage value of purchased equipment and supplies (if greater than \$5,000).
- Medical Payments (More Info)
Please enter the total amount of medical payments received or expected from for-profit entities, Medicare, Medicaid, or a pre-existing private payment agreement.
- Other Deductions

	Deductions
	\$
	Deductions
	\$
	Deductions
	\$
	Deductions
	\$

Project Cost	\$11,000.00
Total Deductions	\$0.00
Net Cost	\$11,000.00

Select and/or enter information



Schedule EZ



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Streamlined Project Application Schedule EZ – Small Project Estimate

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Budget Estimate

Project Cost

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Schedule EZ Instructions

Applicants must complete this schedule if the total project is less than \$131,100.00 and provide the costs of the activities reported in Section II.

Documents

- Budget Estimates (+ Add Document) **X Required**
- Project Cost
 - Labor
 - Force Account Labor Documentation (+ Add Document)
 - Equipment
 - Equipment Summaries (+ Add Document)
 - Materials and Supplies
 - Material Summaries (+ Add Document)

Upload required documents

Click proceed

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Schedule EZ



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Streamlined Project Application Schedule EZ – Small Project Estimate

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Schedule EZ Instructions
Applicants must complete this schedule if the total project is less than \$131,100.00 and provide the costs of the activities reported in Section II.

Summary

Budget Estimate

Please attach an itemized budget estimate created using standard procedures the Applicant would use absent federal funding. The itemized estimate needs to be broken down by the type and number of resources necessary to complete the work (contracts, labor, equipment, materials & supplies, and other costs).

Because activities are complete, you will be required to attach the following summary records based on the resources necessary to complete the activities selected in the Project Cost step.

- [FEMA Public Assistance COVID-19 Contracts Report](#)
- [FEMA Form 009-0-123 Force Account Labor Summary](#)
- [FEMA Form 009-0-128 Applicant Benefit Calculation Worksheet](#)
- [FEMA Form 009-0-127 Force Account Equipment Summary](#)
- [FEMA Form 009-0-125 Rented Equipment Summary Record](#)
- [FEMA Form 009-0-124 Materials Summary Record](#)

Project Costs

Selected resources and costs necessary to complete the activities reported in Section II.

<input checked="" type="checkbox"/> Labor (More Info) <i>Including the Applicant's own staff, Mutual Aid, prison labor, or National Guard.</i> Total cost of labor from your estimate.	<table border="1"><tr><td>Costs</td></tr><tr><td>\$1,000.00</td></tr></table>	Costs	\$1,000.00
Costs			
\$1,000.00			
<input checked="" type="checkbox"/> Equipment (More Info) <i>Including the applicant owned, purchased, or rented.</i> Total cost of equipment from your estimate.	<table border="1"><tr><td>Costs</td></tr><tr><td>\$1,000.00</td></tr></table>	Costs	\$1,000.00
Costs			
\$1,000.00			



Schedule EZ



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Materials and Supplies (More Info)
Total cost of materials and supplies from your estimate.

Costs
\$9,000.00

Project Cost \$11,000.00

Deductions
Credits available to offset costs of activities reported in Section II.

Insurance Proceeds (More Info)
This does **not** include payment from patient insurance; for that, continue to medical payments below.

Does the Applicant have insurance coverage that might cover any activities reported in Section II?
• Yes, the Applicant anticipates receiving a payment from its insurance carrier.

Materials and Supplies | Material Summaries

Deductions
\$900.00

Documents
Budget Estimates **Requirement Met**
Project Cost
Labor
Force Account Labor Documentation
Equipment
Equipment Summaries

Project Cost \$11,000.00
Total Deductions \$900.00
Net Cost \$10,100.00

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Click Done with Schedule EZ

DONE WITH SCHEDULE EZ



FEMA

Schedule EZ Complete



Schedule EZ Completed!
Schedule EZ has been successfully completed.

[GO TO SUMMARY](#)

Click on Go To Summary

Costs	
Materials and Supplies	\$9,000.00
Total cost of materials and supplies from your estimate.	
Project Cost	\$11,000.00

Deductions	
Project Cost	\$11,000.00
Total Deductions	\$900.00
Net Cost	\$10,100.00



FEMA

What are the Schedules:

A- Large Projects that are Expedited

B- Large Projects that are work completed

C- Large Projects that are work-to-be-completed

D- Large projects that were reported in Schedules B and C, and Large Projects having purchased or pre-positioned supplies, equipment or provided emergency medical care, sheltering, operation of a temporary facility, etc.

EZ- All small projects, regardless of work status

F- EHP form that gets completed based off certain answers and activities



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Schedule F



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Streamlined Project Application Schedule F – Environmental and Historic Preservation Questions

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Activity Details

Schedule F Instructions

Applicants must complete this schedule due to specific activities reported in Section II. For additional information, see the [Streamlined Project Application \(EHP\) and Emergency Protective Measures for COVID - 19 Fact Sheet](#).

Activity Details

Establishment of Temporary Facilities

In Section II, Establishment of Temporary Facilities was selected as a method of work. To provide information regarding these temporary facilities, you must submit a separate Temporary Facilities form for each temporary facility. You may download a blank [Temporary Facilities form](#) if you do not have a copy.

In addition to completing the Temporary Facilities form, FEMA also requires additional documentation to support the form. Please select the supporting documents you will be attaching to this application:

- A cost analysis justifying the rental, purchase, construction, or modification of the temporary facility
- Lease Agreements for any rented facilities
- Documentation supporting the purchase price of any purchased facilities
- Plans or other documentation describing the work done at the temporary facility
- A Site plan for any facility construction that will cause a ground disturbance
- Permits for any temporary debris staging sites
- Permits for any disposal sites used for ash resulting from vegetative debris burning
- Permits for any temporary facilities sites that are adjacent to known hazardous materials
- Any other applicable permits related to the temporary facility
- Site maps 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)
- Any Photographs of the site

PROCEED >

Download blank Temporary Facilities Form if needed

Select forms to upload

Click proceed



Schedule F

Attend virtual applicant briefing

Log on or create account in PA Grants Portal

Submit RPA

Submit COVID-19 project and documents

FEMA and Recipient review documents

Sign final grant

Post Award Activities

Review Temporary Facility Survey and download to your computer



FEMA

FEMA COVID-19 Project Application

Applicant-Assigned Project Application # _____

TEMPORARY FACILITY SURVEY

Instructions: Applicants 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 Applicant must submit the information in this survey for each temporary facility.

For more information on these requirements, see the [Coronavirus \(COVID-19\) Pandemic: Environmental and Historic Preservation and Emergency Protective Measures Fact Sheet](#), the [Coronavirus \(COVID-19\) Pandemic: Floodplain Considerations for Temporary Critical Facilities Fact Sheet](#), and the PAPPG at pp. 76-80.

A. FACILITY INFORMATION

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 the temporary facility provide?

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

Please describe the temporary facility:

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

Latitude:

Longitude:

Why was or is the 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.

Scroll down



FEMA

Schedule F



This PDF document contains forms. The filling of form fields is not supported. Open With Different Viewer

Review Temporary Facility Survey and download to your computer

A locally recognized landmark. *Please describe:*

A National Historic Landmark. *Please describe:*

No.

Unsure

Last Updated: April 24, 2020 5

FEMA COVID-19 Project Application Applicant-Assigned Project Application # _____

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 survey. Please save and upload this file where it is requested in Grants Portal.



Schedule F



Grants Portal

Dashboard

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Organization Profile

Organization Personnel

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Subrecipients

Subrecipient Tasks

Utilities

Resources

Intelligence

Streamlined Project Application Schedule F – Environmental and Historic Preservation Questions

Activity Details

Summary

Schedule F Instructions

Applicants must complete this schedule due to specific activities reported in Section II. For additional information on Environmental and Historic Preservation (EHP) and Emergency Protective Measures for COVID - 19 Fact Sheet.

Documents

- Temporary Facilities
 - Temporary Facility Forms (+ Add Document) X Required
 - Cost Analysis Justifications (+ Add Document) X Required
 - Debris Staging Site Permits (+ Add Document) X Required
 - Site Maps (+ Add Document) X Required

BACK

PROCEED >

Upload required documents

Click proceed

Schedule F



Grants Portal

Review Schedule F Summary

Click Done with Schedule F

Schedule F Instructions
Applicants must complete this schedule due to specific activities reported in Section II. For additional information on EHP requirements, see the Environmental and Historic Preservation Requirements for COVID-19 Fact Sheet.

Summary

Establishment of Temporary Facilities

In Section II, Establishment of Temporary Facilities was selected as a method of work. To provide information regarding these temporary facilities, you must submit a separate Temporary Facilities form for each temporary facility. You may download a blank [Temporary Facilities Form](#) if you do not have a copy.

In addition to completing the Temporary Facilities form, FEMA also requires additional documentation to support the form. Supporting documents selected to attach to this application:

- A cost analysis justifying the rental, purchase, construction, or modification of the temporary facility
- Permits for any temporary debris staging sites
- Site maps 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)

Documents

- Temporary Facilities
 - Temporary Facility Forms Requirement Met
 - Cost Analysis Justifications Requirement Met
 - Debris Staging Site Permits Requirement Met
 - Site Maps Requirement Met

[BACK](#) [DONE WITH SCHEDULE F](#)

Schedule F Complete



Grants Portal

Streamlined Project Application Schedule F – Environmental and Historic Preservation Questions

4480DR-NY (4480DR) / NYS Division of Homeland Security & Emergency Services (000-U80EH-00) / Streamlined Project Application

Schedule F Instructions

Applicants must complete this schedule due to specific activities reported in Section II. For additional information on EHP requirements, see the [Environmental and Historic Preservation \(EHP\) and Emergency Protective Measures for COVID - 19 Fact Sheet](#).

Summary

Establishment of Temporary Facilities

In Section II, Establishment of Temporary Facilities was selected as a separate Temporary Facilities form for each temporary facility. You may download a blank [Temporary Facilities Form](#) if you need to create a separate Temporary Facilities form for each temporary facility.

In addition to completing the Temporary Facilities form, FEMA also requires the following information to be submitted to this application:

- A cost analysis justifying the rental, purchase, construction, or modification of the temporary facility.
- Permits for any temporary debris staging sites.
- Site maps showing the location of all proposed areas where the applicant will conduct activities (e.g., roads, parking, landscaping, grading, or utilities).

Documents

- Temporary Facilities
 - Temporary Facility Forms Requirement Met
 - Cost Analysis Justifications Requirement Met
 - Debris Staging Site Permits Requirement Met
 - Site Maps Requirement Met

Schedule F Completed!

Schedule F has been successfully completed.

[GO TO SUMMARY](#)

Click on Go To Summary

[DONE WITH SCHEDULE F](#)

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- Subrecipients

Streamlined Project Application Section IV – Project Certifications

? HELP GO TO SUMMARY

4480DR-NY (4480DR) / Oyster Bay, Town of (059-56000-00) / Streamlined Project Application



Section IV 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.

Review Application

Section I - Project Application Information

Applicant-Assigned Project Application #	123456	Event	4480DR-NY (4480DR)
Project Application Title	COVID-19 Emergency Protective Measures	Applicant	Oyster Bay, Town of
Project Net Cost	\$132,000.00	FEMA PA Code	059-56000-00
Status	In Progress		

Review then Scroll Down

Section IV



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- Subrecipients ▼

Streamlined Project Application Section IV – Project Certifications

? HELP

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4480DR-NY (4480DR) / Oyster Bay, Town of (059-56000-00) / Streamlined Project Application

Credits available to offset costs of activities reported in Section II ([More Info](#))
No deductions have been added.

Project Cost \$132,000.00

Project Cost \$132,000.00

Total Deductions \$0.00

Net Cost \$132,000.00

Review then click Proceed

→ PROCEED

https://grantsportal-uat-site.azurewebsites.net/#home

Section IV



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Streamlined Project Application Section IV – Project Certifications

[? HELP](#) [GO TO SUMMARY](#)

4480DR-NY (4480DR) / Oyster Bay, Town of (059-56000-00) / Streamlined Project Application



Section IV 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.

Certifications

Preparer Certification

Did the Applicant Authorized Representative receive consultant support from anyone not directly employed by the Applicant?

Yes

No

If you select No, scroll down to proceed



Section IV



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Streamlined Project Application Section IV – Project Certifications

🔍 HELP ↶ GO TO SUMMARY

4480DR-NY (4480DR) / Oyster Bay, Town of (059-56000-00) / Streamlined Project Application

Preparer Certification

Did the Applicant Authorized Representative receive consultant support or technical assistance from anyone not directly employed by the Applicant?

- Yes
- No

If you select Yes, scroll down to enter the Preparer Info

Preparer Information

Preparer *

Preparer's Company or Firm Name --

Preparer's Company or Firm EIN --

Preparer's Company or Firm Address --

Enter Preparer's Info

Certifications, Assurances, and Signature

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



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- Subrecipients
- Subrecipient Tasks

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?

- Yes
- No

Certification That Benefits Will Not Be Duplicated

Has the Applicant applied for any funding for COVID-19?

- Yes
- No

If you select No, scroll down to proceed

Certifications, Assurances, and Signature

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.

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- Subrecipients

Certification That Benefits Will Not Be Duplicated

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

- Yes
- No

If you select Yes, scroll down and enter the list of other programs

Please list other programs *

Add Info

Has the Applicant applied for any funding from any other recovery program?

- No
- Yes, but the other federal program has not yet approved the funding. ?
- Yes, but the other federal program has conclusively denied the funding.

If you select No, scroll down to sign

Certifications, Assurances, and Signature

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.

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Streamlined Project Application Section IV – Project Certifications

HELP GO TO SUMMARY

4480DR-NY (4480DR) / Oyster Bay, Town of (059-56000-00) / Streamlined Project Application

Certification That Benefits Will Not Be Duplicated

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

- Yes
- No

If you select Yes, scroll down and enter the list of other programs

Please list other programs *

Add Info

Has the Applicant applied for any funding from another source for the same activities and costs as requested in this project application?

- No
- Yes, but the other federal program has not yet approved the funding.
- Yes, but the other federal program has conclusively denied the funding.

If you select Yes, upload the Denial Letter then scroll down to sign

Denial Letter * Upload Denial Letter

Certifications, Assurances, and Signature

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



Section IV



Record Certification That Benefits Will Not Be Duplicated Signature

Authorized Representative *

Date Signed *

Signed Document * [+ Upload Signed Document](#)

Print Name *

Signature Style *
Example: allura

Enter Password *

SIGN **CANCEL**

Enter the Info, upload the Signed Document

Section IV



Record Certification That Benefits Will Not Be Duplicated Signature

Authorized Representative * Graf, George

Date Signed * 04/30/2020

Signed Document * [Signed Document.pdf](#) (Remove)

Print Name * Stephanie Paul

Signature Style * Allura

Stephanie Paul

Enter Password *

SIGN **CANCEL**

Click Sign to proceed

Grants Portal

Dashboard

My Organization

NYS Division of Homeland Security & Emergency Services (000-USDH-00)

4480DR-NY (4480)

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General Certification

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:



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Certification That Benefits Will Not Be Duplicated

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

- Yes
- No

Certifications, Assurances, and Signature

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 be reconciled to eliminate duplication.

Authorized Representative	<i>Stephanie Paul</i>	Date Signed	04/30/2020
Signed on Behalf By	PAUL, STEPHANIE	Signed on Behalf Date	04/30/2020
Signed Document	Signed Document.pdf		

Review info then scroll down to proceed

General Certification

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- 📅 Calendar
- 👤 Subrecipients

Certification That Benefits Will Not Be Duplicated

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

- Yes
 No

Certifications, Assurances, and Signature

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 be reconciled to eliminate duplication.

Authorized Representative	<i>Stephanie Paul</i>	Date Signed	04/30/2020
Signed on Behalf By	PAUL, STEPHANIE	Signed on Behalf Date	04/30/2020
Signed Document	Signed Document.pdf		

Review info then scroll down to proceed

General Certification

Section IV



- Did not have insurance coverage in place for the claimed costs at the time of the declaration.
- The Applicant complied with federal, Recipient, and Applicant procurement requirements.
- The Applicant complied with all FEMA policies regarding equipment rates in accordance with the PAPPG.
- The Applicant complied with all FEMA policies regarding labor in accordance with the PAPPG.

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.

Certifications, Assurances, and Signature

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.

Authorized Representative *

✎ **CLICK TO SIGN**

Date Signed

< BACK

Click to Sign

✓ **SUBMIT PROJECT APPLICATION**



Section IV



Streamlined Project Application Section IV – Project Certifications

HELP

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4480DR-NY (4480DR) / Oyster Bay, Town of (059-56000-00) / Streamlined Project Application

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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.

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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.

Authorized Representative	<i>Stephanie Paul</i>	Date Signed	04/30/2020
Signed on Behalf By	PAUL, STEPHANIE	Signed on Behalf Date	04/30/2020
Signed Document	Signed Document.pdf		

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Click Submit Project Application

SUBMIT PROJECT APPLICATION

https://grantsportal-uat-site.azurewebsites.net/#home

Section IV Complete



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My Organization

Streamlined Project Application Section IV - Project Certifications

4480DR-NY (4480DR) / Oyster Bay, Town of (059-56000-00) / Streamlined Project Application

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Documentation Certification

In accordance with 2 C.F.R. §200.33...

Certifications, Assurances

It is important to know that upon su...

This project application has been successfully completed.

Authorized Represent...

Signed on Behalf By PAUL, STEPHANIE

Signed on Behalf Date 04/30/2020

Signed Document Signed Document.pdf

Date Signed 04/30/2020

PROJECT CREATED

GO TO PROJECT

Click Go to Project



Document Repository



Grants Portal

Streamlined Project Application HELP CANCEL APPLICATION

4480DR-NY (4480DR) / NYS Division of Homeland Security & Emergency Services (000-U8QE-H-00) / Streamlined Project Application

Section I - Project Application Information ¹

[\(Modify\)](#)

Applicant-Assigned Project Application #	1111	Event	4480DR-NY (4480DR)
Project Application Title	Project Application Titale	Applicant	NYS Division of Homeland Security & Emergency Services
Project Net Cost	\$10,100.00	FEMA PA Code	000-U8QE-H-00
Status	In Progress		

Sections & Schedules

In order for your Application to be completed, you must complete the following Sections and Schedules.

☰	Section II – Scope of Work	Completed	VIEW/EDIT
\$	Section III – Cost and Work Status Information	Completed	VIEW/EDIT
EZ	Schedule EZ – Small Project Estimate	Completed	VIEW/EDIT
F	Schedule F – Environmental and Historic Preservation Questions	In Progress	VIEW/EDIT
📄	Document Repository	6 of 6 Provided	VIEW/EDIT

[REVIEW AND SUBMIT](#)

Document Repository-manage documents



Document Repository



Grants Portal

Dashboard

My Organization

NYS Division of Homeland Security & Emergency Services (000-UG06H-00)

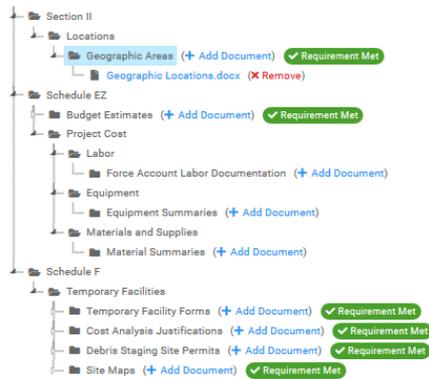
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Streamlined Project Application Documents

4480DR-NY (4480DR) / NYS Division of Homeland Security & Emergency Services (000-UG06H-00) / Streamlined Project Application

HELP

Document Repository



Review, upload,
or delete
documents

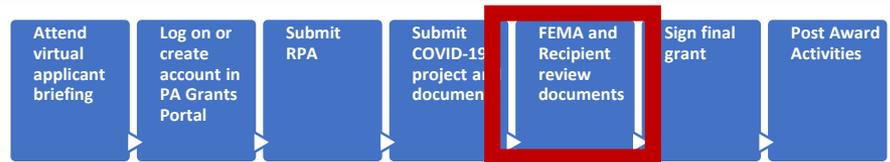
Click Done
Managing
Documents

✓ DONE MANAGING DOCUMENTS



FEMA

Review Documents



- FEMA and Recipient review and validate the project application to ensure:
 - Completeness
 - Eligibility
 - Compliance with Federal laws and regulations on items such as
 - Contracting
 - Environmental and historic preservation
- Applicant may be asked to provide additional information during the reviews



FEMA

Documentation Requirements

Actual cost documentation must include information necessary to demonstrate eligibility of costs and activities claimed including but not limited to payroll data, procurement procedures, contracts, invoices, and an explanation of the activities performed.

FEMA makes the final decision regarding all eligibility determinations under the PA Program including whether costs are reasonable

- Explanation of each specific task
- Number of hours
- Rate
- Title or Position
- Specific activities which required Materials, Equipment, or Space
- Number and purpose of meetings/site inspections
- Purpose for travel, and travel policy
- Location, course offered for training costs

Visual 9-128



FEMA

Where to locate the forms

- FEMA.gov
 - Search “worksheets”
 - Page titled “Public Assistance Project Worksheets”
- Grants Manager
 - Intelligence → Job Aids → Public Assistance Project Forms
- Grants Portal
 - Resources → Public Assistance Project Forms
- Delivery Toolbox
 - Forms and Templates



FEMA

Applicant's Benefits Calculation

- FEMA reimburses force account labor based on actual hourly rates plus the cost of the employee's actual fringe benefits
- Worksheet can be completed 3 ways
 - The whole Organization (All Employees Averaged), each fringe benefit total cost will be divided by the overall Annual Salary.
 - For a Department each fringe benefit total cost of that department will be divided by the overall Annual Salary of that Department.
 - Individually the benefit cost is divided by the employees annual base salary.



FEMA

Applicant's Benefits Calculation

APPLICANT'S BENEFITS CALCULATION WORKSHEET

The form has 3 main sections:

- Header
- Percentage areas
- Comments and signature area

PAPERWORK BURDEN DISCLOSURE NOTICE		
Public reporting burden for this data collection is estimated to average .5 hours per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. This collection of information is not required to obtain or retain benefits. 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 this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW., Washington, DC 20472, Paperwork Reduction Project (1660-0017) NOTE: Do not send your completed form to this address.		
APPLICANT		PA ID #
DISASTER		PROJECT #
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		
TOTAL IN % ANNUAL SALARY		



FEMA

Force Account Labor Summary Record

FORCE ACCOUNT LABOR SUMMARY

O.M.B. Control Number: 1660-0017

Expires: December 31, 2019

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this data collection is estimated to average .5 hours per response. The burden estimate includes time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472-3100, Paperwork Reduction Project (1660-0017). **NOTE: Do not send your completed questionnaire to this address.**

APPLICANT	PA ID #	PROJECT #	DISASTER
LOCATION/SITE	CATEGORY		PERIOD COVERING

DESCRIPTION OF WORK PERFORMED

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

TOTAL COSTS FOR FORCE ACCOUNT LABOR REGULAR TIME _____ \$

TOTAL COST FOR FORCE ACCOUNT LABOR OVERTIME _____ \$

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



FEMA

Force Account Equipment Summary

- Cost Codes come from FEMA's Schedule of Equipment Rates

FEMA's SCHEDULE OF EQUIPMENT RATES

**DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY**
RECOVERY DIRECTORATE
PUBLIC ASSISTANCE DIVISION
WASHINGTON, DC 20472

The rates on this Schedule of Equipment Rates are for applicant owned equipment in good mechanical condition, complete with all required attachments. Each rate covers all costs eligible under the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. § 5121, et seq., for ownership and operation of equipment, including depreciation, overhead, all maintenance, field repairs, fuel, lubricants, tires, OSHA equipment and other costs incidental to operation. Standby equipment costs are not eligible.

Equipment must be in actual operation performing eligible work in order for reimbursement to be eligible. LABOR COSTS OF OPERATOR ARE NOT INCLUDED in the rates and should be approved separately from equipment costs.

Information regarding the use of the Schedule is contained in 44 CFR § 206.228 Allowable Costs. Rates for equipment not listed will be furnished by FEMA upon request. Any appeals shall be in accordance with 44 CFR § 206.206 Appeals.

THESE RATES ARE APPLICABLE TO MAJOR DISASTERS AND EMERGENCIES
DECLARED BY THE PRESIDENT ON OR AFTER August 15, 2019.

FEMA Code ID		Equipment Description					2019 Updated Rate
Cost Code	Equipment	Specifications	Capacity or Size	HP	Notes	Unit	
8010	Air Compressor	Air Delivery	41 CFM	to 10	Hoses included.	hour	\$ 1.62
8011	Air Compressor	Air Delivery	103 CFM	to 30	Hoses included.	hour	\$ 9.86
8012	Air Compressor	Air Delivery	130 CFM	to 50	Hoses included.	hour	\$ 12.49



FEMA

Force Account Equipment Summary

Federal Emergency Management Agency
FORCE ACCOUNT EQUIPMENT SUMMARY RECORD

O.M.B. Control Number: 1660-0017
 Expires: December 31, 2019

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this data collection is estimated to average .5 hours per response. The burden estimates includes time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472-3100, Paperwork Reduction Project (1660-0017). **NOTE: Do not send your completed questionnaire to this address.**

APPLICANT	PA ID #	PROJECT #	DISASTER
LOCATION/SITE	CATEGORY		PERIOD COVERING

DESCRIPTION OF WORK PERFORMED

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

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

CERTIFIED	TITLE	DATE
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Contract Work Summary Record - COVID

This form is attached to end of the Streamlined Project Application

FEMA COVID-19 Project Application

Applicant-Assigned Project Application # _____

FEMA Public Assistance COVID-19 Contracts Report

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

Header information is the same information that is put into the Streamlined Project Application Form

Section I - Project Application Information

Declaration #:	Applicant Name:	FEMA PA Code:	Applicant-Assigned Project Application #:
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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 Please select one of the following options and write in the box below:	Scope of Contract For example, construction of temporary facility or emergency medical transport.	Total Contract Award Please indicate dollar amount.	Amount requested for funding on this project application Please indicate dollar amount.
					<input type="radio"/> Yes <input type="radio"/> 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="radio"/> Yes <input type="radio"/> 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="radio"/> Yes <input type="radio"/> 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: _____			
TOTAL										

2. CERTIFICATION

I certify that the above information is accurate and was obtained from documents that are available for audit.

Applicant Authorized Representative	Title	Signature
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FEMA

Management Costs



- All claimed costs must be documented
- Schedule EZ refers to the FEMA Form 009 series:
 - Force Account Labor Summary Record
 - Applicant's Benefits Calculation Worksheet
 - Force Account Equipment Summary Record
 - Contract Work Summary Record
 - Materials Summary Sheet
 - Rented Equipment Summary Record



FEMA

Management Cost – Cat Z

- Currently, if no PDMG is assigned Cat Z projects must be completed by PAGS or above
- Cat Z costs must be tracked
- Activities related to developing eligible PA projects and receiving reimbursement from FEMA
- Activities related to ineligible projects are not eligible
- Excess management cost funding may not be retained



FEMA

Management Costs – Eligible Activities

Eligible activities may include, but are not limited to:

- Preliminary Damage Assessments
- Meetings regarding the overall PA Program or damage claim
- Organizing PA damage sites into logical groups
- Preparing correspondence
- Site inspections
- Travel expenses
- Developing the detailed site-specific damage description
- Evaluating Section 406 hazard mitigation measures
- Preparing Small and Large Projects
- Reviewing Projects
- Collecting copying, filing, or submitting documents to support a claim/grant
- Requesting disbursement of PA funds
- Training



FEMA

Management Cost - Requirements

All Management Costs (Recipient/Subrecipient)

- One Category Z project
- Funded at 100%
 - Large,
 - Small, or
 - PAAP

View 8.142



FEMA

Management Cost - Contribution

Recipient - “up to” 7%

- Actual costs incurred
- Must be reasonable
- For eligible projects only
- Does not receive an additional 5% for its own Projects
- Subject to Strategic Funds Management
- All Recipients qualify

Cap based on total award amount for the DR or EM

- Federal share plus non-federal share
- Minus any Insurance reduction
- Cat B Donated Resources not included

Subrecipient -“up to” 5%

- Actual costs incurred
- Must be reasonable
- For eligible projects only

Cap based on Subrecipient’s total project amounts

- Federal share plus non-federal share
- Minus any Insurance reduction

Version 9.123



FEMA

Applicant Signs Project



- Applicant reviews all terms and conditions that FEMA or Recipient include in the project application
- Applicant signs in agreement to the funding terms
 - Includes agreeing to requirements for reporting on project work progress and completion



FEMA

Resources

Many additional resources available in Grants Portal – Resources

<https://www.fema.gov/coronavirus>

FEMA PA Grants Portal Grants Manager Channel

<https://www.youtube.com/channel/UCIjp91Ds2IaVIR1t8uXcEKg/videos>

FEMA.gov Media Library

<https://www.fema.gov/media-library/assets/documents/26103>

Independent Study Courses

- **IS-1002 FEMA Grants Portal-Transparency at Every Step**
<https://training.fema.gov/is/courseoverview.aspx?code=IS-1002>
- **IS-1010 Emergency Protective Measures**
<https://training.fema.gov/is/courseoverview.aspx?code=IS-1010>
- **IS-1000 Series on Public Assistance**
<https://training.fema.gov/is/crslist.aspx?all=true>



FEMA

Thank You for Attending

For policy questions please
contact your Recipient or
local Emergency
Management Agency



FEMA

For technical assistance please
Contact the Grants Portal Hotline
(866) 337-8448

FEMA-Recovery-PA-Grants@fema.dhs.gov
for additional support



FEMA