FEMA developed user-friendly, dynamic information collection templates with ADOBE that may be used to develop a basic damage description and scope of work to be inserted into a Project Worksheet (PW). The user simply inserts information into the fields provided and answers questions specific to the applicable category of work. As information is added and questions are answered, additional information fields and questions appear. Also, as the user completes the template, Damage Description and Dimensions (DDD) and Scope of Work (SOW) sections auto-populate at the end of the form. These sections can be copied directly from the PDF form into EMMIE and edited as appropriate.

As stated above, these templates were designed to be user friendly; however, completing these templates may not be totally intuitive to those new to the PA program. Some helpful hints are provided below which should provide users with sufficient instruction to complete the template. More detailed instructions for completing the template are also attached.

1. At this time, only the Emergency Protective Measures and Snow Related Activities sections of the Category B template are complete and ready for use. Please disregard the Donated Resources section.
2. Fill out the template from top to bottom, completing all fields as appropriate and answering all questions.
3. Be sure to enter site-specific explanations for any Special Considerations questions answered "Yes," as this template may capture information on work performed at multiple sites.
4. As the user progresses through the template, a table will appear with a column for "Activity." The drop down list includes common Emergency Protective Measure activities; however, if the user prefers, he/she may type an activity description directly into the field.
5. If the user chooses to enter information regarding an agency's own resources (i.e., Force Account labor, equipment, and/or materials) that are used to complete an activity, the template allows the user to either:
   - enter total values (hours, associated costs, etc.) if the user submits a labor, equipment, and/or material summary along with the template supporting the total values input; or
   - enter detailed information regarding the employees, equipment, and/or materials used to complete an activity

   The user simply checks the appropriate response when the question about a Force Account labor, equipment, or material summary appears. If the user answers "Yes" to those questions, a table for total hours/costs will appear. If the user selects "No," a table with additional fields for detailed information will appear with a roll-up table above the fields that auto-populates the total values.

6. FEMA requires specific documentation to be submitted to support the eligibility of a facility, work, and costs. The user should provide any documentation it deems necessary to support its claim along with the completed template to its State or FEMA contact. There is a section in the template that allows users to indicate what specific documentation is being provided along with the template. The State or FEMA representative will contact the user if additional supporting documentation is required for submittal.

Category-B Form Detailed Instructions

Table of Contents

A. APPLICANT INFORMATION

1. **Applicant (Subrecipient) Name:** Name of the entity or organization
2. **PNP Yes/No:** Dropdown menu to indicate if the applicant is a private nonprofit (PNP) organization
3. **FIPS#:** Federal Information Processing Standards[1] number assigned to this applicant
4. **Reference Number:** FEMA Use Only – Do not complete
5. **Site Inspector:** FEMA Use Only – Do not complete
6. **Disaster Number:** Enter the number assigned to the declared event (e.g., 4214)
7. **Declaration Type:** Dropdown menu to indicate if the declaration is a major disaster (DR) or an emergency (EM)
8. **Incident Start and Incident End Dates:** Incident period as defined by the declaration
9. **Applicant Representative:** Applicant's point of contact for this project
10. **Street Address/City/County/State/ZIP Code:**
    Street address for the applicant's main office; this may not necessarily be the same as the street address or location where the work is performed which is captured in another section of this form
11. **General Information**
    ➢ **Is the item(s) of work located in the designated disaster area? Yes/No**
      The physical location of the work performed associated with this project must be within the geographic/political boundaries of an area designated for Category B.
    ➢ **Was the work required to lessen or eliminate an immediate threat that existed as a direct result of the incident? Yes/No**
      Emergency work is only eligible if it is required to eliminate or lessen an immediate threat that was directly caused by the declared event.
    ➢ **Does the applicant have the legal responsibility/authority to perform the work? Yes/No**
      The applicant must have the authority to perform the work in order for the work to be eligible.
12. This text field may be used to provide further explanation for the General Information section.

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[1] http://www.nist.gov/itl/fips.cfm

B. SPECIAL CONSIDERATIONS

Special Considerations

	Yes	No
1. Does the damaged facility(ies) or item of work have insurance coverage and/or is it an insurable risk (e.g., buildings, equipment, vehicles)?	☐ Yes	☐ No
2. Is the damaged facility(ies) located within a floodplain or a coastal high hazard area and/or does it have an impact on a floodplain or wetland?	☐ Yes	☐ No
3. Is the damaged facility(ies) or item of work located within or adjacent to a Coastal Barrier Resource System Unit or an Otherwise Protected Area?	☐ Yes	☐ No
4. Will the proposed facility(ies) repairs/reconstruction change the pre-disaster conditions (e.g., footprint, material, location, capacity, use of function)?	☐ Yes	☐ No
5. Is the construction of a temporary access road required to facilitate emergency protective measures?	☐ Yes	☐ No
6. Is the damaged facility(ies) on the National Register of Historic Places or state historic listing? Is it older than 45 years? Are there more, similar buildings near the site?	☐ Yes	☐ No
7. Are there any pristine or undisturbed areas on, or near, the project site? Are there large tracts of forestland?	☐ Yes	☐ No
8. Are there any hazardous materials at or adjacent to the damaged facility(ies) and/or item of work?	☐ Yes	☐ No
9. Are there any other environmental or controversial issues associated with the damaged facility(ies) and/or item of work?	☐ Yes	☐ No

If the answer to any of these nine questions is "Yes," additional fields are populated to provide an explanation of the special consideration. In such cases, specific details should be provided for each specific site included on the form as the template may include work performed at multiple sites.

C. CATEGORY B – TYPE OF WORK

Choose One (or more):

1. ☒ Emergency Protective Measures (NOTE: Emergency repairs should be captured with permanent work on the appropriate category template.)

   Please list Departments that provided Emergency Protective Measures.

Department Name	Add+
	Delete-

   Total Departments 0

2. ☒ Snow Related Activities

   Please list Departments that provided Snow Related Activities

   If the Applicant performed emergency protective measures required as the result of the declared event in addition to the snow removal activities, check the "Emergency Protective Measures" box above and provide the information requested in that section of the template.

Department Name	Add+
	Delete-

   Total Departments 0

3. ☐ Donated Resources (Prepare a separate PW to capture Donated Resources) (NOT FOR USE AT THIS TIME)

1. Select "Emergency Protective Measures" (EPM) to capture any EPM not related to snow removal or other snow abatement activities. Note that emergency repairs should not be included in this template; emergency repairs should captured with the appropriate permanent work template specific to that category of work. Selecting this option generates additional fields to provide the department that performed the work. Use the "Add" button for additional departments and the "Delete" button to remove departments already entered.
2. Select "Snow Related Activities" to capture EPMs related to snow removal or other types of snow abatement. Note that other EPMs required as a result of a winter storm event should be captured under "Emergency Protective Measures;" this option is specific to EPMs related to snow assistance. Selecting this option will also generate additional fields to provide the department that performed the work. Use "Add" for additional departments performing snow-related EPMs and "Delete" to remove departments already entered.
3. Note that Donated Resources is "Not for use at this time." A separate PW should be prepared to capture Donated Resources.

D. EMERGENCY PROTECTIVE MEASURES (NON-SNOW RELATED)

	1. Emergency Protective Measures: Department of Transportation									
Site Number	Activity		Location	Describe Incident Related Immediate Threat (include who or what is threatened, where, and how threat developed)	Performed By	Operation Start	Operation End	Donated Resources	% Complete	Add+
2.	3.	▾	4.	5.	6. ▾	7.		8. ▾	9.	Delete-

10. Work Completed: ☐ Yes ☐ No
11. Work To Be Completed: ☐ Yes ☐ No

1. This is the header for each Activity Table. Each table corresponds with the departments listed in the Type of Work section.
2. **Site Number:** This is a numeric entry for each site included in the SOW. For example, if the item of work is performed at multiple locations or if the same department performed more than one activity, then each site should be listed as 1, 2, 3, et al.
3. **Activity:** This field identifies the specific item of work performed. The dropdown menu includes items such as search and rescue, evacuation and sheltering, and emergency access. If the item of work performed is not listed in the dropdown menu, it can be manually entered into the field.
4. **Location:** This is the location where the item of work is performed. For a facility, a street address or GPS coordinates can be used. If the location does not have a specific street address, GPS coordinates can be used. If the item of work is performed in multiple locations, a more general description can be used, like "City Wide."
5. **Describe Incident Related Immediate Threat:** This field should include specifics on what the threat is/was, where the threat is/was, and how it was caused by the declared event. The information provided in this field will be used in the DDD of the corresponding PW.
6. **Performed By:** The dropdown menu includes "Force Account" and "Contract" to indicate whether the item of work was performed by force account labor (applicant's employees) or by a contractor.
7. **Operation Start/Operation End:** This is the date the item of work began and the date the item of work was completed. Each field populates a calendar for which a date can be selected. If the item of work is still ongoing at the time the form is completed, the "Operation End" field may be left blank.
8. **Donated Resources:** The dropdown menu includes "Yes" and "No" to indicate whether donated resources were used in the performance of the item of work. If Donated Resources were used, a separate PW should be prepared to capture donated resources.
9. **% Complete:** This is a numeric entry field to indicate how much work has been completed. If the work has not started, enter "0" (zero). If the entire item of work has been completed, enter "100." If partially completed or work is ongoing, enter an approximation of the work completed. Additional items of work and/or sites performed by the same department can be added using the "Add" button; items of work entered on the form can be removed using the "Delete" button.

Activity Table – Work Completed/Work to Be Completed

1. Emergency Protective Measures: Department of Transportation

Site Number	Activity	Location	Describe Incident Related Immediate Threat (include who or what is threatened, where, and how threat developed)	Performed By	Operation Start	Operation End	Donated Resources	% Complete	Add+
2.	3.	4.	5.	6.	7.		8.	9.	Delete-

10. Work Completed: ☐ Yes ☐ No
11. Work To Be Completed: ☐ Yes ☐ No

10. **Work Completed: Yes/No**

Select "Yes" if any item of work or portion of work has been completed. Selecting "Yes" will populate additional fields to provide further details associated with any work that has been completed. If the work has not started (i.e., is "to be completed"), select "No."

11. **Work To Be Completed: Yes/No**

Select "Yes" if any item of work or portion of work has not been completed. Selecting "Yes" will populate additional fields to provide further details associated with any work that has not been completed. If all items of work have been completed, select "No."

E. SNOW RELATED ACTIVITIES

1. **Snow Removal: Department of Transportation**

2. **Snow related activities performed (Check all that apply):**
   - ☐ Snow Removal
   - ☐ De-Icing
   - ☐ Salting
   - ☐ Sanding

Site Number	Location	Start 48-hour Period Date	Time	End of 48-hour Period Date	Time	Performed By	Donated Resources	% Complete	Add+
3.	4.	5.		6.		7. ▾	8. ▾	9.	Delete-

10. **Work Completed:** ☐ Yes ☐ No

1. This is the header for each Activity Table. Each table corresponds with the departments listed in the Type of Work section.
2. **Activities Performed:** Select all applicable activities performed. Options include snow removal, de-icing, salting, and sanding.
3. **Site Number:** This is a numeric entry for each site included in the SOW. For example, if the item of work is performed at multiple locations or if the same department performed more than one activity, then each site should be listed as 1, 2, 3, et al.
4. **Location:** This is the location where the item of work is performed. For a facility, a street address or GPS coordinates can be used. If the location does not have a specific street address, GPS coordinates can be used. If the item of work is performed in multiple locations, a more general description can be used, like "City Wide."
5. **Start 48-hour Period:** Snow related activities are specific to snow assistance which allows costs within a 48-hour continuous period that is selected by the applicant. Enter the date and time the applicant has selected for the 48-hour continuous period to begin.
6. **End of 48-hour Period:** Enter the date and time the applicant has selected for the 48-hour continuous period to end. The date and time should be 48 hours from the selected start date and time (#5).
7. **Performed By:** The dropdown menu includes "Force Account" and "Contract" to indicate whether the item of work was performed by force account labor (applicant's employees) or by a contractor.
8. **Donated Resources:** The dropdown menu includes "Yes" and "No" to indicate whether donated resources were used in the performance of the item of work. If Donated Resources were used, a separate PW should be prepared to capture donated resources.
9. **% Complete:** This is a numeric entry field to indicate how much work has been completed. Note that with Snow Related Activities, the work complete should typically be 100% by time a declaration has been received.
10. **Work Completed:** As mentioned, Snow Related Activities should typically only include Work Completed. Selecting this will generate additional fields to capture costs related to completed work which is discussed in Section F. Work Completed.

F. WORK COMPLETED

Emergency Protective Measures: Department of Transportation

Site Number	Activity	Location	Describe Incident Related Immediate Threat (include who or what is threatened, where, and how threat developed)	Performed By	Operation Start	Operation End	Donated Resources	% Complete	Add+
1	placing barricades for safety	City Wide	Road damage and debris from the event created hazardous road conditions.	force account	10/15/2015	10/16/2015	No	100	Delete-

1. Work Completed: ☒ Yes ☐ No

2. Detailed Description of work performed:

3. Force Account Labor: ☐ Yes ☐ No
   Force Account Equipment: ☐ Yes ☐ No
   Rental Equipment: ☐ Yes ☐ No
   Contractor: ☐ Yes ☐ No
   Materials: ☐ Yes ☐ No
   Direct Administrative Cost: ☐ Yes ☐ No

Work To Be Completed: ☐ Yes ☐ No

1. If "Yes" is selected for Work Completed, additional fields will be populated to provide details regarding the work that has been completed.
2. **Detailed Description of Work Performed:** The information provided in this text field will be used in the SOW of the corresponding PW. It should include specific information associated with each item of work listed in the activity table that has been completed. It should also include details that demonstrate how each item of work eliminated or reduced the threat(s) described.
3. This list indicates how the work was performed. Each list item should be selected as "Yes" or "No" to indicate how the work listed in the activity table was/will be completed. Selecting "Yes" populates additional fields specific to each list item.

Force Account (FA) Labor with Summary Attached

1. Force Account Labor: ☒ Yes ☐ No

2. Is labor summary attached? ☒ Yes ☐ No

# of Employees Used	# of Regular Time Hours Used	Total Regular Time $	# of OT Hours Used	Total OT $
4	60	$600.00	10	$150.00

4. ☒ Supporting Documentation Provided
5. ☐ Data Validated

1. Select "Yes" if FA labor (applicant's employees) was utilized to complete any item of work. Selecting "Yes" populates additional fields to provide further details. Selecting "No" indicates that no FA labor was utilized.
2. **Is labor summary attached? Yes/No**
   Select "Yes" if the applicant can provide a detailed summary of employees utilized to perform the work, regular and overtime hours to complete the work, regular and overtime rates, and regular and overtime fringe benefit rates. Selecting "Yes" will populate fields to provide total values (as shown

in #3 above) supported by the detailed summary.   The detailed labor summary must be provided to FEMA along with the completed template.

3. Complete this table based on totals from the detailed labor summary.
4. **Supporting Documentation Provided:** Select this box if any documentation supporting FA labor costs is provided with the template. If not, do not select this box.
5. **Data Validated:** FEMA Use Only – Do not select this box

FA Labor without Summary Attached

Force Account Labor:	☒ Yes	☐ No

1. **Is labor summary attached?**   ☐ Yes   ☒ No

2.

# of Employees Used	# of Regular Hours Used	# of Overtime Hours Used	Total $
4	60	10	$750.00

3.

Employee Name	Job Title	Regular Pay Rate	Regular Hours	Reg Fringe Benefit %	Overtime Pay Rate	Overtime Hours	OT Fringe Benefit %	Used Equipment	Total $	Add+
Andrews, Andrew	Crew Supervisor	$10.00	15	0	$15.00	5	0	☐	$225.00	Delete-
Bryant, Bryan	Crew Supervisor	$10.00	15	0	$15.00	5	0	☐	$225.00	Delete-
Carlson, Carl	Vehicle Operator	$10.00	15	0	$15.00	0	0	☒	$150.00	Delete-
Davidson, David	Vehicle Operator	$10.00	15	0	$15.00	0	0	☒	$150.00	Delete-
Total									**$750.00**	

☒ Supporting Documentation Provided
☐ Data Validated

1. If the applicant opts to include FA labor details directly in the template rather than attaching a summary, select "No."
2. This table auto-populates from the detailed labor summary table below it.
3. This table provides fields to capture all relevant information associated with FA labor if the applicant does not have the information to provide in another document. Additional employees can be added by selecting the "Add" button; employees entered into the tables can be removed by selecting the "Delete" button. All information in this table rolls up into the labor summary table above (#2).

FA Equipment with Summary Attached

Force Account Labor:		Yes		No				
1. **Force Account Equipment:**		☒ Yes		No				
2. **Is equipment usage summary attached?**		☒ Yes		No				

3.

Total Equipment $
$1500.00

☒ Supporting Documentation Provided
☐ Data Validated

1. Select "Yes" if FA equipment is utilized in the performance of work. Selecting "Yes" populates additional fields to provide details regarding the equipment used. If no FA equipment is utilized, select "No."
2. **Is equipment usage summary attached? Yes/No**
   Select "Yes" if the applicant can provide a detailed summary of equipment utilized to perform the work including equipment type/description and usage rates. Selecting "Yes" will populate a field (#3) to provide the total cost for FA equipment. The detailed equipment summary must be provided to FEMA along with the completed template.

FA Equipment without Summary Attached

Force Account Equipment:	☒ Yes	☐ No					

1. **Is equipment usage summary attached?**   ☐ Yes   ☒ No

2.

Employee Name	Equipment Type	Capacity	Cost Code	Rate	Units	Quantity	Total $	Add+
Carlson, Carl	Pickup Truck	1.5 Ton	8804	$50.00	hours ▾	15	$750.00	Delete-
Davidson, David	Pickup Truck	1.5 Ton	8804	$50.00	hours ▾	15	$750.00	Delete-
Total							**$1,500.00**	

☒ Supporting Documentation Provided
☐ Data Validated

1. If the applicant opts to include FA equipment details directly in the template rather than attaching a summary, select "No."
2. This table provides fields to capture all relevant information associated with FA equipment usage. Additional pieces of equipment can be added by selecting the "Add" button; equipment entered into the table can be removed by selecting the "Delete" button. The table provides a total cost for all FA equipment usage.

Note: If any rental equipment or materials were used to complete the work, the same questions and similar fields associated with FA labor and FA equipment will populate to capture information related to rental equipment and materials (see below).

Rental Equipment with Summary Attached

Force Account Labor:	☐ Yes	☐ No	
Force Account Equipment:	☐ Yes	☐ No	
Rental Equipment:	☒ Yes	☐ No	

Is rental equipment summary attached?   ☒ Yes   ☐ No

Total Equipment $
$1500.00

☒ Supporting Documentation Provided
☐ Data Validated

Rental Equipment without Summary Attached

Rental Equipment: ☒ Yes   ☐ No

Is rental equipment summary attached?   ☐ Yes   ☒ No

Vendor	Make/Model	Unit Cost	Units	Quantity	Total $	Add+
Trucks-R-Us	Ford F-350	$50.00	hour	15	$750.00	Delete-
Trucks-R-Us	Ford F-350	$50.00	hour	15	$750.00	Delete-
Total					**$1,500.00**	

☒ Supporting Documentation Provided
☐ Data Validated

Materials with Summary Attached

Force Account Labor:	☐ Yes	☐ No
Force Account Equipment:	☐ Yes	☐ No
Rental Equipment:	☐ Yes	☐ No
Contractor:	☐ Yes	☐ No
Materials:	☒ Yes	☐ No

Is material usage summary attached?   ☒ Yes   ☐ No

Total Material $
$500.00

☒ Supporting Documentation Provided
☐ Data Validated

Materials without Summary Attached

Materials: ☒ Yes   ☐ No

Is material usage summary attached?   ☐ Yes   ☒ No

Vendor	Item	Unit Cost	Units	Quantity	Total $	Add+
Materials-R-Us	Traffic Cones	$20.00	1	25	$500.00	Delete-
Total					**$500.00**	

☒ Supporting Documentation Provided
☐ Data Validated

Contractor: Yes/No

	Site Number	Vendor	Procurement Type	Contract Type	Work Performed	Total $	Add+
Force Account Labor: ☐ Yes ☐ No							
Force Account Equipment: ☐ Yes ☐ No							
Rental Equipment: ☐ Yes ☐ No							
1. Contractor: ☒ Yes ☐ No							
2.	1	Evan Evans, Inc.	competitive bid ▼	fixed price ▼	Placed barricades to prevent access to damage ⊞	$2,000.00	Delete-
	Total					$2,000.00	
☒ Supporting Documentation Provided							
☐ Data Validated							

1. Select "Yes" if a contractor was utilized to complete any item of work. If "Yes" is selected, additional fields are populated to provide contract information. Selecting "No" indicates that no contract was utilized.
2. This table populates if "Yes" is selected. Use the additional fields to provide contract details and use the appropriate Site Number from the Activity Table to link each contractor to the appropriate site and activity. If more than one contract was utilized to complete the work, additional contract information can be entered by selecting the "Add" button; contract information can be removed by selecting the "Delete" button.

Direct Administrative Cost (DAC): Yes/No

	Date	Employee Name	Description of Direct Administrative Activity Performed	Performed By (add specific contract information in contract table above)	Hours	Rate/ Hour	Total $	Add+
Force Account Labor: ☐ Yes ☐ No								
Force Account Equipment: ☐ Yes ☐ No								
Rental Equipment: ☐ Yes ☐ No								
Contractor: ☐ Yes ☐ No								
Materials: ☐ Yes ☐ No								
1. Direct Administrative Cost: ☒ Yes ☐ No								
2.	10/16/2015	Franklin, Frank	Collecting, copying, filing, or submitting documents to support the claim ▼	FA ▼	2	$10.00	$20.00	Delete-
	Total						$20.00	
☒ Supporting Documentation Provided								
☐ Data Validated								

Work To Be Completed: ☐ Yes ☐ No

1. Select "Yes" if the applicant is claiming DAC. This will populate additional fields to capture DAC information. Select "No" is DAC is not being claimed.
2. This table includes fields to capture the detailed data related to DAC. Additional employees performing DAC-related work can be entered by selecting the "Add" button; DAC entries can be removed by selecting the "Delete" button. The table provides the total cost for all DAC.

G. WORK TO BE COMPLETED

```
------------------------------------------------------------------------------------------------
1. Work To Be Completed:        ☒ Yes    ☐ No
------------------------------------------------------------------------------------------------
    Detailed Description of work to be performed:

2. [                                                                                    ]

    Estimate based on:

3.    In-Place Unit Cost                              ☐ Yes  ☐ No

4.    Force Account Labor, Equipment, and Materials:  ☐ Yes  ☐ No

5.    Contract Cost:                                  ☐ Yes  ☐ No

6.    Direct Administrative Cost:                     ☐ Yes  ☐ No

    ------------------------------------------------------------------------------------------------
```

1. **Work To Be Completed: Yes/No**
   Select "Yes" if any item of work has not started or has not been finished. If all items of work have been completed, select "No."
2. **Detailed Description of work to be performed:** The information provided in this text field will be used in the SOW of the corresponding PW. It should include specific information associated with each item of work listed in the Activity Table that has not started, or the portion of any activity that has started, but has not been completed. It should also include details that demonstrate how each item of work will eliminate or reduce the threat(s) described.
3. **In-Place Unit Cost:** Select "Yes" if the estimate for work to be completed is based on unit costs. As in the case of the work completed section, this will populate additional fields to provide information pertaining to the in-place unit costs. Fields include: a dropdown menu for the activity (if activity is not found in list, it can be manually entered); and the unit cost, quantity, cost code, and total cost. Multiple activities can be entered by selecting the "Add" button; entries can be removed by selecting the "Delete" button. If in-place unit costs are not used in the estimate, select "No" and the additional fields will not populate.
4. **Force Account Labor, Equipment, and Materials:** Select "Yes" if FA labor, equipment, and/or material costs are utilized to estimate the cost of the work to be completed. The tables populated in this section are similar to the FA tables in the work completed section; however, the fields call for estimated usage and rates.
5. **Contract Cost:** Select "Yes" if contract costs will be utilized to estimate the cost of the work to be completed. This will populate a table to capture the name of the vendor (if available), a description of the work to be performed, and the total estimated contract cost. Multiple contracts can be entered by selecting the "Add" button; contract entries can be removed by selecting the "Delete" button.
6. **Direct Administrative Cost (DAC):** Select "Yes" if claiming DAC for any item of work to be completed. This will populate a table to capture: estimated DAC costs with fields for the job title of the employee; the DAC-related work to be performed by that employee; whether the work will be performed by Force Account or contract; and the hourly rate and total estimated cost for DAC. Multiple entries can be added by selecting the "Add" button; DAC entries can be removed by selecting the "Delete" button. If DAC will not be claimed for any item of work to be completed, select "No" and the additional fields will not populate.

H. ATTACHMENTS

Applicant:					
Attachments					
Topic	Type	Title	Description	File Name	Add+
Select one or type text ▼	▼				Delete-

FEMA requires specific documentation to be submitted to support the eligibility of a facility, work, and/or costs. The user should provide any documentation it deems necessary to support its claim along with the completed template to its State or FEMA contact. This section of the template allows the user to indicate what specific documentation is being provided along with the template. The State or FEMA representative will contact the user if additional supporting documentation is required for submittal.

1. **Topic:** This is a dropdown menu to indicate the general topic that the corresponding attachment addresses. For example, select "Force Account" to indicate that the attachment is a supporting document associated with substantiating Force Account costs.
2. **Type:** This is a dropdown menu to indicate the type of document attached and is associated with the topic selected. For example, select "Labor Summary" to indicate that the attachment is a summary of the labor and costs associated with the item(s) of work. If the dropdown menu does not include the appropriate option, it can be manually entered into the field.
3. **Title:** This is the title of the document. It is a manually entered field. Some disasters may have specific naming conventions for attachments.
4. **Description:** A brief description of the document and its purpose.
5. **File Name:** The actual file name associated with the attached document.
6. Select the "Add" button for additional attachments. Select the "Delete" button to remove any documents already listed.

I. DAMAGE DESCRIPTION AND DIMENSIONS AND SCOPE OF WORK

Damage Description and Dimensions

Emergency Protective Measures (Department: [Department Name])

The [Insert Disaster Type from Disaster Fact Sheet] (FEMA-<Insert Disaster Number>-<Insert Declaration Type>-<Insert State Abbreviation>) occurring during [Incident Start] - [Incident End] caused:

- [Describe Incident Related Immediate Threat] at [Location]

Snow Related Activities (Department: Department of Transportation)

Site # [Site Number]:
During the declared incident period of [Start Date] thru [End Date], (FEMA-<Insert Disaster Number>-<Insert Declaration Type>-<Insert State Abbreviation>), [Applicant] had record or near record snowfall. Record or near record snowfall was deposited on public roads, Right of Ways, pedestrian walkways, parking lots, and other publicly maintained properties creating an immediate threat to lives, public health and safety, and improved property.

Scope of Work

Emergency Protective Measures (Department: [Department])

[Department] conducted emergency protective measures as follows:

- [Activity] at [Location] from [Operation Start] to [Operation Start] using [Performed By] resources ([% complete]% complete)

Snow Related Activities (Department: Department of Transportation)

The [Applicant] Department of Transportation performed at various locations throughout the <insert general description of area - county, city, town, etc.>. The Department of Transportation utilized their services to assist in the critical need for snow removal efforts. The Department of Transportation most critical needs began at [Start Time] on [Start Date] and extended for an eligible period of 48 continuous hours until [End Time] on [End Date].

This section auto-populates from the information entered in the various fields in the template. It provides information provided in text fields throughout the form regarding the damage description and scope of work. FEMA will use this section to prepare the corresponding PW.