FEDERAL EMERGENCY MANAGEMENT AGENCY

PROJECT WORKSHEET - Damage Description and Scope of Work Continuation Sheet

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

DECLARATION NO:	PROJECT NO.	FIPS NO.	DATE	CATEGORY
[redacted]	[redacted]	[redacted]		[redacted]

APPLICANT	COUNTY
Department of Health and Mental Hygiene	

PREPARED BY:

FEMA Form 90-91A, SEP 98

FEDERAL EMERGENCY MANAGEMENT AGENCY

SPECIAL CONSIDERATIONS QUESTIONS

1. APPLICANT'S NAME Department of Health and Mental Hygiene	2. FIPS NUMBER [redacted]	3. DATE
4. PROJECT NAME	5. LOCATION	

Form must be filled out - for each project.

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

☐ Yes ■ No ☐ Unsure Comments _____

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

☐ Yes ☐ No ☐ Unsure Comments _____

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

☐ Yes ☐ No ☐ Unsure Comments _____

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

☐ Yes ☐ No ☐ Unsure Comments _____

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

☐ Yes ☐ No ☐ Unsure Comments _____

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

☐ Yes ☐ No ☐ Unsure Comments _____

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

☐ Yes ☐ No ☐ Unsure Comments _____

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

☐ Yes ☐ No ☐ Unsure Comments _____

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

☐ Yes ☐ No ☐ Unsure Comments _____

FEDERAL EMERGENCY MANAGEMENT AGENCY

FORCE ACCOUNT EQUIPMENT SUMMARY RECORD

1. APPLICANT	2. PA ID	3. PROJECT NO.	4. DISASTER NUMBER
Department of Health and Mental Hygiene	[redacted]	[redacted]	[redacted]
5. LOCATION/SITE		6. CATEGORY	7. PERIOD COVERING to
		[redacted]	

8. 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	EQUIP. RATE	TOTAL COST
	[redacted]		HOURS								0.0	$ -	$ -
			HOURS								0.0	$ -	$ -
			HOURS								0.0	$ -	$ -
			HOURS								0.0	$ -	$ -
			HOURS								0.0	$ -	$ -
			HOURS								0.0	$ -	$ -
			HOURS								0.0	$ -	$ -
			HOURS								0.0	$ -	$ -
			HOURS								0.0	$ -	$ -
										GRAND TOTALS			$ -

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

CERTIFIED	TITLE	DATE

FEDERAL EMERGENCY MANAGEMENT AGENCY

RENTED EQUIPMENT SUMMARY RECORD

Page of

1. APPLICANT Department of Health and Mental Hygiene	2. PA ID	3. PROJECT NO.	4. DISASTER NUMBER
5. LOCATION/SITE		6. CATEGORY	7. PERIOD COVERING to

8. DESCRIPTION OF WORK PERFORMED

TYPE OF EQUIPMENT Indicate size, capacity, horsepower, make and model as appropriate	DATES	RATE PER HOUR AND HOURS		TOTAL COST	VENDOR	INVOICE NO.	DATE AND AMOUNT PAID	CHECK NO.
		W/OPR	W/OUT OPR					
		$ -	$ -	$ -			$ -	
		$ -	$ -	$ -			$ -	
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						GRAND TOTAL	$ -	

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

CERTIFIED	TITLE	DATE

FEMA Form 90-125, NOV 98

FEDERAL EMERGENCY MANAGEMENT AGENCY

MATERIALS SUMMARY RECORD

Page of

1. APPLICANT	2. PA ID	3. PROJECT NO.	4. DISASTER NUMBER
Department of Health and Mental Hygiene			
5. LOCATION/SITE		6. CATEGORY	7. PERIOD COVERING to

8. DESCRIPTION OF WORK PERFORMED

VENDOR	DESCRIPTION	QUAN.	UNIT PRICE	TOTAL PRICE	DATE PURCHASE	DATE USED	INFO FROM (CHECK ONE)	
							INVOICE	STOCK
				$ -			☐	☐
				$ -			☐	☐
				$ -			☐	☐
				$ -			☐	☐
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				$ -			☐	☐
			Grand Total	$ -				

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

CERTIFIED	TITLE	DATE

FEMA Form 90-124, NOV 98

FEDERAL EMERGENCY MANAGEMENT AGENCY

CONTRACT WORK SUMMARY RECORD

Page of

1. APPLICANT Department of Health and Mental Hygiene	2. PA ID	3. PROJECT NO.	4. DISASTER NUMBER
5. LOCATION/SITE		6. CATEGORY	7. PERIOD COVERING to

8. DESCRIPTION OF WORK PERFORMED

DATES WORKED	CONTRACTOR	BILLING/INVOICE NUMBER	AMOUNT	COMMENTS-SCOPE
to			$ -	
to			$ -	
to			$ -	
to			$ -	
to			$ -	
to			$ -	
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to			$ -	
		GRAND TOTAL	$ -	

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

CERTIFIED	TITLE	DATE

FEMA Form 90-126, NOV 98

FEDERAL EMERGENCY MANAGEMENT AGENCY

PROJECT WORKSHEET - Cost Estimation Continuation Sheet

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

DECLARATION NO:	PROJECT NO.	FIPS NO.	DATE	CATEGORY

APPLICANT	COUNTY
Department of Health and Mental Hygiene	

PROJECT COST

ITEM	CODE	NARRATIVE	QUANTITY/UNIT	UNIT PRICE	COST
			/	$ -	$ -
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				TOTAL COST	$ -

PREPARED BY: 0

FEMA Form 90-91B, SEP 98

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

EMERGENCY RESPONSE TIME SHEET

NAME:

JOB TITLE:

EMERGENCY RESPONSE EVENT:

DHMH ADMINISTRATION:

PCA:

DATE Mo/Day/Yr	TIME IN Hour/Min	TIME OUT Hour/Min	REG HOURS (0.00 Hrs)	OVERTIME HOURS (0.00 Hrs)	COMP HOURS (0.00 Hrs)	HOURLY RATE ($0.00/Hr)	SHIFT ELIGIBLE Y/N	SHIFT HOURLY RATE	DESCRIPTION OF WORK PERFORMED/COMMENTS

SIGNATURE / DATE

SUPERVISOR SIGNATURE / DATE