



## STORM DEBRIS MANAGEMENT WORKSHOP

9:00 AM	<b>Introduction &amp; Overview</b>
9:30 AM	<b>Debris Contracting</b>
10:30 AM	<i>Break</i>
10:45 AM	<b>Debris Contracting (continued)</b>
11:45 AM	<i>Lunch</i>
12:45 PM	<b>Force Account Labor and Equipment</b>
02:15 PM	<i>Break</i>
02:30 PM	<b>Mutual Aid Agreements</b>
03:45 PM	<b>Summary and Questions</b>
04:00 PM	<i>Dismissal</i>

## Workshop Contact Information

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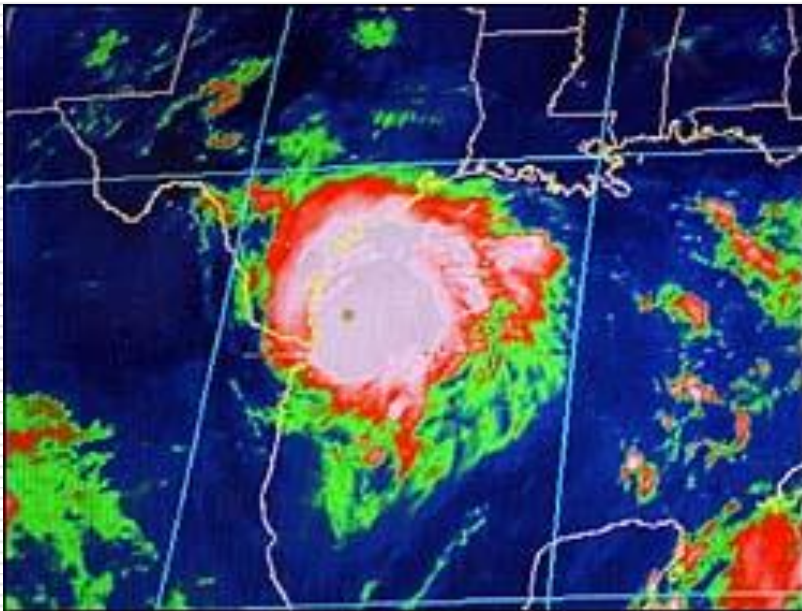
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# Debris Management Workshop

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## Introduction

# Workshop Goals

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- ❑ Discuss debris contracting issues
- ❑ Discuss use of Force Account Labor & Equipment
- ❑ Provide information on Memorandums of Agreement

# Agenda

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**9:00 Introduction & Overview**

**9:30 Debris contracting**

**10:30 Break**

**10:45 Debris contracting, continued**

**11:45 Lunch**

**12:45 Force Account**

**02:15 Break**

**02:30 Mutual Aid Agreements**

**03:45 Review and Course Closure**

# Introductions

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- ◆ **Instructors**
- ◆ **Participants**
  - **Name**
  - **Agency**
  - **Debris Operations Experience**

# Workshop Material

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- Strategic Guide to Debris Management
- Debris Operations Job Aid
- References
  - Debris Management Guide (FEMA 325)
  - Public Assistance Guide (FEMA 322)
  - Response and Recovery Policies
  - FEMA Policy Digest

# Why the Emphasis on Debris?

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- High disaster-related debris costs
  - 15% of all disaster related costs
  - Over 40% of cost from some hurricanes
- Repetitive debris-related issues

# Debris Management Workshop

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**Vegetative Debris - Uprooted tree**  
Cameron Parish, Louisiana

# Debris Management Workshop

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**Vegetative Debris Pile**  
St. Bernard Parish, Louisiana



# Debris Management Workshop

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St. Bernard Parish, Louisiana

# Debris Management Workshop

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Plaquemines Parish, Louisiana

# Debris Management Workshop

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Orleans Parish, Louisiana



# Issues in Previous Disasters

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- ❑ Improperly awarded contracts
- ❑ Excessive unit costs
- ❑ Signing contracts not properly reviewed
- ❑ Improperly monitored contracts
- ❑ No organized response
- ❑ Incomplete or non-existent debris estimates
- ❑ Movement of non-disaster related debris
- ❑ Improper or incomplete documentation
- ❑ Non-compliance with environmental or historic requirements

# Basis for Issues

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- Applicants unfamiliar with debris management:
  - Process
  - Eligibility
- Applicants unfamiliar with debris contracting:
  - Contracting procedures
  - Contract requirements
  - Reasonable costs

# Information the Applicant Needs

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- Procurement standards (reasonable costs)
- Bid Process
- Types of eligible contracts
- Contract provisions
- Eligible costs for Force Account
- Mutual Aid Agreements

# Become Proactive

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- Before the disaster occurs
  - Debris management plan in place
  - Trained staff for Force Account recordkeeping of labor and equipment
  - Trained debris monitors
  - Mutual Aid Agreements in place



# Pre-Disaster Debris Estimating

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- H-GAC Regional Storm Debris Management Assessment
  - Debris projections for worst case hurricane scenarios
  - Assists in projecting contracting needs and costs
- Other tools
  - USACE Web Site
  - FEMA Debris Management Guide



# Debris Monitoring

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- Train monitors in advance
  - Documentation
  - Load tickets
  - Photographs
  - Estimating percentage of loads
- Pre-placed contract for debris monitoring could be considered

# Initial Activities - Applicant

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- Activate debris management plan
- Determine management responsibilities
- Establish priorities
- Identify/establish management sites
- Address legal, environmental, and health issues
- Implement public information plan
- Begin to document costs
- Coordinate and track resources

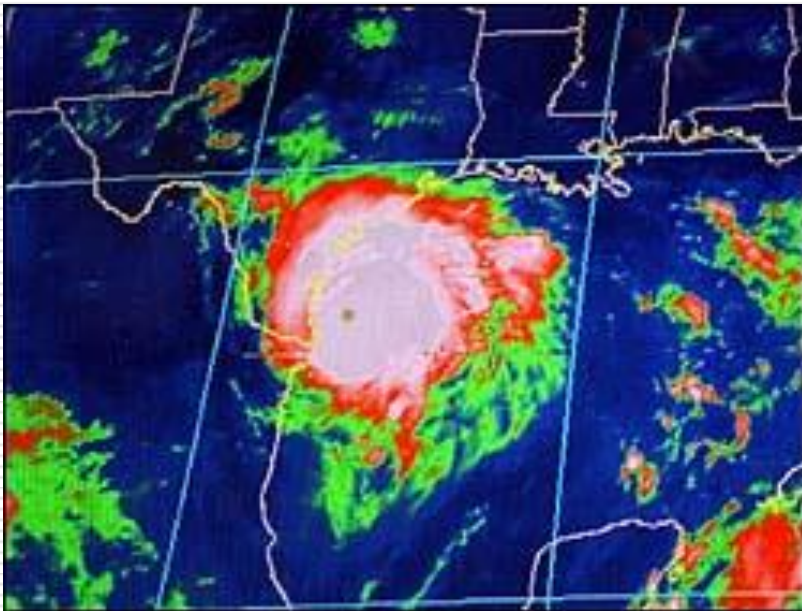
# Initial Debris Operations

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- Emergency roadway debris clearance:
  - Debris pushed from traveled way
  - Clear access to critical facilities
  - Limited collection/removal of debris
- Debris removal, reduction, and disposal:
  - Force Account
  - Supplemented by other departments (MAA)
  - Contractor resources under limited Time & Material Contracts

# Debris Management Workshop

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## Contracting

# Contract Scope of Work

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- ❑ Specify where the contractor can pick up debris – public ROW
- ❑ Debris removal from any other public properties (e.g., public parks) should require coordination with Applicant contact and FEMA debris specialist to determine eligibility
- ❑ Removal of eligible debris requiring special handling (e.g., hazardous waste) should be completed in compliance with all regulations

# Contract Scope of Work (cont.)

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- For unit price contracts, the contract should provide a detailed Pricing Schedule for every item of debris
  - CY: account for “cradle to grave” cost
  - Stumps: root ball must be exposed 50% or more; larger than 24” in diameter- reasonable unit price; 24” and below – CY price (FEMA Fact Sheet: 9580.7)
  - Trees/leaners/hangers: per unit price

# Contract Scope of Work (cont.)

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- Removal of debris from private property due to immediate threat to health and safety requires:
  - Right-of-entry
  - Hold harmless agreement
  - Duplication of benefits (insurance)
- Contracts should include a retainage clause
  - Document and submit load tickets
  - Perform all repairs to damaged property

# Number of Contractors

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## **“Cradle to Grave” contractor:**

### **□ Pros:**

- Single Point of Contact
- Simple contract pricing
- Relatively easy to monitor field operation

### **□ Cons:**

- Few contractors qualified to handle large debris clean-up operation



# Number of Contractors (Cont.)

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## **Multiple contractors:**

### **□ Pros:**

- Most qualified contractor for each component of debris clean-up operation
- Debris clean-up work may be completed more quickly

### **□ Cons:**

- Multiple points of contact for each contractor
- Potentially complicated invoice reconciliation

# Zoning and Mapping

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- ❑ Debris Management Plan should divide the community into sectors
- ❑ Debris Assessment Team should survey for debris damage by sector immediately after the disaster
- ❑ Debris Manager coordinate with the Contractor to decide on the plan of action for debris removal by sector

# Contract Coordination

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- Applicant Debris Manager will have total responsibility and authority for managing the debris cleanup operation.
- Applicant Debris Manager serves as a single point of contact for FEMA representatives and the Contractor.

# Local Vs. Outside Contractors

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- ❑ Following the proper contract procurement procedure is most important
- ❑ Provide clear Scope of Work and Pricing Schedule, including details of any allowed project expenses
- ❑ Request contract bidders to provide references, licenses, proof of insurance and bonding.

# Debris Disposal Options

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- ❑ Specify the method of disposal for different types of debris
- ❑ Specify if costs incurred for debris disposal is included with the contracted prices, or if there will be separate disposal charges.
- ❑ Recycling is good if proper methods are identified at the time of contracting

# Objectives

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- ❑ Describe Federal Procurement Regulations/Procurement Standards
- ❑ Evaluate contract issues in debris
- ❑ Discuss types of debris contracts
- ❑ Discuss debris contract provisions

# Contracting Concerns

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- ❑ Signing contracts:
  - Without understanding contracting requirements
  - Without understanding FEMA eligibility
  - That are prepared by a contractor and not reviewed by the applicant's legal counsel
  - That do not contain appropriate protection for the applicant
  - That allow the contractor to monitor their own operations

# Procurement Standards for Contracts

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- Set forth in 44 CFR, Part 13
- Government (not FEMA) procurement regulations
- State and local procurement regulations
  - Must be at least as restrictive as Federal
- Non-competitive bidding restricted



# Contract Regulations

## 44 CFR 13.36

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Subsection:

- (b) Procurement Standards –
  - (1) Must conform to Federal standards;
  - (10) Severely limits time and material contracts
- (c) Competition - requires full and open competition
- (d) Methods of procurement
  - (1) Small purchases - less than \$100,000; more than one quote

# Contract Regulations

## 44 CFR 13.36

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- (d) Methods of procurement (cont.)
  - (2) Sealed bids - lends itself to firm fixed-price contract
  - (3) Competitive proposals
    - RFPs published
    - Evaluation factors and weights published
    - Must have procedure for evaluation
    - Awarded to responsible firm whose proposal is most advantageous to the program

# Contract Regulations

## 44 CFR 13.36

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### □ (d) Methods of procurement (cont'd)

(4) Non-competitive proposals - used only when award is infeasible under any other procedure, and one of four specific circumstances apply:

1. When no other source available
2. Public exigency or emergency exists
3. FEMA authorizes such proposals
4. If after solicitation, competition is determined to be inadequate

# Type of Contracts

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- The following three types of contracts are used most often for debris:
  - Time and Materials
  - Unit Price
  - Lump Sum

# Time and Materials

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- Section 13.36(b)(10) - Use of Time and Materials Contracts
  - Only when no other type of contract is suitable
  - If the contract includes a ceiling price

# Time and Materials

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## □ FEMA Guidelines

- Time and Material Contracts are allowed for first 70 hours
- 70 hours begins when the first contractor starts
- Exceptions must be in writing from Federal Coordinating Officer

# Time and Materials

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## Advantages:

- Extremely flexible
- Wide range of uses
- Use for immediate response
- Low risk for contractor

## Disadvantages:

- Requires close coordination w/contractor
- Requires full time monitors
- Requires detailed documentation
- Requires waiver from FEMA after 70 hours

# Unit Price

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## Requires:

- Full-time trained third party monitors
- All trucks to be numbered and accurately measured
- All truckloads to be documented



# Unit Price

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## Verification Procedures

- Monitor all pick-up sites
- Establish inspection stations
- Use certified scales if by weight
- Systematically document activities
- Use load tickets

# Unit Price

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## Advantages:

- Flexible
- Accurate account of actual quantities
- Allows wide range of competition
- Has a low risk for the contractor

## Disadvantages:

- Subject to contractor fraud
- Segregation of debris complicates contract
- Trucks must be measured and numbered

# Lump Sum

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Two methods:

- Area Method

- Pass Method

# Lump Sum

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- ◆ Easy to:
  - Monitor when the SOW is well defined
  - Determine completion of all work
  - Establish the cost of work (bid opening)
- ◆ Requires minimum labor for monitoring

# Lump Sum

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## Disadvantages

- ❑ Requires accurate, up-to-date information
- ❑ Scope must be clearly defined
- ❑ High probability of change order requests
- ❑ Public must cooperate
- ❑ Requires public information office involvement
- ❑ Quantity measurement still required

# CY vs. Tons

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CY/Tons conversion – Tons x 2 or Tons  
= CY/2

- May need to convert CY to Tons to determine total number of trips required to perform the eligible work, and then back to CY for entry on the PW.
- $L(\text{ft}) \times W(\text{ft}) \times H(\text{ft}) / 27 = \text{CY}$

# Tonnage

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- ❑ Tonnage contracts require that scales be available at all debris staging sites and/or landfills
- ❑ Still requires monitoring to prevent contractor fraud

# Cubic Yards

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- Cubic yard contracts must be clear that the basis is the percentage of debris in the truck—not the capacity of the truck



# Pre-Positioned Contracts

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- ❑ Assure contracts are in keeping with debris management plan
- ❑ All criteria must apply (competitive)
- ❑ Approved types of contracts only
- ❑ Reasonable costs must be assured
- ❑ Must not be contingent on FEMA funding

# “Piggyback” Contracts

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FEMA Office of General Counsel  
determination:

- May be allowed under state law
- Reviewed under Federal Procurement Regulations
- Sole source contract
- Costs not necessarily reasonable

# Ineligible Contracts

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- ❑ Cost-plus percentage of cost
- ❑ Conditional upon Federal reimbursement
- ❑ Contract with debarred contractor

# Contracting Provisions - Issues

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## Applicant Review

- ❑ Contractor provided contracts
- ❑ Review by applicant legal counsel
- ❑ Adequate protection for applicant
  - Termination for convenience
  - Time/cost caps
- ❑ Technical assistance
- ❑ Sample contracts

# Contracting Provisions - Eligibility Issues

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- Removal of eligible debris
  - Restriction
  - Penalties
- Prohibition on contractor making eligibility determination
- Debris on private property

# Special Contracting Issues

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- Emergency contracting vs. emergency work
- Council/board resolutions
  - Approving sole source contracting
  - Allowing removal of debris from private property
- Discounts/rebates
- Donated resources
- Termination for convenience of applicant
- Determination of reasonable costs
- Comments regarding contractors

# Contracts - Technical Assistance

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- ❑ FEMA does not “review” contracts
- ❑ FEMA/State can provide technical assistance:
  - Appropriate scope-of-work
  - Compliance with Federal laws
  - Eligibility
  - Reasonable costs

# Summary of Overview

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- ❑ Applicant procurement/bid process
- ❑ Types of contracts
- ❑ Special contracting issues

**ARE THERE ANY QUESTIONS?**



# Debris Management Workshop

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Force  
Account  
Labor and  
Equipment

# Force Account Debris Operations

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- Employee pay policies
- Labor types
- Eligible labor hours
- Equipment rates
- Rental equipment
- Documentation

# Employee Pay Policies/Labor Types

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- Highly compensated employees
- Exempt employees
  - Overtime pay
  - Comp time
- Non-exempt employees
  - Overtime pay
- Temporary employees
- Lockdown/Standby Labor

# Eligible Labor Hours

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- Regular employees
  - Overtime hours only
- Highly paid employees
  - Paid at laborer rate
- Temporary employees
  - Regular and overtime qualifies

# Equipment Rates

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- ❑ Local rates
- ❑ State rates
- ❑ FEMA rates
- ❑ Rates include maintenance and fuel costs

# Rental Equipment

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- Reimbursed for rental time period
- Costs must be deemed reasonable
- Must demonstrate active use during majority of rental
- Rental summary form (FEMA or applicant generated)

# Key Documentation

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- Road/Debris Supervisor logs/diaries
  
- Labor policies in effect for employees

# Documentation for Labor

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- Force Account labor sheets
  - Labor hours (regular & overtime) for each individual
    - Rates of pay
    - Duty assignment
    - Work locations
  - Fringe benefit sheet
  - Payroll print outs
  - Employee time sheets/time cards
  - FEMA forms or applicant generated



# Documentation for Equipment

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- Hours used per day
- Provide description of equipment used
- Equipment rates (local, state, or FEMA cost codes)
- Operator name/Title
- FEMA forms or applicant generated

# Summary

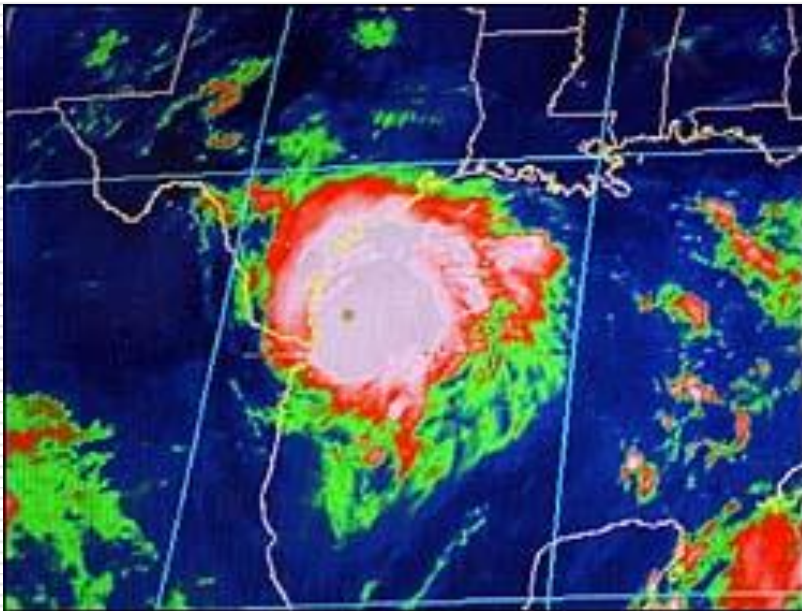
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- Documentation is key
  - Where?
  - What?
  - When?
  - Who?
- Set up applicant generated information in advance

**ARE THERE ANY QUESTIONS?**

# Debris Management Workshop

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## Mutual Aid Agreements

# Mutual Aid Agreements

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- Access Need
- Establishment of MAAs
- Activation

# Mutual Aid Agreements

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- Day-to-Day Operation
- Deactivation
- FEMA PA Reimbursement

# Mutual Aid Agreements

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**An agreement between jurisdictions or agencies to provide assistance across boundaries in the event of an emergency.**

# Access Need

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- Review Existing MAAs
  - Assess Your Jurisdictions Capabilities
- Meet With Other Community Officials
  - Determine Resources Available
- Explore Resource-Specific MAAs
  - Personnel Skills
  - Equipment
  - TDSR Sites

# Establishment of MAAs

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- Local, Regional, & State Level
- Written Agreement
  - Provide Aid to Extent Available
  - Dispatched Personnel
  - List of Rates
  - Time Limits
  - Workers Compensation and Liability Coverage
  - Provisions for Reimbursement
  - Not Liable Clause for Failure to Render Aid



# Establishment of MAAs (cont.)

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- Establish System
  - Organization
  - Information
  - Forms – coordinate request, reception, assignment
- Establish Structure to Maintain MAAs
  - Training – disaster response procedures
  - Promote Professionalism

# Activation

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- Local Emergency Declared
  - Full Commitment of Resources by Requesting Entity
  - Based On Need / Not Expectation of Reimbursement by state/federal disaster funds
  
- Identify Resources Needed
  
- Formal Request

# Activation (cont.)

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- Specify Specifics
  - Anticipated Duration
  - Arrival Time and Location
  - Logistics (lodging, transportation, etc.)
- Initiation of Assignment
  - Orientation Packet / Information Briefing
  - Training
  - Identification Badges
  - Organizational Structure

# Day-to-Day Operation

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- Organize Arriving Resources
  - Orientation Packet / Information Briefing
  - Training
  - Identification Badges
  - Organizational Structure
  - Establish Personnel Assignments

# Day-to-Day Operation (cont.)

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- Monitor Status of Emergency
  - Reassign Resources as Needed
  - Open or Unresolved Actions
  - Take Care of People
- Maintain Records of Provided Aid
  - Timesheets
  - Daily Activity Logs
  - Travel Claim Forms
  - Equipment Logs

# Deactivation

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- Formal Release Notification
- Establish Checkout Procedure
  - Deactivation Paperwork
  - Exit Survey
  - Conduct Exit Inspections of Vehicles
  - Assure Travel Routes are Safe
- Update Status of Available Resources

# FEMA PA Reimbursement

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- Declared Disaster
- Agreement in Writing
  - Pre-Event Agreements
  - Post-Event Agreements
- Aid Was Requested
  - Costs Not Reimbursed if Entities “Self-Deploy”
- Work Performed Directly Disaster Related

# FEMA PA Reimbursement (cont)

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- ❑ Receiving Entity Was Charged for Aid
- ❑ Agreement Not Contingent Upon Federal Funding
- ❑ Documentation Available
  - Provided Aid / Activities
  - Labor & Equipment Records
  - Rates and Payment
- ❑ Both Regular and Overtime Eligible



# FEMA PA Reimbursement (cont)

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- FEMA Policy 9523.6
  - Eligible Work
    - Emergency Work – immediate threats
    - Debris Removal
    - Dissemination of Public Information
  - Not Eligible Work
    - Permanent Recovery Work
    - Training
    - Stand-By Time
    - Grant Management Activities

# Summary

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- Access Need
- Establishment of MAAs
- Activation

# Summary

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- Day-to-Day Operation
- Deactivation
- FEMA PA Reimbursement

ARE THERE ANY QUESTIONS?

APPENDIX D  
MUTUAL AID AGREEMENT EXAMPLE

INTERGOVERNMENTAL EMERGENCY MUTUAL AID AGREEMENT

STATE OF \_\_\_\_\_  
CITY / COUNTY \_\_\_\_\_

WHEREAS, (State Name) law authorizes local governments to contract with each other to provide services, and  
WHEREAS, (State Name) law and state policy also provides for certain reimbursements or financial aid to local  
government for certain natural disasters or emergency conditions declared by the Governor, and  
WHEREAS, the (City or County Name) finds it to be in its best interest to have such mutual aid agreements  
with other local governmental bodies in the state and region,  
NOW, THEREFORE, in consideration of the above recitals and the covenants contained herein, the parties  
hereto agree as follows:

1. The (City or County Name) hereby agrees to provide through its Director of Public Works such mutual aid as may be requested by a governmental unit, which has emergency conditions of a natural disaster as defined by (State Name) law. The aid rendered shall be to the extent of available personnel and equipment not required for minimum needs of the (City or County Name). The judgment of the Director of Public Works or his designee shall be final as to the personnel and equipment so available.
2. Personnel dispatched to aid another jurisdiction shall remain employees of the (City or County Name), but shall work under the supervision of the Director of Public Works of the requesting jurisdiction. The (City or County Name) retains the right to withdraw any and all aid rendered upon direction of the Director of Public Works.
3. The Director of Public Works will provide a list of hourly rates and equipment costs, and hours worked for all such aid rendered to the requesting jurisdiction for all actual costs, and the requesting jurisdiction agrees to compensate such claim for costs incurred as expeditiously as possible.
4. The (City or County Name) will maintain workers compensation coverage for its employees and liability coverage for its vehicles and equipment. Any uninsured or extraordinary expenses may be a part of claimed costs for reimbursement. The requesting jurisdiction agrees to maintain adequate liability insurance under state law and to hold harmless and indemnify the (City or County Name) for any and all claims occurring while its personnel and equipment are working under the direction of the Director of Public Works of the requesting jurisdiction. These indemnities shall include attorney's fees and costs that may arise from providing aid pursuant to this agreement.
5. The purpose of these recitals is to insure that the (City or County Name) is reimbursed all costs and assumes no additional liabilities as a result of this agreement. Neither party to this agreement shall be liable, for its failure to refusal to render aid pursuant to this agreement. The Director of Public Works shall in his sole discretion determine the manner which such emergency aid may be used. (or his/her designee in charge of operations)

IN WITNESS WHEREOF, this Agreement has been duly executed by the parties subscribed below and is binding upon the \_\_\_\_\_ and the requesting jurisdiction.

Date signed \_\_\_\_\_ CITY / COUNTY OF \_\_\_\_\_ by: \_\_\_\_\_

Date signed \_\_\_\_\_ REQUESTING JURISDICTION \_\_\_\_\_ by: \_\_\_\_\_

U.S. Department of Homeland Security  
500 C Street, SW  
Washington, DC 20472



# FEMA

1. **Date Published:** September 22, 2004
2. **Recovery Division Policy Number:** 9523.6
3. **Title:** Mutual Aid Agreements for Public Assistance and Fire Management Assistance
4. **Purpose:** This policy specifies criteria by which the Federal Emergency Management Agency (FEMA) will recognize the eligibility of costs under the Public Assistance Program and the Fire Management Assistance Program incurred through mutual aid agreements between applicants and other entities.
5. **Scope and Audience:** This policy is applicable to all major disasters, emergencies, and fire management assistance declarations declared on or after August 11, 2004. This policy is intended for personnel involved in the administration of the Public Assistance Program and the Fire Management Assistance Program. This policy applies to emergency work authorized under Sections 403, 407, and 502, and work under Section 420 *Fire Management Assistance* of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. §§ 5121-5206 (the Stafford Act).
6. **Background:** Many State and local governments and private nonprofit organizations<sup>1</sup> enter into mutual aid agreements to provide emergency assistance to each other in the event of disasters or other crises. These agreements often are written, but occasionally are arranged verbally after a disaster or emergency occurs. This policy addresses both written and verbal mutual aid agreements and the eligibility of costs under the Emergency Management Assistance Compact (EMAC).

The National Incident Management System (NIMS) maintains that states should participate in these agreements and should look to establish intrastate agreements that encompass all local jurisdictions. The NIMS Integration Center (NIC) will be responsible for developing a national system of standards and guidelines as described in the NIMS as well as the preparation of guidance to assist agencies in implementing the system. This policy supports the NIMS by establishing standard criteria for determining the eligibility of costs incurred through mutual aid agreements.

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<sup>1</sup> Private nonprofit organizations are not eligible under the Fire Management Assistance Program

## 7. Policy:

### Terms Used in this Policy

- *Declared Disaster.* An emergency or major disaster as defined at 44 CFR § 206.2 (a)(9) and (17), respectively.
- *Declared Fire.* An uncontrolled fire or fire complex, threatening such destruction as would constitute a major disaster for which the Recovery Division Director has approved a declaration in accordance with the criteria listed in 44 CFR § 204.21.
- *Incident Commander.* The ranking official responsible for overseeing the management of fire operations, planning, logistics, and finances of the field response.
- *Providing Entity.* The entity providing mutual aid assistance to a Requesting Entity pursuant to a local or statewide mutual aid agreement.
- *Requesting Entity.* An entity that requests mutual aid assistance from a Providing Entity for emergency work resulting from a declared fire, emergency, or major disaster within its legal jurisdiction. The requesting entity is eligible to receive FEMA assistance.

#### A. General.

- 1) To be eligible for reimbursement by FEMA, the mutual aid assistance must have been requested by a Requesting Entity or Incident Commander; be directly related to a Presidentially-declared emergency or major disaster, or a declared fire; used in the performance of eligible work; and the costs must be reasonable.
- 2) FEMA will not reimburse costs incurred by entities that "self-deploy" (deploy without a request for mutual aid assistance by a Requesting Entity) except to the extent those resources are subsequently used in the performance of eligible work at the request of the Requesting Entity or Incident Commander.
- 3) This policy is applicable to all forms of mutual aid assistance, including agreements between Requesting and Providing Entities, statewide mutual aid agreements, and the mutual aid services provided under the Emergency Management Assistance Compact (EMAC).

#### B. Pre-Event Written Mutual Aid Agreements.

FEMA recognizes mutual aid agreements between Requesting and Providing Entities, and statewide mutual aid agreements wherein the State is responsible for administering the claims for reimbursement of Providing Entities. In addition, FEMA recognizes the standard EMAC agreement as a valid form of mutual aid agreement between member states.

- 1) FEMA encourages parties to have written mutual aid agreements in place prior to a declared fire, emergency, or major disaster.
  - a) When a pre-event written agreement exists between a Requesting Entity and a Providing Entity, the Providing Entity may be reimbursed through the Requesting Entity. In these circumstances, the Requesting Entity must claim the eligible costs of the Providing Entity, pursuant to the terms and conditions of the mutual aid agreement and the requirements of this policy, on its subgrant application, and agree to disburse the Federal share of funds to the Providing Entity.
  - b) When a statewide pre-event mutual aid agreement exists that designates the State responsible for administering the reimbursement of mutual aid costs, a Providing Entity may apply, with the prior consent of the Requesting Entity, for reimbursement directly to the Grantee, in accordance with applicable State law and procedure. In such cases the Providing Entity must obtain from the Requesting Entity the certification required in section G(4) of this policy and provide it to the State as part of its reimbursement request.
- 2) FEMA encourages parties to address the subject of reimbursement in their mutual aid agreements. FEMA will honor the reimbursement provisions in a pre-event agreement to the extent they meet the requirements of this policy.
- 3) When a pre-event agreement is silent on reimbursement, FEMA will not provide reimbursement for the first eight (8) hours of assistance performed at the incident site, but will provide reimbursement of eligible costs thereafter pursuant to this policy.
- 4) When a pre-event agreement provides for reimbursement, but also provides for an initial period of unpaid assistance, FEMA will pay the eligible costs of assistance after such initial unpaid period (the minimum unpaid period must be eight (8) hours) and thereafter pursuant to this policy.

C. Post-Event Mutual Aid Agreements.

- 1) When the parties do not have a pre-event written mutual aid agreement, the Requesting and Providing Entities may verbally agree on the type and extent of mutual aid resources to be provided in the current event, and on the terms, conditions, and costs of such assistance. Post-event verbal agreements must be documented in writing and executed by an official of each entity with authority to request and provide assistance, and provided to FEMA as a condition of receiving reimbursement.
- 2) When the parties have a post-event mutual aid agreement, FEMA will not provide reimbursement for the first eight (8) hours of assistance performed at the

incident site, but will provide reimbursement of eligible costs thereafter pursuant to the provisions of this policy.

D. Force Account Labor Costs.

- 1) The straight- or regular-time wages or salaries of a Requesting Entity's permanently employed personnel performing or supervising emergency work are not eligible costs, pursuant to 44 CFR § 206.228(a)(4), § 204.42(c) and § 204.43(c), even when such personnel are reassigned or relocated from their usual work location to provide assistance during an emergency. Overtime costs for such personnel are eligible and may be submitted as part of a subgrant application.
- 2) The labor force of a Providing Entity will be treated as contract labor, with regular time and overtime wages and certain benefits eligible, provided labor rates are reasonable. The labor force of the Providing Entity will not be treated as contract labor if the labor force is employed by the same local or State government as the Requesting Entity.
- 3) In circumstances where a Providing Entity is also an eligible applicant in its own right, the determination of eligible and ineligible costs will depend on the capacity in which the entity is incurring costs. As stated in paragraphs D(1) and (2), an applicant's straight-time wages are not eligible costs when the applicant is using its permanently employed personnel for emergency work in its own jurisdiction.
- 4) Requesting and Providing Entities may not mutually deploy their labor forces to assist each other in such a way as to circumvent the limitations of paragraph D(1) or (2) of this policy.
- 5) Backfill costs incurred by either Requesting or Providing Entities are not eligible for reimbursement.

E. Eligible Work

There are two types of mutual aid work eligible for FEMA assistance: Emergency Work and Grant Management Work. Both are subject to the eligibility requirements of the respective Public Assistance and Fire Management Assistance Grant (FMAG) programs:

- 1) Emergency Work. Mutual aid work provided in the performance of emergency work necessary to meet immediate threats to life, public safety, and improved property, including firefighting activities under the FMAG program, is eligible.



- a) Examples of eligible emergency work include-
- i) Search and rescue, sandbagging, emergency medical care, debris removal;
  - ii) Reasonable supervision and administration in the receiving State that is directly related to eligible emergency work;
  - iii) The cost of transporting equipment and personnel by the Providing Entity to the incident site, subject to the requirements of paragraphs A(1) and (2) of this policy;
  - iv) Costs incurred in the operation of the Incident Command System, such as operations, planning, logistics and administration, provided such costs are directly related to the performance of eligible work on the disaster or fire to which such resources are assigned;
  - v) Emergency Operations Center or Disaster Field Office assistance in the receiving State to support emergency assistance;
  - vi) Assistance at the National Emergency Operations Center and Regional Emergency Operations Center, if requested by FEMA (labor, per diem and transportation);
  - vii) Dispatch operations in the receiving State;
  - viii) Donations warehousing and management (eligible only on the approval of the Recovery Division Director);
  - ix) Firefighting activities under section 420 of the Stafford Act and 44 CFR § 204; and,
  - x) Dissemination of public information authorized under Section 403 of the Act.
- b) Examples of mutual aid work that are **not** eligible, include-
- i) Permanent recovery work;
  - ii) Training, exercises, on-the-job training;
  - iii) Backfill costs;
  - iv) Long-term recovery and mitigation consultation;
  - v) Costs outside the receiving State that are associated with the operations of the EMAC system (except for FEMA facilities noted in paragraph E(1)(a)(v) and (vi) above);
  - vi) Costs for staff performing work that is not eligible under the Public Assistance Program or the Fire Management Assistance Grant Program;
  - vii) Costs of preparing to deploy or "standing-by" [except to the extent allowed in the Fire Management Assistance Grant Program pursuant to 44 CFR § 204.42(e)];
  - viii) Dispatch operations outside the receiving State;
  - ix) Tracking of EMAC resources; and
  - x) Situation reporting.

- 2) Grant Management Work. Work associated with the performance of the Grantee's responsibilities as the grant administrator, as outlined in 44 CFR § 206.202(b). Use of EMAC-provided assistance to perform these tasks is eligible mutual aid work.

F. Eligible Applicants.

- 1) Only Requesting Entities are eligible applicants for FEMA assistance. With the exception of F(2), below, a Providing Entity must submit its claim for reimbursement to a Requesting Entity.
- 2) States may be eligible applicants when statewide mutual aid agreements or compacts authorize the State to administer the costs of mutual aid assistance on behalf of local jurisdictions.

G. Reimbursement of Mutual Aid Costs.

- 1) To be eligible for FEMA assistance, the reimbursement provisions of a mutual aid agreement must apply uniformly to both Federal awards and other activities of the governmental unit, and not be contingent on a declaration of an emergency, major disaster, or fire by the Federal government.
- 2) Requesting and Providing Entities must keep detailed records of the services requested and received, and provide those records as part of the supporting documentation for a reimbursement request.
- 3) A request for reimbursement of mutual aid costs must include a copy of the mutual aid agreement – whether pre- or post-event – between the Requesting and Providing Entities.
- 4) A request for reimbursement of mutual aid costs must include a written and signed certification by the Requesting Entity certifying
  - a) The types and extent of mutual aid assistance requested and received in the performance of eligible emergency work; and
  - b) The labor and equipment rates used to determine the mutual aid cost reimbursement request.
- 5) FEMA will not reimburse the value of volunteer labor or the value of paid labor that is provided at no cost to the applicant. However,

- a) To the extent the Providing Entity is staffed with volunteer labor, the value of the volunteer labor may be credited to the non-Federal cost share of the Requesting Entity's emergency work in accordance with the provisions of *Recovery Division Policy #9525.2*.
- b) If a mutual aid agreement provides for an initial period of unpaid assistance or provides for assistance at no cost to the Requesting Entity, the value of the assistance provided at no cost to the Requesting Entity may be credited to the non-Federal cost share of the Requesting Entity's emergency work under the provisions of *Recovery Division Policy #9525.2*.
- 6) Reimbursement for work beyond emergency assistance, such as permanent repairs, is not eligible for mutual aid assistance.
- 7) For Public Assistance only, reimbursement for equipment provided to a Requesting Entity will be based on FEMA equipment rates, approved State rates or, in the absence of such standard rates, on rates deemed reasonable by FEMA.
- 8) For Public Assistance only, reimbursement for damage to equipment used in emergency operations will be based on *Recovery Division Policy #9525.8*.
- 9) For Public Assistance only, reimbursement for equipment purchased by a subgrantee to support emergency operations will be based on *Recovery Division Policy #9525.12*.
8. **Supersession:** This policy replaces *Recovery Division Policy #9523.6. Mutual Aid for Public Assistance*, dated August 17, 1999.
9. **Authorities:** The Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C §§ 5121-5206, and the implementing regulations of 44 CFR § 204 and § 206.
10. **Originating Office:** Recovery Division, FEMA, Emergency Preparedness and Response Directorate, U. S. Department of Homeland Security.
11. **Review Date:** Three years from date of publication.
12. **Signature:**

Signed

Daniel A. Craig  
Director  
Recovery Division  
Emergency Preparedness and Response Directorate

13. **Distribution:** Regional Directors, Regional and Headquarters Recovery Division Directors, Regional Public Assistance Officers.

U.S. Department of Homeland Security  
Washington, D.C. 20472



# FEMA

MAR 15 2005

MEMORANDUM FOR: Regional Directors, Regions I-X  
Federal Coordinating Officers

FROM: */Signed/*  
Daniel A. Craig  
Director  
Recovery Division

SUBJECT: Mutual Aid Policy  
Recovery Policy No. 9523.6

Because of the recent confusion and misinterpretation concerning the subject policy and the question of whether wages of personnel filling in for personnel deployed for the hurricane response are eligible, we have issued the following clarification:

Backfill cost in paragraph 7.D. (5) of Recovery Policy No. 9523.6, *Mutual Aid Agreements for Public Assistance and Fire Management Assistance*, dated September 22, 2004, is defined as the straight time salary and benefits of replacement personnel who perform the regular duties of other personnel who are deployed under a mutual aid agreement to perform eligible work under the Public Assistance Program. The overtime salary of the replacement personnel is considered a cost of deploying personnel who perform eligible work and is eligible for reimbursement under this policy.

Since the regular time salary of the deployed personnel is an eligible cost per the Mutual Aid policy, to prevent duplication the regular time salary of the backfill person is not an eligible cost. However, the increased portion of overtime cost incurred by the sending entity for backfill employees is eligible. For example, if a backfill employee works 8 hours and is paid 1 ½ times his regular salary for the entire 8 hours, only the extra ½ of his regular salary would be eligible since the straight time is already in the applicant's budget.

In essence, this clarification makes the written policy for mutual-aid situations the same as the policy issued for public assistance on November 19, 1993, by memorandum. If you have questions on this, please call James Walke at (202) 646-2751 or Chuck Stuart at (202) 646-3691.

Public Assistance  
Non-competitive  
Procurement  
Guide

### **Allowability of Non-Competitive Proposals:**

44 C.F.R. §13.36(d)(4) provides that noncompetitive proposals (i.e. procurement from only one source) may be justified; however, each of the following three requirements must be met.

First, procurement by any one of the following methods must be infeasible

- Small purchase procedures
- Sealed bids
- Competitive proposals

Second, one of the following circumstances must apply:

- The item is available only from a single source;
- The public exigency or emergency for the requirement will not permit a delay resulting from competitive solicitation;
- The awarding agency authorizes noncompetitive proposals; or
- After solicitation of a number of sources, competition is determined inadequate.

Third, a cost analysis is required, including the following:

- Verifying the proposed cost data,
- Verifying the projections of the data, and
- Verifying the evaluation of the specific elements of costs and profits.

In other words, the costs, cost projections, and cost elements must be allowable and reasonable.

### **Allowability and Reasonableness of Costs**

Allowability of Costs: According to OMB Circular No. A-87, various factors affect the allowability of costs. To be allowable, costs must meet the following general criteria:

- a. Be necessary and reasonable for proper and efficient performance and administration of Federal awards.
- b. Be allocable to Federal awards under the provisions of this Circular.
- c. Be authorized or not prohibited under State or local laws or regulations.
- d. Conform to any limitations or exclusions set forth in these principles, Federal laws, terms and conditions of the Federal award, or other governing regulations as to types or amounts of cost items.

- e. Be consistent with policies, regulations, and procedures that apply uniformly to both Federal awards and other activities of the governmental unit.
- f. Be accorded consistent treatment. A cost may not be assigned to a Federal award as a direct cost if any other cost incurred for the same purpose in like circumstances has been allocated to the Federal award as an indirect cost.
- g. Except as otherwise provided for in this Circular, be determined in accordance with generally accepted accounting principles.
- h. Not be included as a cost or used to meet cost sharing or matching requirements of any other Federal award in either the current or a prior period, except as specifically provided by Federal law or regulation.
- i. Be the net of all applicable credits.
- j. Be adequately documented.

Reasonability of costs: OMB Circular No. A-87 provides that a cost is reasonable if, in its nature and amount, it does not exceed that which would be incurred by a prudent person under the circumstances prevailing at the time the decision was made to incur the cost. In determining reasonableness of a given cost, the following factors must be considered:

- a. Whether the cost is of a type generally recognized as ordinary and necessary for the operation of the governmental unit or the performance of the Federal award.
- b. The restraints or requirements imposed by such factors as: sound business practices; arms length bargaining; Federal, State and other laws and regulations; and, terms and conditions of the Federal award.
- c. Market prices for comparable goods or services.
- d. Whether the individuals concerned acted with prudence in the circumstances considering their responsibilities to the governmental unit, its employees, the public at large, and the Federal Government.
- e. Significant deviations from the established practices of the governmental unit which may unjustifiably increase the Federal award's cost.

#### Professional Service Contracts

OMB According to OMB Circular No. A-87 further addresses the reasonableness of the costs of professional and consulting services, i.e. costs of professional and consultant services rendered by persons who are members of a particular profession or possess a special skill.

Reasonableness: The costs of the services must be reasonable in relation to the services rendered. (See above.)

Allowability: No single factor or any special combination of factors is necessarily determinative of the allowability of costs in a particular case. However, the following factors are relevant to the determination of allowability:

- The nature and scope of the service rendered in relation to the service required.
- The necessity of contracting for the service, considering the governmental unit's capability in the particular area.
- The past pattern of such costs, particularly in the years prior to Federal awards.
- The impact of Federal awards on the governmental unit's business (i.e., what new problems have arisen).
- Whether the proportion of Federal work to the governmental unit's total business is such as to influence the governmental unit in favor of incurring the cost, particularly where the services rendered are not of a continuing nature and have little relationship to work under Federal grants and contracts.
- Whether the service can be performed more economically by direct employment rather than contracting.
- The qualifications of the individual or concern rendering the service and the customary fees charged, especially on non-Federal awards.
- Adequacy of the contractual agreement for the service (e.g., description of the service, estimate of time required, rate of compensation, and termination provisions).

Attached is a chart which may be helpful for addressing the noncompetitive procurement issue.



<b>Applicant's Justification for Noncompetitive Procurement of Contracts</b>			
	<b>Yes</b>	<b>No</b>	<b>Remarks</b>
1. Infeasibility of more favored methods	___	___	<p>Are the following procurement methods infeasible under the circumstances?</p> <ul style="list-style-type: none"> <li>• Small purchase procedures</li> <li>• Sealed bids</li> <li>• Competitive proposals</li> </ul>
2. Justification for use of noncompetitive proposals	___	___	<p>Do any of the following particular circumstances justify the use of noncompetitive proposal(s) for the contract?</p> <p>___ The item is available only from a single source;</p> <p>___ The public exigency or emergency for the requirement will not permit a delay resulting from competitive solicitation;</p> <p>___ The rewarding agency authorizes noncompetitive proposals; <u>or</u></p> <p>___ After solicitation of a number of sources, competition was determined inadequate</p>
3. Cost Analysis: Are the costs allowable?	___	___	<p>Do the costs meet the following general criteria?</p> <ul style="list-style-type: none"> <li>• Necessary and reasonable for the proper and efficient performance and administration of the project</li> <li>• Authorized or not prohibited under State or local laws or regulations.</li> <li>• Conform to FEMA regulations as to types or amounts of cost items.</li> <li>• Consistent with policies, regulations, and procedures that apply uniformly to both FEMA grants and other activities of the governmental unit.</li> <li>• Determined in accordance with generally accepted accounting principles.</li> <li>• Not used to meet cost sharing or matching requirements of any other Federal award.</li> <li>• Net of all applicable credits.</li> <li>• Adequately documented.</li> </ul>

<b>Applicant's Justification for Noncompetitive Procurement of Contracts</b>			
	<b>Yes</b>	<b>No</b>	<b>Remarks</b>
<p>4. Cost Analysis: Are the costs reasonable?</p> <p>(Note: a cost is reasonable if, in its nature and amount, it does not exceed that which would be incurred by a prudent person under the circumstances prevailing at the time the decision was made to incur the cost.)</p>	___	___	<p>Do any of the following factors support the reasonableness of the costs?</p> <p>___ The cost is of a type generally recognized as ordinary and necessary for the project.</p> <p>___ Restraints or requirements imposed by such factors as: sound business practices; arms length bargaining; laws and regulations.</p> <p>___ Market prices for comparable goods or services.</p> <p>___ Whether the individuals concerned acted with prudence in the circumstances considering their responsibilities to the governmental unit, its employees, the public at large, and the Federal Government.</p> <p>___ There were no significant deviations from the established practices of the governmental unit which may unjustifiably increase the cost of the FEMA grant.</p>
<p>5. Professional Service Contracts (only). Reasonableness of the costs.</p>	___	___	<p>In addition to the above reasonableness factors, are the costs of the professional services reasonable in relation to the services rendered?</p> <p>(Note: these include costs of professional and consultant services rendered by persons who are members of a particular profession or possess a special skill.)</p>
<p>6. Professional Service Contracts (only). Allowability of the costs.</p>	___	___	<p>Do any of the following factors support the allowability of the costs?</p> <p>___ The nature and scope of the service rendered in relation to the service required.</p> <p>___ The necessity of contracting for the service, considering the governmental unit's capability in the particular area.</p> <p>___ The past pattern of such costs, particularly in the years prior to the current project.</p> <p>___ The impact of the disaster/FEMA grant on the governmental unit's business (i.e., what new problems have arisen).</p> <p>___ Whether the proportion of Federal work to the</p>

<b>Applicant's Justification for Noncompetitive Procurement of Contracts</b>				
	<b>Yes</b>	<b>No</b>		<b>Remarks</b>
6. Continued:			<p>governmental unit's total business is such as to influence the governmental unit in favor of incurring the cost, particularly where the services rendered are not of a continuing nature.</p> <p>___ Whether the service can be performed more economically by direct employment rather than contracting.</p> <p>___ The qualifications of the individual or concern rendering the service and the customary fees charged, especially on non-Federal awards.</p> <p>___ The adequacy of the contractual agreement for the service (e.g., description of the service, estimate of time required, rate of compensation, and termination provisions).</p>	
<b>Attach Cost Analysis: Applicant must submit a monetary evaluation for reasonableness of costs.</b>				

Public  
Assistance  
Documentation  
Guide

## APPLICANTS DOCUMENTATION CHECK LIST

<b>Applicant:</b>	<b>FIPS #:</b>	<b>Disaster #</b>
<b>Project:</b>		<b>PW#</b>
<b>PW Approved Cost:</b>	<b>Final Claimed Cost:</b>	<b>Force Account    Contract    Both (circle)</b>

*CHECK ONLY THE DOCUMENTS INCLUDED IN THIS PROJECT FILE*

- Approved Project Worksheet including all versions
  - Proposed and completed hazard mitigation measures
  - All records and correspondence received from the State related to the project
  - Special Considerations Form
  - Map(s) clearly delineating the location of the project(s) *[With easy to follow instructions for finding the project location(s)]*
  - Photograph(s) with location descriptions, showing the damage in the context of surroundings before and after (if available).
  - Drawing(s) or plans showing the features of a site (if available). *[Hand drawn sketches should be neatly drawn, dimensioned, and noted as completely as possible.]*
  - Proof of insurance *(when appropriate – Statement of Loss, Settlement Statement(s), Declaration page(s) and possibly policy.*
  - Required construction, environmental, and other permits or waivers *[All required permits must be obtained and preserved as part of the project records]*
  - Copies of cost summary sheets, including copies of source documents as necessary
    - Force account labor sheets, fringe benefit sheet, payroll printouts and employee time sheets and supervisors logs
    - Labor policies in effect for employees
    - Logs & dispatch reports for police, fire, rescue, medical crews
    - Diaries & logs prepared by Road Supervisors
    - Force account equipment sheets, applicable rates and supporting logs
    - Material sheets and invoices to support material costs
    - Rental equipment sheets, location and invoices
    - Contract summary sheets
  - Contracted services bid announcement, record of bidders, copy of contracts, invoices, and work completed information
  - Bridge inspection reports and facility maintenance history
  - Flood maps
  - Details of volunteers and volunteer equipment *[Names and contact information if possible, but must have the hours worked, where worked, and a description of work performed for each individual and piece of equipment]*
  - W-9
  - Applicant Processing Checklist
  - County/Local Official Certification Document
  - Designation of Applicant's Agent Form
  - Any other supporting documents for this Project Worksheet
-

## Purpose and Importance

The purpose of this guidance is to provide Applicants with information regarding Federal and State accounting, recordkeeping, documentation, and procurement requirements. This guide includes a reference tool and easy to use checklists to assist in:

- ❑ Establishing accurate and complete accounting and recordkeeping systems;
- ❑ Developing, assembling and retaining required documentation to support each Project Worksheet; and
- ❑ Procuring goods and services during recovery from a disaster in accordance with State and Federal procurement regulations.

The importance of maintaining a complete and accurate set of records, and for following procurement guidelines, cannot be over-emphasized. The successful review, validation, approval, funding and audit of a project will depend on the availability, completeness and accuracy of Project Files established for each project. Applicants can use the following guidelines to account for the costs of repair/recovery as outlined in Project Worksheets and as a guide to the Federal and State regulations regarding contracting for goods and services (procurement).

A separate FEMA publication titled The Applicant Handbook, which is available on the Internet, ([www.fema.gov](http://www.fema.gov)) can be used in conjunction with these guidelines to better understand the Applicant's overall responsibilities for documenting and retaining information needed when receiving a grant under the Public Assistance Program.

## Accounting, Recordkeeping, and Documenting Projects

The Applicants **Cost Accounting** and **Recording Keeping Systems** *must* be sufficient to accurately record all activities and expenditures related to disaster recovery work. These systems will help the Applicant document eligible work performed as a result of the declared disaster or emergency. These systems and records may be audited and must be retained for at least three years following closure of the Applicant's grant.

### Accounting Guidelines

The cost accounting system used by the Applicant can be simple or complex, but must separate all disaster related costs from all other activities of the Applicant, and capture the information necessary to justify all costs for each project as identified on FEMA's Project Worksheets.

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FEMA can provide the Applicant with different kinds of summary documents known as Summary Sheets to assist in the capture and reporting of these costs. Below, in black, italicized print, are the different summary sheets used. The accounting system should generate separate costs for each Project Worksheet according to the following categories:

### **Labor Costs**

- ❑ Force account labor hours, by individual, rates of pay, duty assignment and work locations (*Force Account Summary Sheet*).
- ❑ Temporary hires, by individual, hours of work, rates of pay.
- ❑ Breakdown of fringe benefits for regular employees and for temporary hires, both regular and overtime rates (*Fringe Benefit Sheet*).

### **Equipment and Contract Costs**

- ❑ On a daily basis, list all Applicant owned equipment used for eligible disaster recovery work, hours of use, applicable equipment rates charged (local rates or government cost code), location of work, and name of employee operator (*Force Account Equipment Summary Sheet*).
- ❑ Rented and leased equipment used, invoices and costs, work done and work locations (*Rental Summary Sheet*).
- ❑ Listing of materials used that were taken from inventories or purchased for eligible work, their cost with supporting invoices and location used (*Material Summary Sheet*).
- ❑ Services contracted for and/or purchased for use on eligible work, location of work, purchase orders, costs and invoices to support the costs (*Contract Summary Sheet*).
- ❑ Listing of equipment damaged and cost to repair or replace

### **Miscellaneous Costs**

- ❑ Justification for use of statutory administrative allowance automatically added to each approved Project Worksheet including a list of all administrative costs, labor, equipment, materials and other costs expended to administer the program.
-

## Other Supporting Records

- ❑ Labor policies in effect at time of disaster
- ❑ Any insurance adjustments, settlements, and other documents and records related to project worksheets
- ❑ Volunteer labor and equipment records to include, for each volunteer, a record of hours worked, where they worked, a description of the work performed, and equivalent information for equipment and materials. We recommend that each volunteer's time-in and time-out be recorded as a means to capture the total hours worked per day.
- ❑ Photographs of work sites, before and after, labeled with location and date
- ❑ Any mutual aid agreements in effect
- ❑ Bridge inspection reports and maintenance history
- ❑ All required permits
- ❑ All other documents or costs associated with project/disaster

Accounting records must be supported by such source documentation as cancelled checks, copies of paid bills, payroll sheets, time and attendance records, justification of administrative allowance, contract and sub grant award documents, etc.

How this information is collected and recorded is at the discretion of the Applicant.

## Recordkeeping Guidelines

We strongly encourage Applicants to designate one person responsible for collecting, managing, coordinating, and reporting all disaster-related documentation. We also strongly recommend that this person attend the Applicant's Kick Off meeting. In addition, all persons, departments or individuals responsible for the Applicant's recovery activities should have direct access to these guidelines. If that person vacates their position, a replacement needs to be designated and trained. *NOTE: The administrative allowance can be used to hire a temporary person to keep these accounting systems and records.*

All records and supporting documents pertaining to a Project Worksheet should be filed in a separate Project File for each Project Worksheet, and must be maintained by the Applicant as a permanent record for three (3) years following closure of the Applicant's grant. The documents should be readily available and in useable format. Federal and State program personnel and auditors will use the Applicant's documentation to validate and reconcile costs for projects. These records become the basis for verification of small projects and reconciliation of costs for large projects

## Documentation Guidelines

Each Project File should include a copy of the Project Worksheet, the ***Documentation Checklist***, and all supporting documents necessary to support the claim for project costs incurred by the Applicant. The documentation checklist will help guide and remind Applicants about the specific documents needed to support their final claimed costs relative to each approved Project Worksheet.

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## Federal Emergency Management Agency

### Sec. 13.30 Changes.

(a) General. Grantees and subgrantees are permitted to rebudget within the approved direct cost budget to meet unanticipated requirements and may make limited program changes to the approved project. However, unless waived by the awarding agency, certain types of post-award changes in budgets and projects shall require the prior written approval of the awarding agency.

(b) Relation to cost principles. The applicable cost principles (see Sec. 13.22) contain requirements for prior approval of certain types of costs. Except where waived, those requirements apply to all grants and subgrants even if paragraphs (c) through (f) of this section do not.

(c) Budget changes--(1) Non-construction projects. Except as stated in other regulations or an award document, grantees or sub-grantees shall obtain the prior approval of the awarding agency whenever any of the following changes is anticipated under a non-construction award:

(i) Any revision which would result in the need for additional funding.

(ii) Unless waived by the awarding agency, cumulative transfers among direct cost categories, or, if applicable, among separately budgeted programs, projects, functions, or activities which exceed or are expected to exceed ten percent of the current total approved budget, whenever the awarding agency's share exceeds \$100,000.

(iii) Transfer of funds allotted for training allowances (i.e., from direct payments to trainees to other expense categories).

(2) Construction projects. Grantees and sub-grantees shall obtain prior written approval for any budget revision which would result in the need for additional funds.

(3) Combined construction and non-construction projects. When a grant or sub-grant provides funding for both construction and non-construction activities, the grantee or sub-grantee must obtain prior written approval from the awarding agency before making any fund or budget transfer from non-construction to construction or vice versa.

(d) Programmatic changes. Grantees or sub-grantees must obtain the prior approval of the awarding agency whenever any of the following actions is anticipated:

(1) Any revision of the scope or objectives of the project (regardless of whether there is an associated budget revision requiring prior approval).

(2) Need to extend the period of availability of funds.

(3) Changes in key persons in cases where specified in an application or a grant award. In research projects, a change in the project director or principal investigator shall always require approval unless waived by the awarding agency.

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(4) Under non-construction projects, contracting out, sub-granting (if authorized by law) or otherwise obtaining the services of a third party to perform activities which are central to the purposes of the award.

This approval requirement is in addition to the approval requirements of Sec. 13.36 but does not apply to the procurement of equipment, supplies, and general support services.

(e) Additional prior approval requirements. The awarding agency may not require prior approval for any budget revision which is not described in paragraph (c) of this section.

(f) Requesting prior approval. (1) A request for prior approval of any budget revision will be in the same budget form the grantee used in its application and shall be accompanied by a narrative justification for the proposed revision.

(2) A request for a prior approval under the applicable Federal cost principles (see Sec. 13.22) may be made by letter.

(3) A request by a sub-grantee for prior approval will be addressed in writing to the grantee. The grantee will promptly review such request and shall approve or disapprove the request in writing. A grantee will not approve any budget or project revision which is inconsistent with the purpose or terms and conditions of the Federal grant to the grantee.

If the revision, requested by the sub-grantee would result in a change to the grantee's approved project which requires Federal prior approval, the grantee will obtain the Federal agency's approval before approving the sub-grantee's request.

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Public  
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# PROCUREMENT

## The Purchase of Goods and Services

### **The Importance of Following Procurement Procedures**

Care must be taken when purchasing goods and materials and contracting for services for projects approved under the Public Assistance program. All projects are subject to audit. Contracts must be of reasonable cost, generally competitively bid, and otherwise comply with Federal, State and local procurement standards. By Federal regulation, Applicants are to follow their own procurement procedures as long as those procedures meet or exceed the procurement standards in the Federal Regulations [44 CFR 13.36].

The following tables summarize the typical types of contracts entered into between Applicants and service providers when performing work under the Public Assistance program and procurement methods. Each can be used as a checklist and a copy of each, appropriately marked, should be filed with each contract in a separate file for each Project Worksheet. Also included in this guidance document is a summary of the Federal procurement procedures.

These tables or checklists should be kept with the Project Worksheet file and used by the Applicant to determine the type of contract that is appropriate for a project. Refer to the Federal Procurement Regulations contained in 44 CFR13.36 if further clarification is needed. A copy of the regulations can be obtained by contacting the State's Public Assistance Officer.

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## DIFFERENT TYPES OF CONTRACTS

### When and When Not to Use

TYPES OF CONTRACTS	Standards	TYPE USED
Lump sum	Contract for work within a prescribed boundary with a clearly defined scope and a total price	
Unit price	Contract for work done on an item-by-item basis with cost determined on a unit basis.	
Cost plus fixed fee	Either a lump sum or unit price contract with a fixed contractor fee added into price	
Time and materials	<b>Should be avoided, but may be allowed for work necessary immediately after disaster and after a determination that no other contract is suitable; must include a cost ceiling or “not to exceed” provision [44CFR13.36(b)(10)]</b>	
Cost plus percentage of cost	Not allowed by FEMA Regulations	
Contingency	Not allowed by FEMA Regulations	

## PROCUREMENT METHODS

### A Guide and Checklist to Help Determine an Appropriate Contract

To Purchase....	Procurement Methods	Standards	Award based on ....
Services and supplies under \$100,000	<b>Small purchases</b> [44CFR13.36(d)(1)]	<ul style="list-style-type: none"> <li>• Do not exceed simplified acquisition threshold of \$100,000</li> <li>• Obtain price or rate quotation from adequate number of qualified sources</li> <li>• Relatively simple and informal method</li> </ul>	Awarded based on lowest documented price quote
Construction, debris services, etc.	<b>Sealed bids (formal advertising)</b> [44CFR13.36(d)(2)]	<ul style="list-style-type: none"> <li>• Bids publicly solicited and advertised and a firm-fixed-price contract (lump sum or unit price) awarded</li> <li>• Adequate and realistic description of project is available.</li> <li>• Two or more responsible bidders are able to compete effectively</li> <li>• Allow sufficient time for bidders to respond</li> <li>• Invitation for bids defines project adequately</li> <li>• Bids publicly opened at time and place prescribed in invitation</li> <li>• Approved and awarded in writing</li> <li>• All bids may be rejected for sound documented reason</li> </ul>	Awarded to the responsible bidder whose bid conforms with invitation for bid and whose bid is lowest in price
Architectural, engineering or professional services	<b>Competitive proposals</b> [44CFR13.36(d)(3)]	<ul style="list-style-type: none"> <li>• Bids publicly advertised; identify all evaluation factors that will be used</li> <li>• Any response shall be honored to the maximum extent practical</li> <li>• Proposals solicited from an adequate number of qualified sources</li> <li>• Method for conducting technical evaluations of proposals in place</li> </ul>	Contracts are awarded to responsible firm based on contractor qualifications subject to fair and reasonable
When it can be documented that competition is inadequate or public urgency for work will not permit delay	<b>Noncompetitive proposals</b> 44CFR13.36(d)(4)]	<p>Preauthorization required in most instances and it must be documented that:</p> <ul style="list-style-type: none"> <li>• Infeasible under small purchase procedures, sealed bids or competitive</li> <li>• Item is only available from one source</li> <li>• Public exigency or emergency will not permit delay</li> <li>• Awarding agency authorizes noncompetitive proposal</li> <li>• Competition is determined inadequate</li> <li>• Cost or price analysis is required</li> <li>• Noncompetitive award to professionals under retainer not allowed</li> </ul>	Proposal is received from only one source or after competition is documented inadequate

## SUMMARY OF FEDERAL PROCUREMENT REGULATIONS [44 CFR13.36]

<p><b>Procurement Standards</b> [44CFR13.36(b)]</p>	<ol style="list-style-type: none"> <li>1. Applicants are to follow their own procurement procedures as long as those procedures meet or exceed the procurement standards in the federal regulations.</li> <li>2. Contracts must be monitored to assure compliance with terms, conditions and specifications of contracts or purchase orders</li> <li>3. Applicant must maintain written code of standards governing award and administration of contracts (conflicts of interest, selection and award, etc.)</li> <li>4. Applicant will review proposed procurements to avoid unnecessary or duplicate purchases</li> <li>5. Intergovernmental agreements for procurement are encouraged</li> <li>6. Use of excess and surplus property is suggested when feasible</li> <li>7. Use of value engineering clauses in construction contracts of sufficient size is encouraged</li> <li>8. Contracts will be awarded only to responsible contractors possessing ability to perform</li> <li>9. Supporting documents must be maintained to be included - rationale for method of procurement, selection of contract type, contractor selection or rejection and basis for contract price</li> <li>10. Use of time and material contracts is limited to situations where 1) no other contract is feasible, and 2) includes a ceiling price.</li> <li>11. Applicants will have responsibility for settlement of all contractual and administrative issues arising out of procurements</li> <li>12. Applicants to have protest procedures to handle and resolve disputes relating to procurements</li> </ol>
<p><b>Competition</b> [44CFR13.36(c)]</p>	<ol style="list-style-type: none"> <li>1. All procurement transactions will provide full and open competition. Examples of restrictive competition include:             <ol style="list-style-type: none"> <li>a. Unreasonable requirements on firms in order for them to qualify</li> <li>b. Requiring unnecessary experience or excessive bonding</li> <li>c. Noncompetitive awards to consultants on retainer</li> <li>d. Organizational conflicts of interest</li> <li>e. Specifying only brand name products</li> <li>f. Any arbitrary action in the procurement process</li> </ol> </li> <li>2. Geographical preferences in evaluation of bids is restricted</li> <li>3. Written selection procedures must be in place for all procurements identifying all requirements offerors must fulfill and all other factors to be used in evaluating bids or proposals.</li> <li>4. Ensure all pre-qualified lists of persons, firms or products are current and include enough qualified sources to ensure maximum open and free competition</li> </ol>
<p><b>Methods of Procurement</b> [44CFR13.36(d)]</p>	<ul style="list-style-type: none"> <li>• See Checklists</li> </ul>
<p><b>Affirmative Action</b> [44CFR13.36(e)]</p>	<p>Grantee will take all necessary affirmative action steps to assure that minority firms, women's business enterprises, and labor surplus area firms are used when possible</p>

<b>Contract Cost and Price</b> <b>[44CFR13.36(f)]</b>	<ol style="list-style-type: none"> <li>1. Applicants must perform cost or price analysis in connection with every procurement action</li> <li>2. Applicants must negotiate profit as a separate element of the price for each contract in which there is no price competition and in all cases where cost analysis is performed.</li> <li>3. Costs and prices based on estimated costs will be allowable only to the extent that they are consistent with Federal cost principles.</li> <li>4. Cost plus a percentage of cost and percentage of construction cost methods of contracting shall not be used.</li> </ol>
<b>Awarding Agency Review</b> <b>[44CFR13.36(g)]</b>	<ol style="list-style-type: none"> <li>1. Applicants must make available to awarding agency technical specifications on proposed procurements and, on request, make pre award documents available i.e. requests for proposals or invitations for bids, independent cost estimates.</li> <li>2. Review is required in all cases when Applicant's procurement procedure fails to comply with standards, procurement exceeds simple acquisition threshold and is awarded without competition or only one bid or offer is received, or is awarded to other than low bidder or brand name is specified.</li> <li>3. Applicant may request that its procurement system be reviewed to determine whether its system meets these standards, or Applicant may self-certify its procurement system</li> </ol>
<b>Bonding Requirements</b> <b>[44CFR13.36(h)]</b>	<p>For construction or facility improvement contracts exceeding simplified acquisition threshold, the awarding agency may accept the Applicant's bonding policy and requirements. If such a determination has not been made, the following are minimum bonding requirements</p> <ol style="list-style-type: none"> <li>1. A bid guarantee from each bidder equivalent to five (5) percent of bid price</li> <li>2. A performance bond from contractor for 100% of contract price</li> <li>3. Payment bond of the part of the contractor for 100% of the contract price.</li> </ol>
<b>Contract Provisions</b> <b>[44CFR13.36(i)]</b>	<p>Contracts must contain these provisions</p> <ol style="list-style-type: none"> <li>1. Administrative, contractual or legal remedies in instances where contractors violate or breach contract terms</li> <li>2. Termination clause for cause and for convenience</li> <li>3. Compliance with Equal Employment Opportunity regulations</li> <li>4. Compliance with Anti-Kickback regulations</li> <li>5. Compliance with Davis-Bacon Act</li> <li>6. Compliance with Contract Work Hours and Safety Standards Act</li> <li>7. Notice of reporting requirements and regulations pertaining to reporting</li> <li>8. Notice of requirements pertaining to patent rights</li> <li>9. Notice of requirements pertaining to copyrights and rights in data</li> <li>10. Access of any records by grantee, sub grantee, Federal grantor, Comptroller or any duly authorized representatives</li> <li>11. Records must be retained for at least three years after final payments are made</li> <li>12. Compliance with CAA, CWA, EPA</li> <li>13. Mandatory standards relating to energy efficiency</li> </ol>



APPENDIX E

SAMPLE RIGHT-OF-ENTRY PERMIT  
(INCLUDES HOLD HARMLESS AND INSURANCE CLAUSES)

Right of Entry Permit

Permit No. \_\_\_\_\_

Property Address/Description \_\_\_\_\_

City \_\_\_\_\_

Name (Owner or Tenant) \_\_\_\_\_

County \_\_\_\_\_

Date \_\_\_\_\_

**Right of Entry**

I certify that I am the owner, or an owner's authorized agent, of the property described above. I grant, freely and without coercion, the right of access and entry to said property to the (eligible applicant), its agents, contractors, and subcontractors, for the purpose of demolishing, removing and/or clearing any or all storm-generated debris of whatever nature from the above-described property.

**Hold Harmless**

I understand that this permit is not an obligation upon the government to perform debris removal. I agree to hold harmless the United States Government, the Federal Emergency Management Agency (FEMA), the State of (\_\_\_\_\_), and any of their agencies, agents, contractors, and subcontractors, for damages of any type whatsoever, either to the above-described property or to persons situated thereon. I release, discharge, and waive any action, either legal or equitable, that might arise by reason of any action of the above entities, while removing storm-generated debris from the property. I will mark any sewer lines, septic tanks, water lines, and utilities located on the described property.

**Duplication of Benefits**

Most homeowner's insurance policies have coverage to pay for removal of storm-generated debris. I understand that Federal law (42 United States Code 5155 et seq.) requires me to reimburse (eligible applicant) the cost of removing the storm-generated debris to the extent covered in my insurance policy. I also understand that I must provide a copy of the proof/statement of loss from my insurance company to (eligible applicant). If I have received payment, or when I receive payment, for debris removal from my insurance company, or any other source, I agree to notify and send payment and proof/statement of loss to (eligible applicant). I understand that all disaster related funding, including that for debris removal from private property, is subject to audit.

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**Sworn and attested:**

All owners must sign below.

**Witnessed:**

Print Name \_\_\_\_\_

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Please do not remove the following items: \_\_\_\_\_

(Continue on back of sheet if necessary)

## TRUCK MEASUREMENT JOB AID

### TRUCK BED MEASUREMENTS AND VOLUME COMPUTATIONS

All debris paid for by the cubic yard in vehicles shall be hauled in approved, measured vehicles.

The measurements shall be taken and computed prior to the vehicle beginning hauling operations.

Truck measurement forms shall be used for documentation of the measurements.

The proper use of this form will expedite the processing of PW's by establishing specific methods of measurements, and specific methods of rounding off computations.

### PROCEDURE FOR DOCUMENTING TRUCK MEASUREMENTS

Truck Measurement Forms shall be used for documentation.

1. Fill in all blanks as applicable. If not applicable, indicate by "N.A.". This applies to other information as well as dimension blanks. IMPORTANT: Form must be INITIALED and DATED at time of preparation, By FEMA, Applicant and Contractor.

Measure and record appropriate dimensions to the accuracy desired as noted on the form.

Length measurements will be made as indicated on appropriate truck elevation.

When measuring the truck use the elevation (A or B) that conforms with the configuration of the trucks being measured. Indicate by a solid line, over the appropriate dashed line, the configuration of the truck.

Width measurements will be for metal portion of bed only. No additional width will be allowed for offset which may occur at point of build-up above metal bed.

2. Measure and record height at front and back as noted on form. Sides must be constructed to a straight line from front to back. (If bed height is not the same as front and back, the difference in height must be a uniform change). In measuring height avoid LOW or BENT places in bottom of bed. Both the front of bed and tailgate must be constructed to a height equal to or greater than that of the bed and/or build-up.
3. Measure to the accuracy specified on the form. If the bed has a radius in front, the following procedure will be used in determining radius (see Figure 27).
  - a. Extend tape measure across bed at the beginning of curve from point D to point C.
  - b. Extend a ruler from point A to point B and B to C, record R1 and R2 and use average of the two. (Considering both corners to be symmetrical, you may measure either corner to find the average radius). Disregard all radii less than 1.0'.

- c. The volume to be subtracted for two radii can be obtained from Correction Table No. 1 (Figure 29).
4. Compute volume to nearest 0.01 cubic yard. As calculations are made, carry to one significant place greater than most accurate measurement and round off after each step. If the last digit is 5 or greater round up to the next higher.

*Example:* In computation of major bed volume. Length RHS= 10.5;

$$\text{Length LHS} = 10.4 \quad \frac{10.5+10.4}{2} = 10.45 \quad L=10.45$$

$$\text{Width: Front Top}= 7.3; \text{Front Bottom}=7.1; \text{Back Top}=7.4 \text{ Back Bottom}=7.1;$$

$$\frac{7.3+7.1+7.4+7.1}{4} = 7.22 \quad W=7.2'$$

$$\text{Height: Front RHS}=3.48'; \text{Front LHS}= 3.49'; \text{Back RHS}=3.51'$$

$$\text{Back LSH}= 3.49' \quad \frac{3.48+3.49+3.51+3.49}{4} = 3.492' \quad H=3.49'$$

$$\text{Volume: } 10.5 \times 7.2 \times 3.49$$

$$10.5 \times 7.2 = 75.600 \quad 75.6 \times 3.49 = 263.844 \text{ use } 263.84$$

Compute volume to the nearest 0.01 cubic foot on all additional volume and intrusions. Indicate volume in appropriate blanks to the nearest 0.01 cubic foot. Add or subtract as appropriate to obtain the net volume in cubic yards.

Compute cubic yards to 0.001 and round to hundredths.

Example: Net volume in cubic feet- 263.84

$$\frac{263.84}{27} = 9.771 \text{ cu yd.} \quad \text{Computed volume} = 9.77 \text{ cu. Yd.}$$

$$\text{Pay Volume} = 9.5 \text{ cubic yards}$$

$$\text{Net volume in cubic feet} = 263.93$$

$$\frac{263.93}{27} = 9.775 \text{ Cu. Yd.} \quad \text{Computed Volume} = 9.78 \text{ Cu. Yd.}$$

$$\text{Pay Volume} = 9.5 \text{ cubic yards}$$



# TRUCK MEASUREMENT FORM

TRUCK MAKE \_\_\_\_\_ YEAR \_\_\_\_\_ BOB [ ] TRAILER [ ] STATE LICENSE \_\_\_\_\_ COLOR \_\_\_\_\_

BED MAKE \_\_\_\_\_ STATE LICENSE \_\_\_\_\_ COLOR \_\_\_\_\_

MEASURED BY \_\_\_\_\_ DATE \_\_\_\_\_ DRIVER'S NAME \_\_\_\_\_

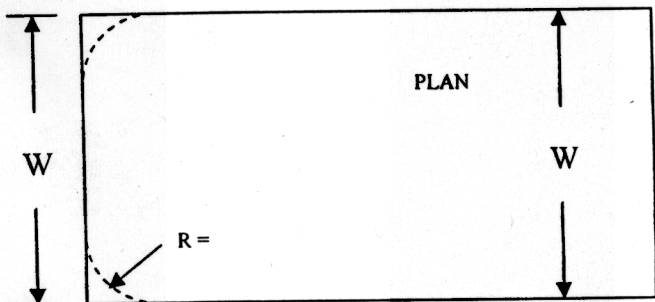
CALCULATED BY \_\_\_\_\_ DATE \_\_\_\_\_ OWNER'S NAME \_\_\_\_\_

CHECKED BY \_\_\_\_\_ DATE \_\_\_\_\_ OWNER'S ADDRESS \_\_\_\_\_

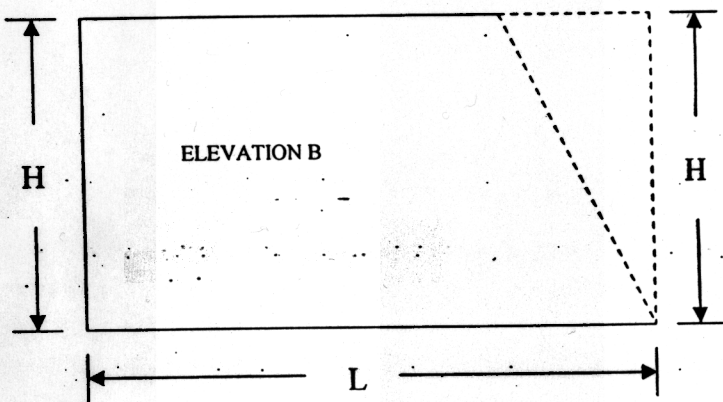
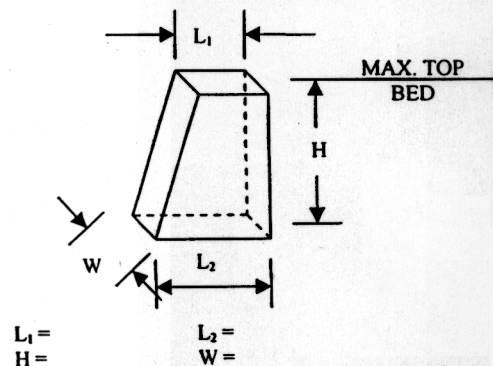
CONTRACTOR \_\_\_\_\_ APPLICANT \_\_\_\_\_ FEMA \_\_\_\_\_

TRUCK NUMBER \_\_\_\_\_ CUBIC YARDS \_\_\_\_\_

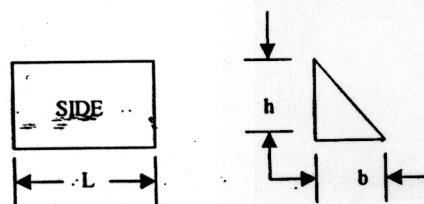
Width measurements to tenths



All measurements to hundredths



Triangle in bottom of bed (L = Total Length of Triangles for Sides & Front as applicable)



L1 =      h =      b =

All measurements to hundredth.

Height measurements to hundredths  
Length measured to tenths

Round to hundredths after each step.

BED VOLUME:  $(LWH)$

RADIUS:

HOIST:  $\frac{(L_1 + L_2)}{2} (WH)$

$bh$

\_\_\_\_\_ = + \_\_\_\_\_

\_\_\_\_\_ = \_\_\_\_\_

\_\_\_\_\_ = \_\_\_\_\_

\_\_\_\_\_ = \_\_\_\_\_

FEDERAL EMERGENCY MANAGEMENT AGENCY  
PROJECT WORKSHEET

O.M.B. No. 3067-0151  
Expires September 30, 2005

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 90 minutes. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing and submitting the form. You are not required to respond to this collection of information unless a valid OMB control number appears in the upper right hand corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collection Management, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472, Paperwork Reduction Project (3067-0151). Submission of the form is required to obtain benefits under the Public Assistance Program.

NOTE: Do not send your completed form to this address.

DISASTER <b>FEMA- 4001 -DR- ST</b>	PROJECT NO. PW Sample 1	PA ID NO. 00-AAAAA-00	DATE 10/1/2004	CATEGORY A
DAMAGED FACILITY Debris Removal 9/19 - 9/24/04			WORK COMPLETE AS OF: 9/24/2004 : 100 %	
APPLICANT City of Morrisville		COUNTY Union		
LOCATION City Wide (See Location Map)			LATITUDE 39.06391	LONGITUDE 77.17819

DAMAGE DESCRIPTION AND DIMENSIONS:

On August 13, hurricane force winds severely damaged and destroyed trees throughout the City of Morrisville. The damage occurred on city streets and at the city's Falls Road Park and Cemetery. Additionally, woody debris has been placed at the curb within city owned rights-of-way by private property owners. Based on observations made by the FEMA Debris Monitoring team assigned to the city, the debris on the roads was considered to pose a threat to public health and safety, necessitating its removal. At the park, the debris was also found eligible for removal except in wooded or other areas not routinely used by the public. Quantities of debris were measured through documentation on load tickets. See further discussion in the Scope of Work below regarding use of load tickets.

The Lat/Long data was recorded at the entrance to the Falls Road Park. See location map for relationship of the Park to other work areas.

SCOPE OF WORK:

The City of Morrisville is conducting an on-going debris operation. This PW includes the portion of the work completed during the period 19 September to 24 September. Previous costs are provided on PWs 12, 22 and 47; continuing operations will be provided on subsequent PWs. Separate PWs will be prepared for applicant monitoring efforts.

The work described in this PW consists of the removal, transportation, storage, reduction, and disposal of 12,146 cubic yards of woody debris, city wide. All work was performed under contract by Trade Construction Co. (copy provided in file). Contract costs are \$15.00 per cubic yard for storm related debris removal and \$4.00 a cubic yard for waste reduction and disposal (see contract). The contract was competitively bid. Rates were reviewed by the FEMA Debris Specialist, Tom Smith, and found to be reasonable, and generally consistent with rates for similar work in surrounding communities. Refer to the Continuation Sheet for further discussion.

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

PROJECT COST

ITEM	CODE	NARRATIVE	QUANTITY/UNIT	UNIT PRICE	COST
		<b>Work Completed</b>	/	\$ -	\$ -
1	9999	Contract - Trade Construction Company	12,146 / CY	\$ 19.00	\$ 230,774
			/	\$ -	\$ -
			/	\$ -	\$ -
			/	\$ -	\$ -
			/	\$ -	\$ -
			/	\$ -	\$ -
			/	\$ -	\$ -
			/	\$ -	\$ -
			/	\$ -	\$ -
			/	\$ -	\$ -
TOTAL COST					\$ 230,774

PREPARED BY: Jeff Stone	TITLE: Project Officer	SIGNATURE:
APPLICANT REP.	TITLE:	SIGNATURE:

DISASTER FEMA- 4001 -DR- ST	PROJECT NO. PW Sample 1	PA ID NO. 00-AAAAA-00	DATE 00-AAAAA-00	CATEGORY A
STATE VT	CITY Morrisville	COUNTY Union		

**SCOPE OF WORK (Continued)**

The Applicant's monitors initiated all load tickets at the loading site and then finalized the tickets at the disposal site. The finalization included the entry on the load ticket of the percent of the truck that contained eligible debris.

The FEMA Debris Monitor performed periodic inspections during the collection and transport of the debris. The applicant provided a spreadsheet from the period 9/18/04 to 9/24/04 detailing the load ticket information, including date, ticket number, truck number, truck capacity in cubic yards, the percent of the truck that contained debris, and the actual cubic yards being dumped at the disposal site. The FEMA Debris Specialist reviewed the applicant's spreadsheet against a sampling of load tickets and found it to be consistent with the requested quantities. A copy of the spreadsheet and a sampling of load tickets are provided in the file. A summary of daily totals for this reporting period is provided with this PW.

All debris was taken to the Ludlow Waste Processing Facility for reduction (burning). A Department of Environmental Protection permit (permit no. 17765-004-TA) allowing the Ludlow Waste Processing Facility to burn the debris is on file. Resulting ash was disposed of at the permitted County Landfill.

PREPARED BY: Jeff Stone

FEMA Form 90-91A, OCT 02

FEDERAL EMERGENCY MANAGEMENT AGENCY  
SPECIAL CONSIDERATIONS QUESTIONS

O.M.B. No. 3067-0151  
Expires September 30, 2005

APPLICANT City of Morrisville		PA ID NO. 00-AAAAA-00	DATE 10/1/2004
PROJECT NAME Debris Removal 9/19 - 9/24/04		PROJECT NO. PW Sample 1	LOCATION City Wide (See Location Map)

Form must be filled out - for each project.

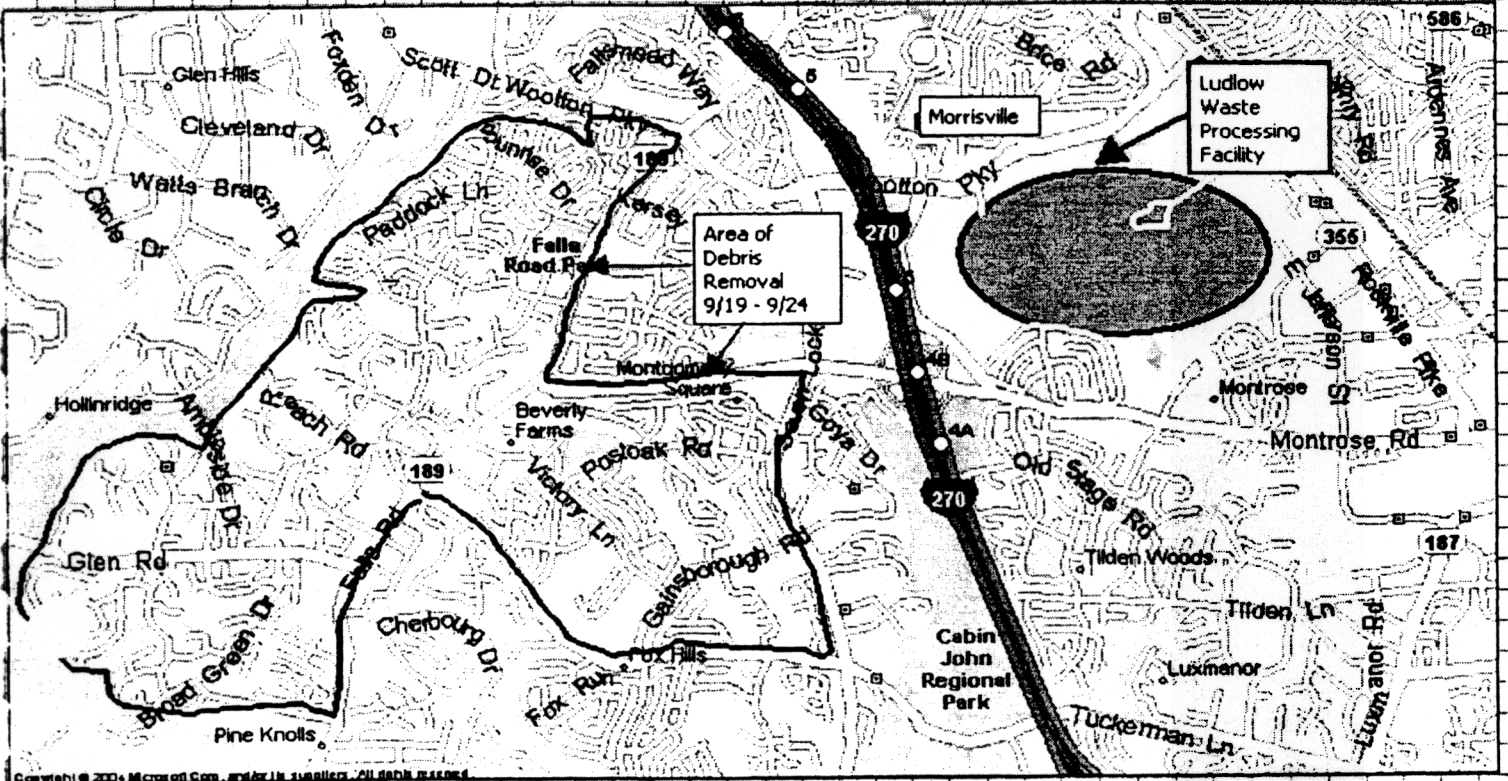
1. Does the damaged facility or item of work have insurance and/or is it an insurable risk? (e.g., buildings, equipment, vehicles, etc.)  
 Yes     No     Unsure    Comments
  
2. Is the damaged facility located within a floodplain or coastal high hazard area, or does it have an impact on a floodplain or wetland?  
 Yes     No     Unsure    Comments    See attached Flood Map: 240049 0125 C
  
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    Debris reduction performed by burning.  
 A Department of Environmental Protection permit (permit no. 17765-004-TA) is on file allowing burning at the site.



FEDERAL EMERGENCY MANAGEMENT AGENCY  
PROJECT WORKSHEET - MAPS AND SKETCHES SHEET

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

DECLARATION NO: FEMA- 4001 -DR- ST	PROJECT NO. PW Sample 1	FIPS NO. 00-AAAAA-00	DATE 10/1/2004	CATEGORY A
APPLICANT City of Morrisville		COUNTY		



PREPARED BY: Jeff Stone

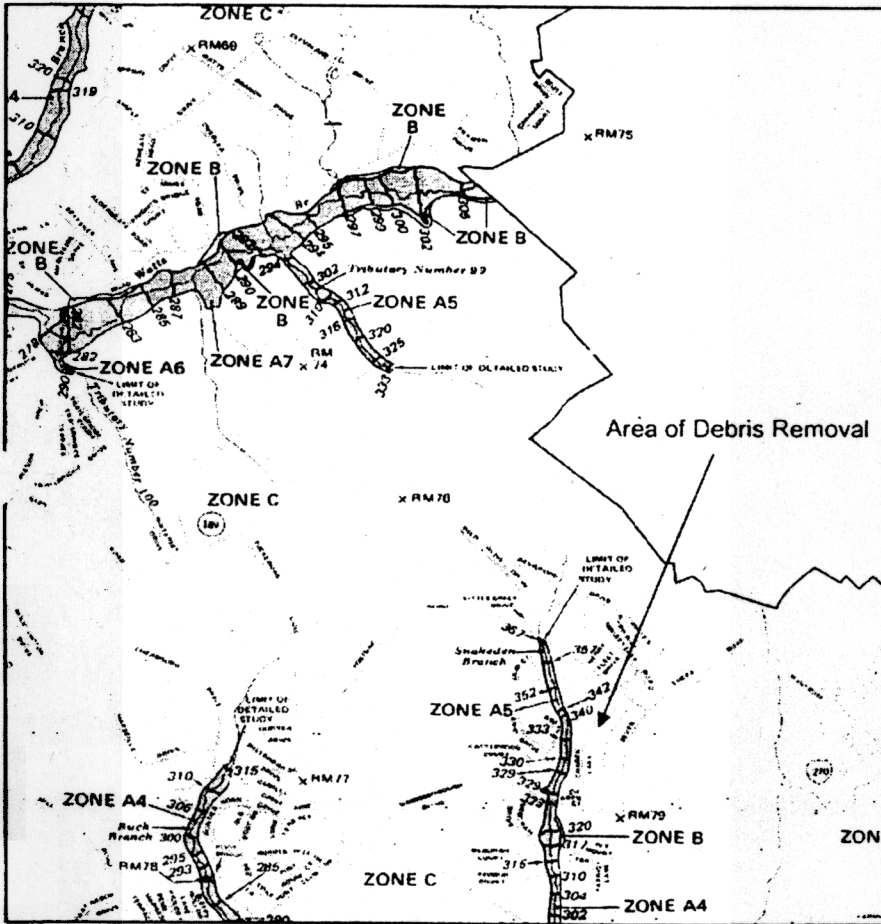
TITLE: Project Officer



FEDERAL EMERGENCY MANAGEMENT AGENCY  
PROJECT WORKSHEET - MAPS AND SKETCHES SHEET

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

DECLARATION NO: FEMA- 4001 -DR- ST	PROJECT NO. PW Sample 1	FIPS NO. 00-AAAAA-00	DATE 10/1/2004	CATEGORY A
APPLICANT City of Morrisville		COUNTY Union		



APPROXIMATE SCALE  
2000 0 2000 FEET

NATIONAL FLOOD INSURANCE PROGRAM

**FIRM**  
FLOOD INSURANCE RATE MAP

PANEL 125 OF 200  
(SEE MAP INDEX FOR PANELS NOT SHOWN)

COMMUNITY-PANEL NUMBER  
240849 0125 C  
MAP REVISED:  
JUNE 16, 1992

Federal Emergency Management Agency

This is an official copy of a portion of the above referenced flood map. It was extracted using FIRM On-Line. This map does not reflect changes or amendments which may have been made subsequent to the date on the title block. For the latest product information about National Flood Insurance Program flood maps check the FEMA Flood Map Maps at [www.mms.fema.gov](http://www.mms.fema.gov)

PREPARED BY: Jeff Stone

TITLE: Project Officer

FEDERAL EMERGENCY MANAGEMENT AGENCY  
PROJECT WORKSHEET - Photo Sheet

O.M.B. No. 3067-0151  
Expires September 30, 2005

DISASTER  
FEMA- 4001 -DR- ST

PROJECT NO.  
PW Sample 1

PA ID NO.  
00-AAAAA-00

DATE  
10/1/2004

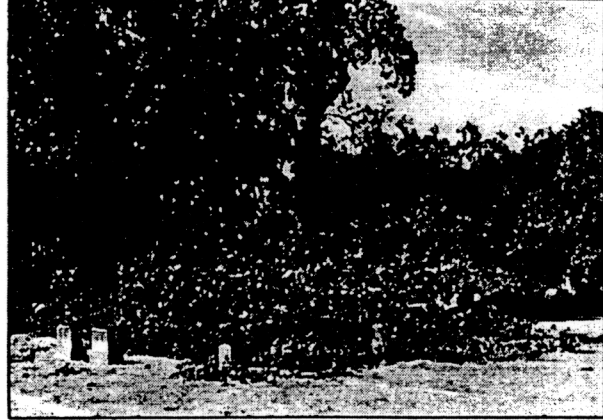
CATEGORY  
A

APPLICANT  
City of Morrisville

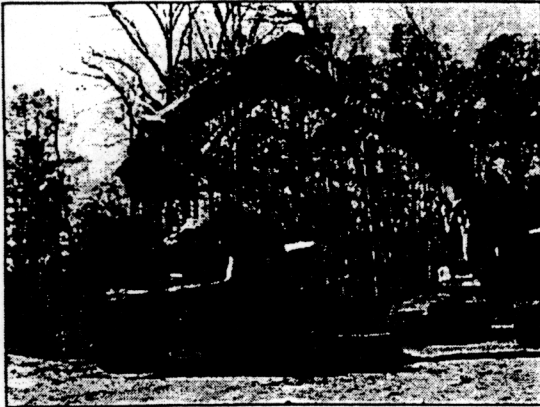
COUNTY  
Union



Typical truck loaded debris



Cemetery Debris - Sample



Truck Loading Operation



Falls Road Park Debris - Sample

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

1. APPLICANT: City of Morrisville  
 2. PA ID: 00-AAAAA-00  
 3. PROJECT NO.: PW Sample 1  
 4. DISASTER NUMBER: 4001  
 5. LOCATION/SITE: City Wide (See Location Map)  
 6. CATEGORY: A  
 7. PERIOD COVERING: 9/19/2004 to 9/24/2004

8. DESCRIPTION OF WORK PERFORMED  
 Debris Removal, Reduction and Disposal

DATES WORKED	CONTRACTOR	BILLING/INVOICE NUMBER	AMOUNT	COMMENTS-SCOPE
9/19/2004 to 9/19/2004	Trade Construction Company	Load Tickets on File	\$ 35,868.01	1,887.79 CY as measured on load ticket summary
9/20/2004 to 9/20/2004	Trade Construction Company	Load Tickets on File	\$ 41,386.18	2,178.22 CY as measured on load ticket summary
9/21/2004 to 9/21/2004	Trade Construction Company	Load Tickets on File	\$ 39,043.48	2,054.92 CY as measured on load ticket summary
9/22/2004 to 9/22/2004	Trade Construction Company	Load Tickets on File	\$ 41,659.21	2,192.59 CY as measured on load ticket summary
9/23/2004 to 9/23/2004	Trade Construction Company	Load Tickets on File	\$ 38,387.60	2,020.40 CY as measured on load ticket summary
9/24/2004 to 9/24/2004	Trade Construction Company	Load Tickets on File	\$ 34,430.28	1,812.12 CY as measured on load ticket summary
to			\$ -	
to			\$ -	
to			\$ -	
to			\$ -	
<b>GRAND TOTAL</b>			\$ 230,774.76	Total 12,146 CY

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

CERTIFIED: Kevin Harris  
 TITLE: Supervisor  
 DATE: 9/25/2004

APPENDIX D

EXAMPLE UNIT PRICE CONTRACT FOR DEBRIS REMOVAL

**ARTICLE 1:**

Agreement Between Parties

This contract is made and entered into on this the \_\_\_\_ day of \_\_\_\_\_ 20 \_\_, by and between the city/parish of \_\_\_\_\_ hereinafter called the ENTITY and \_\_\_\_\_ hereinafter called the CONTRACTOR.

**ARTICLE 2:**

Scope of Work

This contract is issued pursuant to the Solicitation and Procurement on \_\_\_\_\_ 20 \_\_ for the removal of debris caused by the sudden natural or man-made disaster of \_\_\_\_\_ to \_\_\_\_\_ 20 \_\_. It is the intent of this contract to provide equipment and manpower to remove all hazards to life and property in the affected communities. Clean-up, demolition, and removal will be limited to 1) that which is determined to be in the interest of public safety and 2) that which is considered essential to the economic recovery of the affected area.

The Work shall consist of clean-up, or demolition and removal as outlined in the specifications, on drawings and on block/sector maps attached to the invitation for bid number \_\_\_\_\_

**ARTICLE 3:**

Schedule of Work

Time is of the essence for this debris removal contract.

Notice to proceed with the Work: The Work under this contract will commence on \_\_\_\_\_ 20 \_\_. Maximum allowable time for completion will be \_\_\_\_\_ calendar days, unless the Entity initiates additions or deletions by written change order. Subsequent changes in cost and completion time will be equitably negotiated by both parties pursuant to applicable State law. Liquidated damages shall be assessed at \$ /calendar day for any days over the approved contract amount.

**ARTICLE 4:**

Contract Price

The unit prices for performing the work stipulated in the contract documents, which have been transposed from the low bidder's bid schedule, are as follows:

Quantity	Unit of Measure	Description	Unit Cost	Total
Subtotal	_____			



Cost of Bonds \_\_\_\_\_

Grand Total \_\_\_\_\_

- Debris shall be classified as one of the following units: cubic yards, each, square foot. Lineal foot. Gallon. Or an approved unit measure applicable to the specific material to be removed.

### **ARTICLE 5:**

#### **Payment**

The Contractor shall submit certified pay requests for completed work. The Entity shall have 10 calendar days to approve or disapprove the pay request. The Entity shall pay the Contractor for his performance under the contract within 20 days of approval of the pay estimate. On contracts over 30 days in duration. The Entity shall pay the Contractor a pro-rata percentage of the contract amount on a monthly basis, based on the amount of work completed and approved in that month. The Entity will remunerate the Contractor within 30 days of the approved application for payment. After which interest will be added at a rate of \_\_\_\_\_ per annum. Payments shall be subject to a retainage of \_\_\_\_\_ on each payment. Retainage shall be released upon substantial completion of the work.

Funding for this contract is authorized pursuant to Public Law of the State of

---

local statute or ordinance

### **ARTICLE 6:**

#### **Claims**

If the Contractor wishes to make a claim for additional compensation. For work or materials not clearly covered in the contract, or not ordered by the Entity as a modification to the contract, he shall notify the Entity in writing. The Contractor and the Entity will negotiate the amount of adjustment promptly; however, if no agreement is reached. A binding settlement will be determined by a third party acceptable to both Entity and Contractor under the auspices of applicable State law.

### **ARTICLE 7:**

#### **Contractor's Obligations**

The Contractor shall supervise and direct the Work, using skillful labor and proper equipment for all tasks. Safety of the Contractor's personnel and equipment is the responsibility of the Contractor. Additionally, the Contractor shall pay for all materials, equipment. Personnel. Taxes. And fees necessary to perform under the terms of the contract.

Any unusual, concealed, or changed conditions are to be immediately reported to the Entity. The Contractor shall be responsible for the protection of existing utilities, sidewalks, roads, building. And other permanent fixtures. Any unnecessary damage will be repaired at the Contractor's expense.

**ARTICLE 8:**

**Entity's Obligations**

The Entity's representative(s) shall furnish all information, documents and utility locations necessary for commencement of Work. Costs of construction permits and authority approvals will be borne by the Entity. A representative will be designated by the Entity for inspecting the work and answering and on-site questions.

The Entity shall designate the public and private property areas where the disaster mitigation work is to be performed. Copies of complete "Right of Entry" forms, where they are required by State or local law for private property, shall be furnished to the Contractor by the Entity. The Entity shall hold harmless and indemnify the Contractor judgments and awards alleged to have been caused by services rendered under this contract for disaster relief work unless such claims are caused by the gross negligence of the Contractor, his subcontractors, or his employees.

The Entity will terminate the contract for failure to perform as specified, or for default by the Contractor.

**ARTICLE 9:**

**Insurance and Bonds**

The contractor shall furnish proof of Worker's Compensation Coverage, Automobile Liability Coverage, and Comprehensive General Liability Insurance (Premises-Operations, Personal Injury, etc., as deemed necessary by the Entity).

Surety: The Contractor shall deliver to the Entity fully executed Performance and Payment Bonds in the amount of 100% of the contract amount, if required by the specifications, or general or special conditions of the contract. The Entity will reimburse the Contractor for the costs of the bonds, the costs of which will be included in the base bid.

**THIS CONTRACT IS DULY SIGNED BY ALL PARTIES HERETO:**

Entity (City, County, Town, Etc.)

\_\_\_\_\_ Seal Contractor (Include  
Address, City, State

by \_\_\_\_\_

the Principal of the Firm

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APPENDIX C

**EXAMPLE LUMP SUM CONTRACT FOR DEBRIS REMOVAL**

**ARTICLE 1:**

**Agreement Between Parties**

This contract is made and entered into on this the \_\_\_\_ day of \_\_\_\_\_ 20\_\_ by and between the city/parish of \_\_\_\_\_ hereinafter called the ENTITY and \_\_\_\_\_ hereinafter called the CONTRACTOR.

**ARTICLE 2:**

**Scope of Work**

This contract is issued pursuant to the Solicitation and Procurement on \_\_\_\_\_ 20\_\_ for the removal of debris caused by the sudden natural or man-made disaster of \_\_\_\_\_ to \_\_\_\_\_ 20\_\_. It is the intent of this contract to provide equipment and manpower to remove all hazards to life and property in the affected communities. Clean-up, demolition, and removal will be limited to 1) that which is determined to be in the interest of public safety and 2) that which is considered essential to the economic recovery of the affected area.

The Work shall consist of clean-up, or demolition and removal as outlined in the specifications, on drawings and on blocksector maps attached to the invitation for bid number \_\_\_\_\_

**ARTICLE 3:**

**Schedule of Work**

Time is of the essence for this debris removal contract.

Notice to proceed with the Work: The Work under this contract will commence on \_\_\_\_\_ 20\_\_. Maximum allowable time for completion will be \_\_\_\_\_ calendar days, unless the Entity initiates additions or deletions b' written change order. If the Contractor does not complete the work within the allotted time, liquidated damages will be assessed in the amount of \_\_\_\_\_ per day.

**ARTICLE 4:**

**Contract Price**

The lump sum price for performing the work stipulated in the contract documents is \_\_\_\_\_



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## Calculation Sheet

**Note: All measurements must be in : FEET**

**How to calculate cubic yards.** 1 Cu Yd = 27 Cu Ft  
 (Length X Width X Depth) / 27=Cubic Yds

Length	Width	Depth	Cu Yd

**How to calculate the (length) when 2 measurements and the total cubic yards are known.**

A	B	Cu Yd	C

A,B,C are equal to width, depth and length, in any order. Two of three + cu yd have to known to solve for other measurement.

**How to calculate Square Yards.** 1 Sq Yd = 9 Sq Ft  
 (Length X Width) / 9 = square yards

Length	Width	Sq Yds

**How to calculate volume of round pipe.** (Pi) X (radius squared) X (length) = volume  
 radius squared also = diameter squared / 4  
 Pi = 3.1416

Length of Pipe	Diameter in feet	Volume in CY

**To convert inches to feet** 12 Inches = 1 Foot

Inches	Foot

Inches / 12

**Other Calculations you may find useful**

**How many cubic Yards were dumped?**

Loads	Truck	Cubic Yds
		Total cubic yards

**Convert Tons to Cubic Yards** Normally, the Tons figure will be larger than the Cubic Yards figure.

Tons	Factor	Cubic Yards

Factor = the number of cubic yards per ton, which can be obtained from the supplier or use the factor for the material listed below. Values taken from Pocket Ref, 1st edition, by TI

Material	Lbs/Cu Yd	Factor
Cement, Portland	2538	1.3
Cement, Mortar	3645	1.8
Cement, Slurry	2430	1.2
Clay, Dry excavated	1836	0.9
Clay, Wet excavated	3078	1.5
Clay, Dry lump	1809	0.9
Clay, Wet lump	2700	1.4
Clay, Compacted	2943	1.5
Concrete, Asphaltic	3780	1.9
Concrete, Gravel	4050	2.0
Concrete, Limestone w/ Portland	3996	2.0
Earth, Loam, Dry	2106	1.1
Earth, Moist	2430	1.2
Earth, Wet	2700	1.4
Earth, Dense	3375	1.7
Earth, soft loose mud	2916	1.5
Earth, packed	2565	1.3
Earth, Fullers, raw	1134	0.6
Garbage	810	0.4

Material	Lbs/Cu Yd	Factor
Granite, solid	4536	2.3
Granite, broken	2781	1.4
Gravel, loose, dry	2565	1.3
Gravel, w/ sand natural	3240	1.6
Gravel, dry, 1/4"-2"	2835	1.4
Gravel, wet, 1/4"-2"	3375	1.7
Limestone, solid	4401	2.2
Limestone, broken	2619	1.3
Limestone, pulverized	2349	1.2
Marbel, solid	4320	2.2
Marbel, broken	2646	1.3
Mortar, wet	4050	2.0
Mud, packed	3213	1.6
Mud, fluid	2916	1.5
Oyster, shell,ground	1431	0.7
Potash	2160	1.1
Rip Rap	2700	1.4
Sand, dry	2700	1.4
Sand, damp	3240	1.6
Sand, wet	3510	1.8

**Asphalt - How many square yards will ( X ) tons cover?**

Asphalt weighs 110 lbs / sq yd / 1" thick

Tons	Sq Yds	
		At 1" thick
		At 1 1/2" thick
		At 2" thick
		At 2 1/2" thick
		At 3" thick
		At 3 1/2" thick
		At 4" thick
		At 4 1/2" thick
		At 5" thick
		At 5 1/2" thick
		At 6" thick

**Asphalt - How much material required to cover (X) square feet?**

Asphalt weighs 110 lbs / sq yd / 1" thick

Length	Width	Sq Yds Mat'l Req'd	Cu Yds Mat'l Req'd	Tons	
					At 1" thick
					At 1 1/2" thick
					At 2" thick
					At 2 1/2" thick
					At 3" thick

				At 3 1/2 " thick
				At 4" thick
				At 4 1/2 " thick
				At 5" thick
				At 5 1/2" thick
				At 6" thick

**Calculate Amount of Debris for Demolished House.**

/-----Structures-----\  
Length      Width      Floors      Cubic Yards

--	--	--	--

/-----Vegetative-----\  
Factor      Structure Cy's      Cubic Yards

Total		

Cubic Yards

Factor: 0 to .5 depending on amount of trees & shrubs.  
0 = none, .5 = heavy trees and shrubs

**Tons to Cubic Yards for Debris**

Tons	Cubic Yards

**Cubic Yards to Tons for Debris**

Cubic Yards	Tons

**Conversions:**

Acres to Sq Ft	Sq Ft to Acres

Metric Ton to Tons	
	Tons (short)    Short Ton = 2000 lbs.
	Tons (long)     Long Ton = 2240 lbs.

**HorsePower to Killowatts**

	Killowatts
--	------------

**Killowatts to HorsePower**

	HorsePower
--	------------

**Convert Latitude / Longitude from Degrees to Decimal**

Degrees	Minutes	Secnds	Decimal
			0.00000

homas Glover

Material	Lbs/Cu Yd	Factor
Sand, loose	2430	1.2
Sand, rammed	2835	1.4
Sand & Gravel, dry	2916	1.5
Sand & Gravel, wet	3375	1.7
Sandstone, solid	3915	2.0
Sandstone, broken	2538	1.3
Shale, solid	4509	2.3
Shale, broken	2673	1.3
Slag, broken	2970	1.5
Slag, crushed 1/4"	1998	1.0
Slag, granulated	1620	0.8
Slate, broken	2808	1.4
Slate, pulverized	2295	1.1
Stone, crushed	2700	1.4
Trap rock, solid	4860	2.4
Trap rock, broken	2943	1.5
Water	1685	0.8

Lock password = kelsey

## Equations to calculate Areas and Volumes of different shapes

### Circumference of Circle

Length =  $3.1416 \times 2 \times r$   
 $2 \times r = \text{diameter}$   
 Length =  $3.1416 \times d$

### Proportion

(If  $a/b=c/d$ , calculate c)

*Not calculated in feet, these are pure numbers*

a	b	d	c

Diameter in Ft	Length (Circumference) in Ft

## AREAS

### Area of Circle

Area =  $3.1416 \times r^2$       $r = d/2$       $r^2 = (d/2)^2 = (d^2)/4$

Diameter in Ft	Area in Sq Ft

### Area of Rectangle

Length X Width = Area

Length in Ft	Width in Ft	Area in Sq Ft

### Area of Right Triangle

(Length X Width) / 2

Length in Ft	Width in Ft	Area in Sq Ft

### Area of other Triangles

(Height at right angle to base X Base) / 2

Height in Ft	Base in Ft	Area in Sq Ft

### Area of Parallelogram

(Height (at right angle to base) X Base)

Height in Ft	Base in Ft	Area in Sq Ft

### Area of Pentagon (5 equal sides)

Length of 1 side squared

Length in Ft	Area in Sq Ft

### Area of Hexagon (6 equal sides)

(Length of 1 side squared) X 2.598

Length in Ft	Area in Sq Ft

Area of Octagon (8 equal sides) (Length of 1 side squared) X 4.838

Length in Ft	Area in Sq Ft

Area of a trapazoid (Sum of two heights / 2) multiplied by base

Height 1 in feet	Height 2 in feet	Base in feet	Area in Sq Ft

## Volumes

How to calculate volume in cubic yards. 1 Cu Yd = 27 Cu Ft

/-----FEET-----\ Length    Width    Depth			Cu Yd

(Length X Width X Depth) / 27=Cubic Yds

How to calculate volume of a cone

Radius of Base - Ft	Height Feet	Cu Yd

How to calculate volume of a cylinder

Radius of Base - Ft	Height Feet	Cu Yd

## Wood

MBF = Thousand Board Feet

Length-Ft	Width-In	Thick - In	

Board Feet

MBF= Thousand Board Feet

Lock password = kelsey

Calculates area required for culverts or bridges to drain X number of acres in different terrain.

Constant	Sq Acres	Area (SF)
C	A	a

$$a = C * ((A^3)^{.25})$$

a = Area of waterway in sq ft

A = Drainage area in acres

C = Constant based on terrain

See chart below

Round Culverts	
Diameter in Inches	Area in Sq Ft

Box Culverts		
Height in Inches	Width in Inches	Area in Sq Ft

Drainage Area		Areas of Waterways in Square Feet							
Acres	Square Miles	Mountains	Hilly Land	Rolling Land		Flat Land		C= 0.3	C= 0.2
		C= 1.0	C= 0.8	C= 0.6	C= 0.5	C= 0.4			
1	0.0016	1.0	0.8	0.6	0.5	0.4	0.3	0.2	
2	0.0031	1.7	1.4	1.0	0.8	0.7	0.5	0.3	
4	0.0062	2.8	2.2	1.7	1.4	1.1	0.8	0.6	
6	0.0094	3.8	3.0	2.3	1.9	1.5	1.1	0.8	
8	0.0125	4.8	3.8	2.9	2.4	1.9	1.4	1.0	
10	0.0160	5.6	4.5	3.4	2.8	2.2	1.7	1.2	
15	0.0230	7.6	6.1	4.5	3.8	3.0	2.3	1.5	
20	0.0310	9.5	7.5	5.7	4.7	3.8	2.8	1.9	
30	0.0470	12.8	10.2	7.7	6.4	5.1	3.8	2.6	
40	0.0620	15.9	12.7	9.5	8.0	6.4	4.8	3.2	
60	0.0940	22.0	17.6	13.0	11.0	8.8	6.6	4.4	
80	0.1250	27.0	21.6	16.0	13.0	10.8	8.1	5.4	
100	0.1560	32.0	25.5	19.0	16.0	12.8	9.6	6.4	
150	0.2340	43.0	34.4	26.0	21.0	17.2	12.9	8.6	
200	0.3120	53.0	42.4	32.0	27.0	21.2	15.9	10.6	
250	0.3900	63.0	50.0	38.0	31.0	25.0	19.0	13.0	
300	0.4700	72.0	58.0	43.0	36.0	29.0	22.0	14.0	
400	0.6200	85.0	71.0	53.0	45.0	36.0	27.0	18.0	
500	0.7800	106.0	85.0	64.0	53.0	42.0	32.0	21.0	
600	0.9400	121.0	97.0	73.0	61.0	48.0	36.0	24.0	
800	1.2500	150.0	120.0	90.0	75.0	60.0	45.0	30.0	
1,000	1.5600	178.0	142.0	107.0	83.0	71.0	53.0	36.0	
1,500	2.3400	241.0	193.0	145.0	121.0	96.0	72.0	48.0	
2,000	3.1200	299.0	239.0	179.0	149.0	120.0	90.0	60.0	
2,500	3.9100	354.0	283.0	212.0	177.0	142.0	106.0	71.0	
3,000	4.7000	405.0	324.0	243.0	203.0	162.0	122.0	81.0	
4,000	6.2000	503.0	402.0	302.0	252.0	202.0	151.0	101.0	
5,000	7.8000	595.0	476.0	357.0	297.0	238.0	179.0	119.0	
6,000	9.4000	682.0	546.0	409.0	341.0	273.0	205.0	136.0	
8,000	12.5000	846.0	677.0	508.0	423.0	338.0	254.0	163.0	
10,000	15.6000	1,000.0	800.0	600.0	500.0	400.0	300.0	200.0	
12,000	18.8000	1,147.0	918.0	688.0	573.0	459.0	344.0	229.0	
14,000	21.9000	1,287.0	1,030.0	772.0	644.0	515.0	386.0	257.0	
16,000	25.0000	1,423.0	1,138.0	854.0	711.0	569.0	427.0	285.0	
18,000	28.1000	1,554.0	1,243.0	932.0	777.0	622.0	466.0	311.0	
20,000	31.2000	1,682.0	1,346.0	1,009.0	841.0	673.0	505.0	336.0	
25,000	39.1000	1,988.0	1,590.0	1,133.0	994.0	795.0	596.0	398.0	
30,000	47.0000	2,280.0	1,824.0	1,368.0	1,140.0	912.0	684.0	456.0	
40,000	62.0000	2,828.0	2,262.0	1,637.0	1,414.0	1,131.0	848.0	566.0	
50,000	78.0000	3,344.0	2,675.0	2,006.0	1,672.0	1,338.0	1,003.0	569.0	



Copied from sheet. Don't understand???

Box Culverts		
Heighth in Inches	Width in Inches	Area in Sq Ft
18	11	1.1
22	13	1.6
25	16	2.2
29	18	2.8
36	22	4.4
43	27	6.4
50	31	8.7
58	36	11.4
65	40	14.3
72	44	17.6
79	49	21.3
73	55	22.0
85	54	25.3
81	59	26.0
87	63	31.0
95	67	35.0
103	71	40.0

Should be Area Sq Ft
1.4
2.0
2.8
3.6
5.5
8.1
10.8
14.5
18.1
22.0
26.9
27.9
31.9
33.2
38.1
44.2
50.8

Steel Drainage and Highway Construction Products

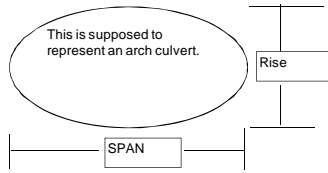


Table 1-18 Sizes & Layout Details-CSP Pipe Archs  
2 2/3" X 1/2"

Equivalent Diameter in Inches	Span in Inches	Rise in Inches	Waterway Area Sq Ft
16	17	13	1.1
18	21	15	1.6
21	24	18	2.2
24	28	20	2.9
30	35	24	4.5
36	42	29	6.5
42	49	33	8.9
48	57	38	11.6
54	64	43	14.7
60	71	47	18.1
66	77	52	21.9
72	83	57	26

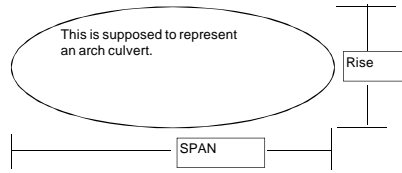


Table 1-17 Sizes & Layout Details-CSP Pipe Archs  
3 X 1 Corrugation

Equivalent Diameter in Inches	Size in Inches	Span in Inches	Rise in Inches	Waterway Area Sq Ft
54	60 X 46	58 1/2	48 1/2	15.6
60	66 X 51	65	54	19.3
66	73 X 55	72 1/2	58 1/4	23.2
72	81 X 59	79	62 1/2	27.4
78	87 X 63	86 1/2	67 1/4	32.1
84	95 X 67	93 1/2	71 3/4	37
90	103 X 71	101 1/2	76	42.4
96	112 X 75	108 1/2	80 1/2	48
102	117 X 79	116 1/2	84 3/4	54.2
108	128 X 83	123 1/2	89 1/4	60.5
114	137 X 87	131	93 3/4	67.4
120	142 X 91	138 1/2	98	74.5

Table 1-22 Sizes and Layout Details - Structural Plate Steel  
Pipe Arches - 6" X 2" Corrugations - Bolted Seams  
18 Inch Corner Radius Rc

Span Ft-Inches	Rise Ft-Inches	Waterway Area Sq Ft
6-1	4-7	22
5-4	4-9	24
6-9	4-11	26
7-0	5-1	28
7-3	5-3	31
7-8	5-5	33
7-11	5-7	35
8-2	5-9	38
8-8	5-11	40
8-10	6-1	43
9-4	6-3	46
9-8	6-5	49
9-9	6-7	52
10-3	6-9	55
10-8	6-11	58
10-11	7-1	61
11-5	7-3	64
11-7	7-5	67
11-10	7-7	71
12-4	7-9	74
12-6	7-11	78
12-8	8-1	81
12-10	8-4	85
13-5	8-5	89
13-11	8-7	93
14-1	8-9	97
14-3	8-11	101
14-10	9-1	105
15-4	9-3	109
15-6	9-5	113
15-8	9-7	118
15-10	9-10	122
16-5	9-11	126
16-7	10-1	131

Culvert Conversion - Circle to Arch

Circular Pipe Diameter in Inches	Arch Pipe Type Inches	Opening in Square Feet Area
8"		0.4
10"		0.5
12"		0.7
15"	17 X 13	1.2
18"	21 X 15	1.7
21"	24 X 18	2.4
24"	28 X 20	3.1
30"	35 X 24	4.9
36"	42 X 29	7.0
42"	49 X 33	9.6
48"	57 X 38	12.5
54"	64 X 43	15.9
60"	71 X 47	19.6
66"	77 X 52	23.7
72"	83 X 57	28.2
78"	87 X 63	33.1
84"	95 X 67	38.4
90"	103 X 71	44.2
96"	112 X 75	50.3
102"	117 X 79	56.7
108"	128 X 83	63.6
114"	137 X 87	70.9
120"	142 X 91	78.5
126"	154 X 100	86.6
132"	167 X 103	95.0
138"	178 X 109	103.9
144"	186 X 113	113.1
150"	190 X 118	126.7
156"	190 X 128	132.7
162"	198 X 132	143.1
168"	206 X 136	153.9
174"	215 X 140	165.1
180"	223 X 144	176.7

FEDERAL EMERGENCY MANAGEMENT AGENCY  
**APPLICANT INFORMATION SHEET**

<b>APPLICANT</b>	<b>FIPS #</b>	<b>DISASTER #</b>			
<b>TRAINVILLE, CITY OF</b>	<b>032-89123-00</b>	<b>FEMA</b>	<b>1801</b>	<b>DR</b>	<b>TX</b>
<b>LOCATION/SITE</b>	<b>PROJECT REFERENCE #</b>	<b>COUNTY</b>			<b>CATEGORY</b>
		<b>CABOOSE</b>			<b>A</b>
<b>DESCRIPTION OF WORK PERFORMED/PROJECT TITLE</b>		<b>PERIOD COVERING</b>			
<b>DEBRIS REMOVAL</b>		<b>1/25/06 TO 2/1/06</b>			
<b>KICKOFF MEETING DATE</b>	<b>PROJECT OFFICER</b>	<b>PUBLIC ASSISTANCE COORDINATOR</b>			
<b>02/03/06</b>	<b>ARLO GOODRIE</b>	<b>EARL SCRUBS</b>			
<b>APPLICANT REPRESENTATIVE</b>	<b>APPLICANT REPRESENTATIVE TITLE</b>	<b>STATE PAC REPRESENTATIVE</b>			
<b>CASEY JONES</b>	<b>CITY MANAGER</b>				

## FINAL INSPECTION REPORT

		DATE:	<b>1/0/1900</b>
APPLICANT NAME <b>TRAINVILLE, CITY OF</b>	FIPS NUMBER <b>032-89123-00</b>	FEMA DECLARATION NO. FEMA <b>0</b> DR <b>0</b>	
PA COMPLETION DATE	PROJECT NUMBERS	CATEGORY	PROJECT AMOUNT
ACTUAL COMPLETION DATE			
APPLICANT CLAIMED AMOUNT			
ACTUAL DOCUMENTED AMOUNT			
	ESTIMATED PROJECT TOTAL		\$ -
	RECOMMENDED ELIGIBLE TOTAL		
FINAL INSPECTION OVERRUN / <UNDERRUN> AMOUNT			
FINAL INSPECTION PROJECT NUMBER _____ HAS BEEN PREPARED AS THE FINAL ACTION FOR THIS PROJECT FOR AN OVERRUN / <UNDERRUN IN THE AMOUNT OF \$_____. PERCENT OF DIFFERENCE BETWEEN THE ESTIMATED PROJECT COST AND THE RECOMMENDED ELIGIBLE COST IS ____%.			
<b>COMMENTS / SUMMARY:</b>			
<div style="border: 1px solid black; min-height: 250px;"></div>			
<b>0</b>	FEDERAL REPRESENTATIVE (PRINT NAME & TITLE)	SIGNATURE	DATE
<b>0</b>	STATE REPRESENTATIVE (PRINT NAME & TITLE)	SIGNATURE	DATE
	<b>CASEY JONES</b>		
	LOCAL REPRESENTATIVE (PRINT NAME & TITLE)	SIGNATURE	DATE

## EMPLOYEE PAYROLL DATA

APPLICANT		TRAINVILLE, CITY OF							NOTE: VALUE MUST BE PLACED IN EACH CELL, NONE OR N/A IS " 0.0". BASED ON 2080 HRS PER YEAR, OR 40 HOURS / WEEK.									
EMPLOYEE NAME LAST NAME FIRST	TITLE OR JOB DESCRIPTION	STATUS *	PAY RATE / HOUR		BENEFITS										FRINGE BENEFITS			
		SEE BELOW	REG \$	OT \$	VAC	SICK	HOL	RET	SS	MEDC	UNEMP	HEALTH	LIFE	WC	OTHER	REG	OT	
					DAYS / YEAR	%	%	%	%	%	%	\$ / MONTH	%	%				
BROWN, GEORGE	WORKING FOREMAN	FT		\$0.00													0.00%	0.00%
TOOLEY, BRAD	OPERATOR	FT		\$0.00													0.00%	0.00%
SMITH, LEANN	LABORER	T		\$0.00													0.00%	0.00%
SMYTH,		E		\$0.00													0.00%	0.00%
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			REG \$	OT \$	VAC	SICK	HOL	RET	SS	MEDC	UNEMP	HEALTH	LIFE	WC	OTHER	REG	OT	
					DAYS / YEAR					%		%		\$ / MONTH		%		
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		SEE BELOW	REG \$	OT \$	VAC	SICK	HOL	RET	SS	MEDC	UNEMP	HEALTH	LIFE	WC	OTHER	REG	OT
					DAYS / YEAR	%	%	%	%	%	\$ / MONTH	%	%				
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					DAYS / YEAR			%	%	%	%	\$ / MONTH		%	%			
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			REG \$	OT \$	VAC	SICK	HOL	RET	SS	MEDC	UNEMP	HEALTH	LIFE	WC	OTHER	REG	OT
			DAYS / YEAR		%	%	%	%	%	%	%	%	%	%	%		
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			REG \$	OT \$	VAC DAYS / YEAR	SICK DAYS / YEAR	HOL DAYS / YEAR	RET %	SS %	MEDC %	UNEMP %	HEALTH \$ / MONTH	LIFE	WC %	OTHER %	REG	OT	
				\$0.00													0.00%	0.00%
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				\$0.00												0.00%	0.



# EMPLOYEE PAYROLL DATA

APPLICANT		TRAINVILLE, CITY OF										NOTE: VALUE MUST BE PLACED IN EACH CELL, NONE OR N/A IS " 0.0". BASED ON 2080 HRS PER YEAR, OR 40 HOURS / WEEK.					
EMPLOYEE NAME LAST NAME FIRST	TITLE OR JOB DESCRIPTION	STATUS *	PAY RATE / HOUR		BENEFITS										FRINGE BENEFITS		
		SEE BELOW	REG \$	OT \$	VAC	SICK	HOL	RET	SS	MEDC	UNEMP	HEALTH	LIFE	WC	OTHER	REG	OT
				DAYS / YEAR					%		%		\$ / MONTH		%		
				\$0.00											0.00%	0.00%	
				\$0.00											0.00%	0.00%	
				\$0.00											0.00%	0.00%	
				\$0.00											0.00%	0.00%	
				\$0.00											0.00%	0.00%	
				\$0.00											0.00%	0.00%	
				\$0.00											0.00%	0.00%	
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				\$0.00											0.00%	0.00%	
				\$0.00											0.00%	0.00%	
				\$0.00											0.00%	0.00%	
				\$0.00											0.00%	0.00%	

## EMPLOYEE PAYROLL DATA

APPLICANT		TRAINVILLE, CITY OF							NOTE: VALUE MUST BE PLACED IN EACH CELL, NONE OR N/A IS " 0.0". BASED ON 2080 HRS PER YEAR, OR 40 HOURS / WEEK.								
EMPLOYEE NAME LAST NAME FIRST	TITLE OR JOB DESCRIPTION	STATUS *	PAY RATE / HOUR		BENEFITS									FRINGE BENEFITS			
		SEE BELOW	REG \$	OT \$	VAC	SICK	HOL	RET	SS	MEDC	UNEMP	HEALTH	LIFE	WC	OTHER	REG	OT
					DAYS / YEAR				%	%	%	%	\$ / MONTH	%	%		
				\$0.00												0.00%	0.00%
				\$0.00												0.00%	0.00%
				\$0.00												0.00%	0.00%
				\$0.00												0.00%	0.00%
				\$0.00												0.00%	0.00%
				\$0.00												0.00%	0.00%
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				\$0.00												0.00%	0.00%
				\$0.00												0.00%	0.00%
				\$0.00												0.00%	0.00%
				\$0.00												0.00%	0.00%

### EMPLOYEE PAYROLL DATA

APPLICANT		TRAINVILLE, CITY OF											NOTE: VALUE MUST BE PLACED IN EACH CELL, NONE OR N/A IS " 0.0". BASED ON 2080 HRS PER YEAR, OR 40 HOURS / WEEK.				
EMPLOYEE NAME LAST NAME FIRST	TITLE OR JOB DESCRIPTION	STATUS * SEE BELOW	PAY RATE / HOUR		BENEFITS										FRINGE BENEFITS		
			REG \$	OT \$	VAC	SICK	HOL	RET	SS	MEDC	UNEMP	HEALTH	LIFE	WC	OTHER	REG	OT
					DAYS / YEAR		%		%		\$ / MONTH		%				
				\$0.00												0.00%	0.00%
				\$0.00												0.00%	0.00%
				\$0.00												0.00%	0.00%
				\$0.00												0.00%	0.00%
				\$0.00												0.00%	0.00%
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				\$0.00												0.00%	0.00%
				\$0.00												0.00%	0.00%
				\$0.00												0.00%	0.00%

## EMPLOYEE PAYROLL DATA

APPLICANT		TRAINVILLE, CITY OF										NOTE: VALUE MUST BE PLACED IN EACH CELL, NONE OR N/A IS " 0.0". BASED ON 2080 HRS PER YEAR, OR 40 HOURS / WEEK.						
EMPLOYEE NAME LAST NAME FIRST	TITLE OR JOB DESCRIPTION	STATUS *	PAY RATE / HOUR		BENEFITS										FRINGE BENEFITS			
		SEE BELOW	REG \$	OT \$	VAC	SICK	HOL	RET	SS	MEDC	UNEMP	HEALTH	LIFE	WC	OTHER	REG	OT	
					DAYS / YEAR					%					\$ / MONTH			
				\$0.00												0.00%	0.00%	
				\$0.00												0.00%	0.00%	
				\$0.00												0.00%	0.00%	
				\$0.00												0.00%	0.00%	
				\$0.00												0.00%	0.00%	
				\$0.00												0.00%	0.00%	
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				\$0.00												0.00%	0.00%	
				\$0.00												0.00%	0.00%	
				\$0.00												0.00%	0.00%	
				\$0.00												0.00%	0.00%	
				\$0.00												0.00%	0.00%	
				\$0.00												0.00%	0.00%	
				\$0.00												0.00%	0.00%	

Certified:	CASEY JONES	Title:	#REF!	Date:	
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FEDERAL EMERGENCY MANAGEMENT AGENCY

EQUIPMENT INVENTORY LIST								
APPLICANT:	TRAINVILLE, CITY OF					DATE:	2/6/2006	
FIPS #:	032-89123-00					PW REF #:	0	
EQUIPMENT (UNIT NO.)	OPERATOR	MAKE	MODEL	HP	CAPACITY SIZE	FEMA COST CODE	9999 COST	COMMENTS

FEDERAL EMERGENCY MANAGEMENT AGENCY

EQUIPMENT INVENTORY LIST								
APPLICANT:	TRAINVILLE, CITY OF					DATE:	2/6/2006	
FIPS #:	032-89123-00					PW REF #:	0	
EQUIPMENT (UNIT NO.)	OPERATOR	MAKE	MODEL	HP	CAPACITY SIZE	FEMA COST CODE	9999 COST	COMMENTS

FEDERAL EMERGENCY MANAGEMENT AGENCY

<b>EQUIPMENT INVENTORY LIST</b>								
<b>APPLICANT:</b>	<b>TRAINVILLE, CITY OF</b>					<b>DATE:</b>	<b>2/6/2006</b>	
<b>FIPS #:</b>	<b>032-89123-00</b>					<b>PW REF #:</b>	<b>0</b>	
<b>EQUIPMENT (UNIT NO.)</b>	<b>OPERATOR</b>	<b>MAKE</b>	<b>MODEL</b>	<b>HP</b>	<b>CAPACITY SIZE</b>	<b>FEMA COST CODE</b>	<b>9999 COST</b>	<b>COMMENTS</b>

FEDERAL EMERGENCY MANAGEMENT AGENCY

EQUIPMENT INVENTORY LIST								
<b>APPLICANT:</b>	<b>TRAINVILLE, CITY OF</b>					<b>DATE:</b>	<b>2/6/2006</b>	
<b>FIPS #:</b>	<b>032-89123-00</b>					<b>PW REF #:</b>	<b>0</b>	
EQUIPMENT (UNIT NO.)	OPERATOR	MAKE	MODEL	HP	CAPACITY SIZE	FEMA COST CODE	9999 COST	COMMENTS

FEDERAL EMERGENCY MANAGEMENT AGENCY

**EQUIPMENT INVENTORY LIST**

APPLICANT:	TRAINVILLE, CITY OF					DATE:		2/6/2006
FIPS #:	032-89123-00					PW REF #:		0
EQUIPMENT (UNIT NO.)	OPERATOR	MAKE	MODEL	HP	CAPACITY SIZE	FEMA COST CODE	9999 COST	COMMENTS

FEDERAL EMERGENCY MANAGEMENT AGENCY

EQUIPMENT INVENTORY LIST								
<b>APPLICANT:</b>	<b>TRAINVILLE, CITY OF</b>					<b>DATE:</b>		<b>2/6/2006</b>
<b>FIPS #:</b>	<b>032-89123-00</b>					<b>PW REF #:</b>		<b>0</b>
EQUIPMENT (UNIT NO.)	OPERATOR	MAKE	MODEL	HP	CAPACITY SIZE	FEMA COST CODE	9999 COST	COMMENTS

FEDERAL EMERGENCY MANAGEMENT AGENCY

EQUIPMENT INVENTORY LIST

<b>APPLICANT:</b>	<b>TRAINVILLE, CITY OF</b>					<b>DATE:</b>	<b>2/6/2006</b>	
<b>FIPS #:</b>	<b>032-89123-00</b>					<b>PW REF #:</b>	<b>0</b>	
EQUIPMENT (UNIT NO.)	OPERATOR	MAKE	MODEL	HP	CAPACITY SIZE	FEMA COST CODE	9999 COST	COMMENTS



FEDERAL EMERGENCY MANAGEMENT AGENCY

EQUIPMENT INVENTORY LIST

<b>APPLICANT:</b>	<b>TRAINVILLE, CITY OF</b>					<b>DATE:</b>	<b>2/6/2006</b>	
<b>FIPS #:</b>	<b>032-89123-00</b>					<b>PW REF #:</b>	<b>0</b>	
<b>EQUIPMENT (UNIT NO.)</b>	<b>OPERATOR</b>	<b>MAKE</b>	<b>MODEL</b>	<b>HP</b>	<b>CAPACITY SIZE</b>	<b>FEMA COST CODE</b>	<b>9999 COST</b>	<b>COMMENTS</b>

**PROJECT WORKSHEET**

Expires April 30, 2001

**PAPERWORK BURDEN DISCLOSURE NOTICE**

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

DECLARATION NO. FEMA- <b>1801 DR- TX</b>	PW REF # <b>0</b>	STD. PROJECT NO. <b>A-032-TX</b>	FIPS NO. <b>032-89123-00</b>	DATE <b>02/06/06</b>	CATEGORY <b>A</b>
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DAMAGED FACILITY  <b>DEBRIS REMOVAL</b>	WORK COMPLETED AS OF:	
	DATE:	PERCENT:

APPLICANT  <b>TRAINVILLE, CITY OF</b>	COUNTY  <b>CABOOSE</b>
---	------------------------------

LOCATION  <b>0</b>	LATITUDE	LONGITUDE
--------------------------	----------	-----------

DAMAGE DESCRIPTION AND DIMENSIONS:

SCOPE OF WORK:

Does the Scope of Work change the pre-disaster conditions at the site?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Special Considerations issues included?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is there insurance coverage on this facility?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Hazard Mitigation proposal included?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**PROJECT COST**

ITEM	CODE	NARRATIVE	QUANTITY	UNIT	UNIT PRICE	COST
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
TOTAL COST THIS PAGE						\$ -

PREPARED BY:	ARLO GOODRIE	TITLE:	FEMA PROJECT OFFICER		
FEMA PAC:	EARL SCRUBS	STATE PAC:	0		
APPLICANT:	CASEY JONES	DATE:	PHONE:	(727) 572-4444	

**FEDERAL EMERGENCY MANAGEMENT AGENCY**

<b>SITE #</b>		<b>1</b>	<b>OF</b>				
<b>Fips #</b>	032-89123-00	<b>FEMA -</b>	1801	<b>DR -</b>	TX	<b>Category</b>	A
<b>Applicant:</b>	TRAINVILLE, CITY OF				<b>Project Reference #</b>	0	
<b>Damaged Facility/Project Name</b>		DEBRIS REMOVAL					
<b>Address of Facility if a Building:</b>							
<b>City:</b>		<b>State:</b>		<b>Zip Code:</b>			
<b>Site Latitude:</b>		<b>Site Longitude:</b>					
<b>#2. LOCATION: (Road # and name, mile point and direction from nearby intersection.)</b>							
<b>DAMAGE DESCRIPTION AND DIMENSIONS:</b>							
<b>SCOPE OF WORK:</b>							
<b>PROJECT COSTS</b>							
<b>WORK COMPLETED:</b>							
ITEM	CODE	NARRATIVE	QUANTITY	UNIT	UNIT PRICE	COST	
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
<b>WORK NOT COMPLETED:</b>							
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
<b>TOTAL COSTS THIS SITE LOCATION</b>						\$	-
<b>SITE #</b>		<b>2</b>	<b>OF</b>				
<b>Fips #</b>	032-89123-00	<b>FEMA -</b>	1801	<b>DR -</b>	TX	<b>Category</b>	A

**FEDERAL EMERGENCY MANAGEMENT AGENCY**

<b>Applicant:</b>		TRAINVILLE, CITY OF			<b>Project Reference #</b>		0				
<b>Damaged Facility/Project Name</b>				DEBRIS REMOVAL							
<b>Address of Facility if a Building:</b>											
<b>City:</b>				<b>State:</b>				<b>Zip Code:</b>			
<b>Site Latitude:</b>						<b>Site Longitude:</b>					
<b>#2. LOCATION: (Road # and name, mile point and direction from nearby intersection.)</b>											
<b>DAMAGE DESCRIPTION AND DIMENSIONS:</b>											
<b>SCOPE OF WORK:</b>											
<b>PROJECT COSTS</b>											
<b>WORK COMPLETED:</b>											
ITEM	CODE	NARRATIVE			QUANTITY	UNIT	UNIT PRICE	COST			
								\$	-		
								\$	-		
								\$	-		
								\$	-		
								\$	-		
								\$	-		
<b>WORK NOT COMPLETED:</b>											
								\$	-		
								\$	-		
								\$	-		
								\$	-		
								\$	-		
								\$	-		
								\$	-		
								\$	-		
								\$	-		
								\$	-		
<b>TOTAL COSTS THIS SITE LOCATION</b>								\$	-		
<b>SITE #</b>		<b>3</b>	<b>OF</b>								
<b>Fips #</b>	032-89123-00	<b>FEMA -</b>	1801	<b>DR -</b>	TX	<b>Category</b>	A				
<b>Applicant:</b>		TRAINVILLE, CITY OF			<b>Project Reference #</b>		0				
<b>Damaged Facility/Project Name</b>				DEBRIS REMOVAL							

**FEDERAL EMERGENCY MANAGEMENT AGENCY**

<b>Address of Facility if a Building:</b>							
<b>City:</b>		<b>State:</b>		<b>Zip Code:</b>			
<b>Site Latitude:</b>		<b>Site Longitude:</b>					
<b>#2. LOCATION: (Road # and name, mile point and direction from nearby intersection.)</b>							
<b>DAMAGE DESCRIPTION AND DIMENSIONS:</b>							
<b>SCOPE OF WORK:</b>							
<b>PROJECT COSTS</b>							
<b>WORK COMPLETED:</b>							
ITEM	CODE	NARRATIVE	QUANTITY	UNIT	UNIT PRICE	COST	
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
<b>WORK NOT COMPLETED:</b>							
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
<b>TOTAL COSTS THIS SITE LOCATION</b>						\$	-
	<b>SITE #</b>	<b>4</b>	<b>OF</b>				
<b>Fips #</b>	032-89123-00	<b>FEMA -</b>	1801	<b>DR -</b>	TX	<b>Category</b>	A
<b>Applicant:</b>	TRAINVILLE, CITY OF				<b>Project Reference #</b>	0	
<b>Damaged Facility/Project Name</b>		DEBRIS REMOVAL					
<b>Address of Facility if a Building:</b>							
<b>City:</b>		<b>State:</b>		<b>Zip Code:</b>			

**FEDERAL EMERGENCY MANAGEMENT AGENCY**

<b>Site Latitude:</b>		<b>Site Longitude:</b>					
<b>#2. LOCATION: (Road # and name, mile point and direction from nearby intersection.)</b>							
<b>DAMAGE DESCRIPTION AND DIMENSIONS:</b>							
<b>SCOPE OF WORK:</b>							
<b>PROJECT COSTS</b>							
<b>WORK COMPLETED:</b>							
ITEM	CODE	NARRATIVE	QUANTITY	UNIT	UNIT PRICE	COST	
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
<b>WORK NOT COMPLETED:</b>							
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
<b>TOTAL COSTS THIS SITE LOCATION</b>						\$	-
		<b>SITE #</b>	5	<b>OF</b>			
<b>Fips #</b>	032-89123-00	<b>FEMA -</b>	1801	<b>DR -</b>	TX	<b>Category</b>	A
<b>Applicant:</b>	TRAINVILLE, CITY OF				<b>Project Reference #</b>	0	
<b>Damaged Facility/Project Name</b>		DEBRIS REMOVAL					
<b>Address of Facility if a Building:</b>							
<b>City:</b>		<b>State:</b>		<b>Zip Code:</b>			
<b>Site Latitude:</b>		<b>Site Longitude:</b>					
<b>#2. LOCATION: (Road # and name, mile point and direction from nearby intersection.)</b>							

**FEDERAL EMERGENCY MANAGEMENT AGENCY**

<b>DAMAGE DESCRIPTION AND DIMENSIONS:</b>							
<b>SCOPE OF WORK:</b>							
<b>PROJECT COSTS</b>							
<b>WORK COMPLETED:</b>							
ITEM	CODE	NARRATIVE	QUANTITY	UNIT	UNIT PRICE	COST	
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
<b>WORK NOT COMPLETED:</b>							
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
<b>TOTAL COSTS THIS SITE LOCATION</b>						\$	-
<b>SITE #</b>		<b>6</b>	<b>OF</b>				
<b>Fips #</b>	032-89123-00	<b>FEMA -</b>	1801	<b>DR -</b>	TX	<b>Category</b>	A
<b>Applicant:</b>	TRAINVILLE, CITY OF			<b>Project Reference #</b>	0		
<b>Damaged Facility/Project Name</b>	DEBRIS REMOVAL						
<b>Address of Facility if a Building:</b>							
<b>City:</b>			<b>State:</b>			<b>Zip Code:</b>	
<b>Site Latitude:</b>			<b>Site Longitude:</b>				
<b>#2. LOCATION: (Road # and name, mile point and direction from nearby intersection.)</b>							

**FEDERAL EMERGENCY MANAGEMENT AGENCY**

**DAMAGE DESCRIPTION AND DIMENSIONS:**

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**SCOPE OF WORK:**

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**PROJECT COSTS**

**WORK COMPLETED:**

ITEM	CODE	NARRATIVE	QUANTITY	UNIT	UNIT PRICE	COST
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -

**WORK NOT COMPLETED:**

						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -

**TOTAL COSTS THIS SITE LOCATION** \$ -

<b>SITE #</b>		<b>7</b>	<b>OF</b>				
<b>Fips #</b>	032-89123-00	<b>FEMA -</b>	1801	<b>DR -</b>	TX	<b>Category</b>	A
<b>Applicant:</b>	TRAINVILLE, CITY OF				<b>Project Reference #</b>	0	
<b>Damaged Facility/Project Name</b>		DEBRIS REMOVAL					
<b>Address of Facility if a Building:</b>							
<b>City:</b>		<b>State:</b>		<b>Zip Code:</b>			
<b>Site Latitude:</b>		<b>Site Longitude:</b>					

**#2. LOCATION: (Road # and name, mile point and direction from nearby intersection.)**

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**DAMAGE DESCRIPTION AND DIMENSIONS:**

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**FEDERAL EMERGENCY MANAGEMENT AGENCY**

**SCOPE OF WORK:**

--

**PROJECT COSTS**

**WORK COMPLETED:**

ITEM	CODE	NARRATIVE	QUANTITY	UNIT	UNIT PRICE	COST
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -

**WORK NOT COMPLETED:**

						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -

**TOTAL COSTS THIS SITE LOCATION**     \$ -

	<b>SITE #</b>	8	<b>OF</b>				
<b>Fips #</b>	032-89123-00	<b>FEMA -</b>	1801	<b>DR -</b>	TX	<b>Category</b>	A
<b>Applicant:</b>	TRAINVILLE, CITY OF				<b>Project Reference #</b>	0	
<b>Damaged Facility/Project Name</b>		DEBRIS REMOVAL					
<b>Address of Facility if a Building:</b>							
<b>City:</b>		<b>State:</b>		<b>Zip Code:</b>			
<b>Site Latitude:</b>		<b>Site Longitude:</b>					

**#2. LOCATION: (Road # and name, mile point and direction from nearby intersection.)**

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**DAMAGE DESCRIPTION AND DIMENSIONS:**

--

**FEDERAL EMERGENCY MANAGEMENT AGENCY**

**SCOPE OF WORK:**

--

**PROJECT COSTS**

**WORK COMPLETED:**

ITEM	CODE	NARRATIVE	QUANTITY	UNIT	UNIT PRICE	COST
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -

**WORK NOT COMPLETED:**

						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -

**TOTAL COSTS THIS SITE LOCATION**     \$ -



FEDERAL EMERGENCY MANAGEMENT AGENCY

<b>SPECIAL CONSIDERATIONS QUESTIONS</b>			
APPLICANT:	<b>TRAINVILLE, CITY OF</b>	PROJECT NAME:	<b>DEBRIS REMOVAL</b>
FIPS #:	<b>032-89123-00</b>	DATE:	<b>2/6/2006</b>
<p>1. Does the damaged facility or item of work have insurance and/or is it an insurable risk? (<i>e.g. buildings, equipment, vehicles, etc.</i>)</p> <p><input type="checkbox"/> YES    <input type="checkbox"/> NO    <input type="checkbox"/> UNSURE</p> <p>Comments:</p>			
<p>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?</p> <p><input type="checkbox"/> YES    <input type="checkbox"/> NO    <input type="checkbox"/> UNSURE</p> <p>Comments:</p>			
<p>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?</p> <p><input type="checkbox"/> YES    <input type="checkbox"/> NO    <input type="checkbox"/> UNSURE</p> <p>Comments:</p>			
<p>4. Will the proposed facility repairs/reconstruction change the pre-disaster condition? (e.g., footprint, material, location, capacity, use or function)</p> <p><input type="checkbox"/> YES    <input type="checkbox"/> NO    <input type="checkbox"/> UNSURE</p> <p>Comments:</p>			
<p>5. Does the applicant have a hazard mitigation proposal or would the applicant like technical assistance for a hazard mitigation proposal?</p> <p><input type="checkbox"/> YES    <input type="checkbox"/> NO    <input type="checkbox"/> UNSURE</p> <p>Comments:</p>			
<p>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?</p> <p><input type="checkbox"/> YES    <input type="checkbox"/> NO    <input type="checkbox"/> UNSURE</p> <p>Comments:</p>			
<p>7. Are there any pristine or undisturbed areas on, or near, the project site? Are there large tracts of forestland?</p> <p><input type="checkbox"/> YES    <input type="checkbox"/> NO    <input type="checkbox"/> UNSURE</p> <p>Comments:</p>			
<p>8. Are there any hazardous materials at or adjacent to the damaged facility and/or item of work?</p> <p><input type="checkbox"/> YES    <input type="checkbox"/> NO    <input type="checkbox"/> UNSURE</p> <p>Comments:</p>			
<p>9. Are there any other environmentally or controversial issues associated with the damaged facility and/or item of work?</p> <p><input type="checkbox"/> YES    <input type="checkbox"/> NO    <input type="checkbox"/> UNSURE</p> <p>Comments:</p>			

FEDERAL EMERGENCY MANAGEMENT AGENCY

General Project Comments

APPLICANT:	TRAINVILLE, CITY OF	DATE:	2/6/2006	
FIPS #:	032-89123-00	PROJ. #	0	
<b>Check next to appropriate comment for Data Coordinator to add to the PW General Comments</b>				
Add	Summary	Text	Level (N or R)	Code
<input checked="" type="checkbox"/>	Record Retention	Complete records and cost documents for all approved work must be maintained for at least 3 years from the date the last project was completed or from the date final payment was received, whichever is later.		
<input type="checkbox"/>	No Mitigation Opportunity	No Mitigation Opportunities Identified because: <input type="checkbox"/> PW is for Emergency Work - Mitigation not eligible. <input type="checkbox"/> Work already completed & no add-on mitigation is feasible. <input type="checkbox"/> Mitigation not technically feasible. <input type="checkbox"/> Applicant has refused mitigation.		
<input type="checkbox"/>	Mitigation Proposal (Codes and Standards)	Hazard Mitigation achieved by compliance with current code and standards or pre-approved policy.		
<input type="checkbox"/>	Mitigation Proposal (Good Construction Practice)	This Mitigation Proposal is recommended as a good construction practice and will not require a Benefit-Cost Analysis for approval. Strict adherence to the scope of work is required.		
<input type="checkbox"/>	Mitigation Proposal	Mitigation Proposal included for work within the 15 % allowed in accordance with Fema RR Policy No. 9526.1.		
<input type="checkbox"/>	Mitigation Proposal (pre-approved list)	Mitigation Proposal included for work listed in the Pre-approved list for 100 % funding in accordance with Fema RR Policy No. 9526.1 Appendix "A".		
<input type="checkbox"/>	Mitigation Proposal (not on pre-approved	<b>not-listed</b> in the Pre-approved list in accordance with Fema RR Policy No. 9526.1. (Benefit-Cost Analysis is required.)		
<input type="checkbox"/>	PW <b>with</b> CEF	This large project was estimated using the Cost Estimated Format (CEF)		
<input type="checkbox"/>	PW <b>without</b> CEF	This large project was not estimated using the CEF because: <input type="checkbox"/> The PW is for Emergency Work. <input type="checkbox"/> The Work is greater than 50 % complete. <input type="checkbox"/> The work will be 100 % complete in less than 4 months.		
<input type="checkbox"/>	Project Specific Comment			
<input type="checkbox"/>	Project Specific Comment			
<input type="checkbox"/>	Project Specific Comment			
<input type="checkbox"/>	Project Specific Comment			
<input type="checkbox"/>	Project Specific Comment			



FEDERAL EMERGENCY MANAGEMENT AGENCY

<b>NARRATIVE</b>			
<b>APPLICANT: TRAINVILLE, CITY OF</b>		<b>DATE:</b>	<b>2/6/2006</b>
<b>FIPS #:</b>	<b>032-89123-00</b>	<b>PROJ. #</b>	<b>01/00/00</b>

FEDERAL EMERGENCY MANAGEMENT AGENCY  
**WORK COMPLETED TO DATE COST SUMMARY SHEET**

APPLICANT		FIPS #	DISASTER #		
TRAINVILLE, CITY OF		032-89123-00	FEMA -	1801	DR - TX
LOCATION/SITE		PROJECT REF #	COUNTY		CATEGORY
0		0	CABOOSE		A
DESCRIPTION OF WORK PERFORMED			PERIOD COVERING		
DEBRIS REMOVAL			1/25/06 TO 2/1/06		
	CLAIM COST	COMMENTS (FEMA USE ONLY)		ELIGIBLE COSTS	
FORCE LABOR ACCOUNT	\$ -			\$ -	
FORCE ACCOUNT EQUIPMENT	\$ -			\$ -	
MATERIALS	\$ -			\$ -	
RENTAL EQUIPMENT	\$ -			\$ -	
CONTRACT COSTS	\$ 25,000.00			\$ 25,000.00	
TOTAL	\$ 25,000.00			\$ 25,000.00	
I certify that the above information was transcribed from timesheets, payroll records, equipment log, invoices, stock records or other documents which are available for audit.					
CASEY JONES		CITY MANAGER			
CERTIFIED		TITLE		DATE	
Applicant's records have been reviewed and found correct with the exceptions as noted.					



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

APPLICANT <b>TRAINVILLE, CITY OF</b>													FIPS # <b>032-89123-00</b>						DISASTER # FEMA - <b>1801</b> DR - <b>TX</b>																		
LOCATION/SITE <b>0</b>													PROJECT # <b>0</b>						CATEGORY <b>A</b>																		
DESCRIPTION OF WORK PERFORMED <b>DEBRIS REMOVAL</b>													PERIOD COVERING <b>1/25/06 TO 2/1/06</b>																								
													DATES & HOURS WORKED EACH WEEK										COSTS														
													0/0	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	TOTAL HRS	HOURLY RATE	BENEFIT RATE	TOTAL HOURLY	TOTAL COST
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Job Title		0	OT																						0.00	\$ -	0.0000	\$ -	\$ -								
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I certify that the above information was obtained from Payroll records, invoices, or other documents that are available for audit.													CITY MANAGER						DATE																		
CASEY JONES													CITY MANAGER																								
CERTIFIED													TITLE																								

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

APPLICANT		FIPS #		DISASTER #																								
TRAINVILLE, CITY OF		032-89123-00		FEMA -	1801	DR -	TX																					
LOCATION/SITE		PROJECT #		CATEGORY																								
0		0		A																								
DESCRIPTION OF WORK PERFORMED		PERIOD COVERING																										
DEBRIS REMOVAL		1/25/06 TO 2/1/06																										
		DATES & HOURS WORKED EACH WEEK														COSTS												
		00/00	####	####	####	####	####	####	####	####	####	####	####	####	####	####	####	####	####	####	####	####	####	TOTAL HRS	HOURLY RATE	BENEFIT RATE	TOTAL HOURLY	TOTAL COST
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I certify that the above information was obtained from Payroll records, invoices, or other documents that are available for audit.																							O/T SUBTOTAL	\$ -				
CASEY JONES																							CITY MANAGER		DATE			
CERTIFIED																							TITLE					

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

APPLICANT				FIPS #										DISASTER #															
TRAINVILLE, CITY OF				032-89123-00										FEMA -	1801	DR -	TX												
LOCATION/SITE				PROJECT #										CATEGORY															
0				0										A															
DESCRIPTION OF WORK PERFORMED														PERIOD COVERING															
DEBRIS REMOVAL														1/25/06 TO 2/1/06															
				DATES & HOURS WORKED EACH WEEK																		COSTS							
		00/00	####	####	####	####	####	####	####	####	####	####	####	####	####	####	####	####	####	####	####	####	####	####	TOTAL HRS	HOURLY RATE	BENEFIT RATE	TOTAL HOURLY	TOTAL COST
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I certify that the above information was obtained from Payroll records, invoices, or other documents that are available for audit.																					\$ -								
CASEY JONES														CITY MANAGER															
CERTIFIED														TITLE							DATE								

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

APPLICANT		FIPS #		DISASTER #																								
TRAINVILLE, CITY OF		032-89123-00		FEMA -	1801	DR -	TX																					
LOCATION/SITE		PROJECT #		CATEGORY																								
0		0		A																								
DESCRIPTION OF WORK PERFORMED				PERIOD COVERING																								
DEBRIS REMOVAL				1/25/06 TO 2/1/06																								
		DATES & HOURS WORKED EACH WEEK																COSTS										
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I certify that the above information was obtained from Payroll records, invoices, or other documents that are available for audit.																									O/T SUBTOTAL	\$ -		
CASEY JONES																							CITY MANAGER					
CERTIFIED																							TITLE			DATE		

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

APPLICANT																			FIPS #										DISASTER #										
TRAINVILLE, CITY OF																			032-89123-00										FEMA -		1801		DR -	TX					
LOCATION/SITE																			PROJECT #										CATEGORY										
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DESCRIPTION OF WORK PERFORMED																			PERIOD COVERING																				
DEBRIS REMOVAL																			1/25/06 TO 2/1/06																				
																			DATES & HOURS WORKED EACH WEEK										COSTS										
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I certify that the above information was obtained from Payroll records, invoices, or other documents that are available for audit.																										O/T SUBTOTAL		\$ -											
CASEY JONES																			CITY MANAGER																				
CERTIFIED																			TITLE					DATE															

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

APPLICANT		FIPS #		DISASTER #																							
TRAINVILLE, CITY OF		032-89123-00		FEMA -	1801	DR -	TX																				
LOCATION/SITE		PROJECT #		CATEGORY																							
0		0		A																							
DESCRIPTION OF WORK PERFORMED		PERIOD COVERING																									
DEBRIS REMOVAL		1/25/06 TO 2/1/06																									
		DATES & HOURS WORKED EACH WEEK														COSTS											
		00/00	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	#####	TOTAL HRS	HOURLY RATE	BENEFIT RATE	TOTAL HOURLY	TOTAL COST
Name	0	REG																					0.00	\$ -	0.0000	\$ -	\$ -
Job Title	0	OT																					0.00	\$ -	0.0000	\$ -	\$ -
Name	0	REG																					0.00	\$ -	0.0000	\$ -	\$ -
Job Title	0	OT																					0.00	\$ -	0.0000	\$ -	\$ -
Name	0	REG																					0.00	\$ -	0.0000	\$ -	\$ -
Job Title	0	OT																					0.00	\$ -	0.0000	\$ -	\$ -
Name	0	REG																					0.00	\$ -	0.0000	\$ -	\$ -
Job Title	0	OT																					0.00	\$ -	0.0000	\$ -	\$ -
Name	0	REG																					0.00	\$ -	0.0000	\$ -	\$ -
Job Title	0	OT																					0.00	\$ -	0.0000	\$ -	\$ -
Name	0	REG																					0.00	\$ -	0.0000	\$ -	\$ -
Job Title	0	OT																					0.00	\$ -	0.0000	\$ -	\$ -
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Job Title	0	OT																					0.00	\$ -	0.0000	\$ -	\$ -
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Job Title	0	OT																					0.00	\$ -	0.0000	\$ -	\$ -
Name	0	REG																					0.00	\$ -	0.0000	\$ -	\$ -
Job Title	0	OT																					0.00	\$ -	0.0000	\$ -	\$ -
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Name	0	REG																					0.00	\$ -	0.0000	\$ -	\$ -
Job Title	0	OT																					0.00	\$ -	0.0000	\$ -	\$ -
Name	0	REG																					0.00	\$ -	0.0000	\$ -	\$ -
Job Title	0	OT																					0.00	\$ -	0.0000	\$ -	\$ -
																						TOTAL HRS	0.00	REG TIME SUBTOTAL	\$ -		
I certify that the above information was obtained from Payroll records, invoices, or other documents that are available for audit.																								O/T SUBTOTAL	\$ -		
CASEY JONES																						CITY MANAGER					
CERTIFIED																						TITLE			DATE		

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

APPLICANT		FIPS #		DISASTER #																								
TRAINVILLE, CITY OF		032-89123-00		FEMA -	1801	DR -	TX																					
LOCATION/SITE		PROJECT #		CATEGORY																								
0		0		A																								
DESCRIPTION OF WORK PERFORMED				PERIOD COVERING																								
DEBRIS REMOVAL				1/25/06 TO 2/1/06																								
		DATES & HOURS WORKED EACH WEEK																COSTS										
		00/00	####	####	####	####	####	####	####	####	####	####	####	####	####	####	####	####	####	####	####	####	####	TOTAL HRS	HOURLY RATE	BENEFIT RATE	TOTAL HOURLY	TOTAL COST
Name	0	REG																						0.00	\$ -	0.0000	\$ -	\$ -
Job Title	0	OT																						0.00	\$ -	0.0000	\$ -	\$ -
Name	0	REG																						0.00	\$ -	0.0000	\$ -	\$ -
Job Title	0	OT																						0.00	\$ -	0.0000	\$ -	\$ -
Name	0	REG																						0.00	\$ -	0.0000	\$ -	\$ -
Job Title	0	OT																						0.00	\$ -	0.0000	\$ -	\$ -
Name	0	REG																						0.00	\$ -	0.0000	\$ -	\$ -
Job Title	0	OT																						0.00	\$ -	0.0000	\$ -	\$ -
Name	0	REG																						0.00	\$ -	0.0000	\$ -	\$ -
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Job Title	0	OT																						0.00	\$ -	0.0000	\$ -	\$ -
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Job Title	0	OT																						0.00	\$ -	0.0000	\$ -	\$ -
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Job Title	0	OT																						0.00	\$ -	0.0000	\$ -	\$ -
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Job Title	0	OT																						0.00	\$ -	0.0000	\$ -	\$ -
Name	0	REG																						0.00	\$ -	0.0000	\$ -	\$ -
Job Title	0	OT																						0.00	\$ -	0.0000	\$ -	\$ -
																							TOTAL HRS	0.00		REG TIME SUBTOTAL	\$ -	
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CASEY JONES																							CITY MANAGER					
CERTIFIED																							TITLE			DATE		

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

APPLICANT										FIPS #										DISASTER #																	
TRAINVILLE, CITY OF										032-89123-00										FEMA -		1801		DR -		TX											
LOCATION/SITE										PROJECT #										CATEGORY																	
0										0										A																	
DESCRIPTION OF WORK PERFORMED										PERIOD COVERING										1/25/06 TO 2/1/06																	
DEBRIS REMOVAL										DATES & HOURS WORKED EACH WEEK										COSTS																	
				00/00		####		####		####		####		####		####		####		####		####		####		####		TOTAL HRS		HOURLY RATE		BENEFIT RATE		TOTAL HOURLY		TOTAL COST	
Name		0	REG																							0.00	\$ -	0.0000	\$ -	\$ -							
Job Title		0	OT																							0.00	\$ -	0.0000	\$ -	\$ -							
Name		0	REG																							0.00	\$ -	0.0000	\$ -	\$ -							
Job Title		0	OT																							0.00	\$ -	0.0000	\$ -	\$ -							
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Job Title		0	OT																							0.00	\$ -	0.0000	\$ -	\$ -							
																										TOTAL HRS		0.00		REG TIME SUBTOTAL		\$ -					
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CASEY JONES																												CITY MANAGER									
CERTIFIED																												TITLE		DATE							



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

APPLICANT		FIPS #		DISASTER #																								
TRAINVILLE, CITY OF		032-89123-00		FEMA -	1801	DR -	TX																					
LOCATION/SITE		PROJECT #		CATEGORY																								
0		0		A																								
DESCRIPTION OF WORK PERFORMED				PERIOD COVERING																								
DEBRIS REMOVAL				1/25/06 TO 2/1/06																								
		DATES & HOURS WORKED EACH WEEK																COSTS										
		00/00	####	####	####	####	####	####	####	####	####	####	####	####	####	####	####	####	####	####	####	####	####	TOTAL HRS	HOURLY RATE	BENEFIT RATE	TOTAL HOURLY	TOTAL COST
Name	0	REG																					0.00	\$ -	0.0000	\$ -	\$ -	
Job Title	0	OT																					0.00	\$ -	0.0000	\$ -	\$ -	
Name	0	REG																					0.00	\$ -	0.0000	\$ -	\$ -	
Job Title	0	OT																					0.00	\$ -	0.0000	\$ -	\$ -	
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Job Title	0	OT																					0.00	\$ -	0.0000	\$ -	\$ -	
																							TOTAL HRS	0.00		REG TIME SUBTOTAL	\$ -	
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CASEY JONES																							CITY MANAGER					
CERTIFIED																							TITLE			DATE		

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

APPLICANT		FIPS #		DISASTER #																								
TRAINVILLE, CITY OF		032-89123-00		FEMA -	1801	DR -	TX																					
LOCATION/SITE		PROJECT #		CATEGORY																								
0		0		A																								
DESCRIPTION OF WORK PERFORMED				PERIOD COVERING																								
DEBRIS REMOVAL				1/25/06 TO 2/1/06																								
		DATES & HOURS WORKED EACH WEEK																COSTS										
		00/00	####	####	####	####	####	####	####	####	####	####	####	####	####	####	####	####	####	####	####	####	####	TOTAL HRS	HOURLY RATE	BENEFIT RATE	TOTAL HOURLY	TOTAL COST
Name	0	REG																					0.00	\$ -	0.0000	\$ -	\$ -	
Job Title	0	OT																					0.00	\$ -	0.0000	\$ -	\$ -	
Name	0	REG																					0.00	\$ -	0.0000	\$ -	\$ -	
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Job Title	0	OT																					0.00	\$ -	0.0000	\$ -	\$ -	
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Job Title	0	OT																					0.00	\$ -	0.0000	\$ -	\$ -	
																							TOTAL HRS	0.00		REG TIME SUBTOTAL	\$ -	
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CASEY JONES																							CITY MANAGER					
CERTIFIED																							TITLE			DATE		

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

APPLICANT				FIPS #																DISASTER #									
TRAINVILLE, CITY OF				032-89123-00																FEMA -	1801	DR -	TX						
LOCATION/SITE				PROJECT #																CATEGORY									
0				0																A									
DESCRIPTION OF WORK PERFORMED																				PERIOD COVERING									
DEBRIS REMOVAL																				1/25/06 TO 2/1/06									
				DATES & HOURS WORKED EACH WEEK																COSTS									
				00/00	####	####	####	####	####	####	####	####	####	####	####	####	####	####	####	####	####	####	####	####	TOTAL HRS	HOURLY RATE	BENEFIT RATE	TOTAL HOURLY	TOTAL COST
Name		0	REG																						0.00	\$ -	0.0000	\$ -	\$ -
Job Title		0	OT																						0.00	\$ -	0.0000	\$ -	\$ -
Name		0	REG																						0.00	\$ -	0.0000	\$ -	\$ -
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Name		0	REG																						0.00	\$ -	0.0000	\$ -	\$ -
Job Title		0	OT																						0.00	\$ -	0.0000	\$ -	\$ -
																							TOTAL HRS	0.00		REG TIME SUBTOTAL	\$ -		
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CASEY JONES																							CITY MANAGER						
CERTIFIED																							TITLE			DATE			

FEDERAL EMERGENCY MANAGEMENT AGENCY  
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APPLICANT		FIPS #		DISASTER #																								
TRAINVILLE, CITY OF		032-89123-00		FEMA -	1801	DR -	TX																					
LOCATION/SITE		PROJECT #		CATEGORY																								
0		0		A																								
DESCRIPTION OF WORK PERFORMED				PERIOD COVERING																								
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Name	0	REG																						0.00	\$ -	0.0000	\$ -	\$ -
Job Title	0	OT																						0.00	\$ -	0.0000	\$ -	\$ -
Name	0	REG																						0.00	\$ -	0.0000	\$ -	\$ -
Job Title	0	OT																						0.00	\$ -	0.0000	\$ -	\$ -
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Job Title	0	OT																						0.00	\$ -	0.0000	\$ -	\$ -
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Job Title	0	OT																						0.00	\$ -	0.0000	\$ -	\$ -
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																							TOTAL HRS	0.00		REG TIME SUBTOTAL	\$ -	
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FEDERAL EMERGENCY MANAGEMENT AGENCY  
**FORCE ACCOUNT LABOR SUMMARY RECORD**

APPLICANT		FIPS #		DISASTER #																								
TRAINVILLE, CITY OF		032-89123-00		FEMA -	1801	DR -	TX																					
LOCATION/SITE		PROJECT #		CATEGORY																								
0		0		A																								
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DEBRIS REMOVAL				1/25/06 TO 2/1/06																								
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		00/00	####	####	####	####	####	####	####	####	####	####	####	####	####	####	####	####	####	####	####	####	####	TOTAL HRS	HOURLY RATE	BENEFIT RATE	TOTAL HOURLY	TOTAL COST
Name	0	REG																						0.00	\$ -	0.0000	\$ -	\$ -
Job Title	0	OT																						0.00	\$ -	0.0000	\$ -	\$ -
Name	0	REG																						0.00	\$ -	0.0000	\$ -	\$ -
Job Title	0	OT																						0.00	\$ -	0.0000	\$ -	\$ -
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Job Title	0	OT																						0.00	\$ -	0.0000	\$ -	\$ -
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**FORCE ACCOUNT LABOR SUMMARY RECORD**

APPLICANT		FIPS #		DISASTER #																								
TRAINVILLE, CITY OF		032-89123-00		FEMA -	1801	DR -	TX																					
LOCATION/SITE		PROJECT #		CATEGORY																								
0		0		A																								
DESCRIPTION OF WORK PERFORMED				PERIOD COVERING																								
DEBRIS REMOVAL				1/25/06 TO 2/1/06																								
		DATES & HOURS WORKED EACH WEEK																COSTS										
		00/00	####	####	####	####	####	####	####	####	####	####	####	####	####	####	####	####	####	####	####	####	####	TOTAL HRS	HOURLY RATE	BENEFIT RATE	TOTAL HOURLY	TOTAL COST
Name	0	REG																					0.00	\$ -	0.0000	\$ -	\$ -	
Job Title	0	OT																					0.00	\$ -	0.0000	\$ -	\$ -	
Name	0	REG																					0.00	\$ -	0.0000	\$ -	\$ -	
Job Title	0	OT																					0.00	\$ -	0.0000	\$ -	\$ -	
Name	0	REG																					0.00	\$ -	0.0000	\$ -	\$ -	
Job Title	0	OT																					0.00	\$ -	0.0000	\$ -	\$ -	
Name	0	REG																					0.00	\$ -	0.0000	\$ -	\$ -	
Job Title	0	OT																					0.00	\$ -	0.0000	\$ -	\$ -	
Name	0	REG																					0.00	\$ -	0.0000	\$ -	\$ -	
Job Title	0	OT																					0.00	\$ -	0.0000	\$ -	\$ -	
Name	0	REG																					0.00	\$ -	0.0000	\$ -	\$ -	
Job Title	0	OT																					0.00	\$ -	0.0000	\$ -	\$ -	
Name	0	REG																					0.00	\$ -	0.0000	\$ -	\$ -	
Job Title	0	OT																					0.00	\$ -	0.0000	\$ -	\$ -	
Name	0	REG																					0.00	\$ -	0.0000	\$ -	\$ -	
Job Title	0	OT																					0.00	\$ -	0.0000	\$ -	\$ -	
Name	0	REG																					0.00	\$ -	0.0000	\$ -	\$ -	
Job Title	0	OT																					0.00	\$ -	0.0000	\$ -	\$ -	
Name	0	REG																					0.00	\$ -	0.0000	\$ -	\$ -	
Job Title	0	OT																					0.00	\$ -	0.0000	\$ -	\$ -	
Name	0	REG																					0.00	\$ -	0.0000	\$ -	\$ -	
Job Title	0	OT																					0.00	\$ -	0.0000	\$ -	\$ -	
																							TOTAL HRS	0.00		REG TIME SUBTOTAL	\$ -	
I certify that the above information was obtained from Payroll records, invoices, or other documents that are available for audit.																									O/T SUBTOTAL	\$ -		
CASEY JONES																							CITY MANAGER					
CERTIFIED																							TITLE			DATE		

FEDERAL EMERGENCY MANAGEMENT AGENCY  
 FORCE ACCOUNT LABOR SUMMARY RECORD

APPLICANT				FIPS #																	DISASTER #										
TRAINVILLE, CITY OF				032-89123-00																	FEMA -	1801	DR -	TX							
LOCATION/SITE				PROJECT #																	CATEGORY										
0				0																	A										
DESCRIPTION OF WORK PERFORMED																					PERIOD COVERING										
DEBRIS REMOVAL																					1/25/06 TO 2/1/06										
				DATES & HOURS WORKED EACH WEEK																	COSTS										
				00/00	####	####	####	####	####	####	####	####	####	####	####	####	####	####	####	####	####	####	####	####	####	####	TOTAL HRS	HOURLY RATE	BENEFIT RATE	TOTAL HOURLY	TOTAL COST
Name		0	REG																							0.00	\$ -	0.0000	\$ -	\$ -	
Job Title		0	OT																							0.00	\$ -	0.0000	\$ -	\$ -	
Name		0	REG																							0.00	\$ -	0.0000	\$ -	\$ -	
Job Title		0	OT																							0.00	\$ -	0.0000	\$ -	\$ -	
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Job Title		0	OT																							0.00	\$ -	0.0000	\$ -	\$ -	
Name		0	REG																							0.00	\$ -	0.0000	\$ -	\$ -	
Job Title		0	OT																							0.00	\$ -	0.0000	\$ -	\$ -	
Name		0	REG																							0.00	\$ -	0.0000	\$ -	\$ -	
Job Title		0	OT																							0.00	\$ -	0.0000	\$ -	\$ -	
Name		0	REG																							0.00	\$ -	0.0000	\$ -	\$ -	
Job Title		0	OT																							0.00	\$ -	0.0000	\$ -	\$ -	
Name		0	REG																							0.00	\$ -	0.0000	\$ -	\$ -	
Job Title		0	OT																							0.00	\$ -	0.0000	\$ -	\$ -	
Name		0	REG																							0.00	\$ -	0.0000	\$ -	\$ -	
Job Title		0	OT																							0.00	\$ -	0.0000	\$ -	\$ -	
Name		0	REG																							0.00	\$ -	0.0000	\$ -	\$ -	
Job Title		0	OT																							0.00	\$ -	0.0000	\$ -	\$ -	
Name		0	REG																							0.00	\$ -	0.0000	\$ -	\$ -	
Job Title		0	OT																							0.00	\$ -	0.0000	\$ -	\$ -	
Name		0	REG																							0.00	\$ -	0.0000	\$ -	\$ -	
Job Title		0	OT																							0.00	\$ -	0.0000	\$ -	\$ -	
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Name		0	REG																							0.00	\$ -	0.0000	\$ -	\$ -	
Job Title		0	OT																							0.00	\$ -	0.0000	\$ -	\$ -	
																								TOTAL HOURS		0.00	REG TIME SUBTOTAL		\$ -		
																										O/T SUBTOTAL		\$ -			
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CASEY JONES																										CITY MANAGER					
CERTIFIED																										TITLE					
																												DATE			

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

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TRAINVILLE, CITY OF		032-89123-00		FEMA -	1801	DR -	TX																					
LOCATION/SITE		PROJECT #		CATEGORY																								
0		0		A																								
DESCRIPTION OF WORK PERFORMED				PERIOD COVERING																								
DEBRIS REMOVAL				1/25/06 TO 2/1/06																								
		DATES & HOURS WORKED EACH WEEK																COSTS										
		00/00	####	####	####	####	####	####	####	####	####	####	####	####	####	####	####	####	####	####	####	####	####	TOTAL HRS	HOURLY RATE	BENEFIT RATE	TOTAL HOURLY	TOTAL COST
Name	0	REG																					0.00	\$ -	0.0000	\$ -	\$ -	
Job Title	0	OT																					0.00	\$ -	0.0000	\$ -	\$ -	
Name	0	REG																					0.00	\$ -	0.0000	\$ -	\$ -	
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Job Title	0	OT																					0.00	\$ -	0.0000	\$ -	\$ -	
Name	0	REG																					0.00	\$ -	0.0000	\$ -	\$ -	
Job Title	0	OT																					0.00	\$ -	0.0000	\$ -	\$ -	
Name	0	REG																					0.00	\$ -	0.0000	\$ -	\$ -	
Job Title	0	OT																					0.00	\$ -	0.0000	\$ -	\$ -	
Name	0	REG																					0.00	\$ -	0.0000	\$ -	\$ -	
Job Title	0	OT																					0.00	\$ -	0.0000	\$ -	\$ -	
																							TOTAL HRS	0.00		REG TIME SUBTOTAL	\$ -	
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CASEY JONES																							CITY MANAGER					
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FEDERAL EMERGENCY MANAGEMENT AGENCY  
**FORCE ACCOUNT LABOR SUMMARY RECORD**

APPLICANT		FIPS #		DISASTER #																								
TRAINVILLE, CITY OF		032-89123-00		FEMA -	1801	DR -	TX																					
LOCATION/SITE		PROJECT #		CATEGORY																								
0		0		A																								
DESCRIPTION OF WORK PERFORMED				PERIOD COVERING																								
DEBRIS REMOVAL				1/25/06 TO 2/1/06																								
		DATES & HOURS WORKED EACH WEEK																COSTS										
		00/00	####	####	####	####	####	####	####	####	####	####	####	####	####	####	####	####	####	####	####	####	####	TOTAL HRS	HOURLY RATE	BENEFIT RATE	TOTAL HOURLY	TOTAL COST
Name	0	REG																					0.00	\$ -	0.0000	\$ -	\$ -	
Job Title	0	OT																					0.00	\$ -	0.0000	\$ -	\$ -	
Name	0	REG																					0.00	\$ -	0.0000	\$ -	\$ -	
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Job Title	0	OT																					0.00	\$ -	0.0000	\$ -	\$ -	
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Job Title	0	OT																					0.00	\$ -	0.0000	\$ -	\$ -	
Name	0	REG																					0.00	\$ -	0.0000	\$ -	\$ -	
Job Title	0	OT																					0.00	\$ -	0.0000	\$ -	\$ -	
Name	0	REG																					0.00	\$ -	0.0000	\$ -	\$ -	
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Name	0	REG																					0.00	\$ -	0.0000	\$ -	\$ -	
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Job Title	0	OT																					0.00	\$ -	0.0000	\$ -	\$ -	
Name	0	REG																					0.00	\$ -	0.0000	\$ -	\$ -	
Job Title	0	OT																					0.00	\$ -	0.0000	\$ -	\$ -	
																							TOTAL HRS	0.00		REG TIME SUBTOTAL	\$ -	
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CASEY JONES																							CITY MANAGER					
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**FORCE ACCOUNT LABOR SUMMARY RECORD**

APPLICANT										FIPS #										DISASTER #														
TRAINVILLE, CITY OF										032-89123-00										FEMA -	1801	DR -	TX											
LOCATION/SITE										PROJECT #										CATEGORY														
0										0										A														
DESCRIPTION OF WORK PERFORMED																				PERIOD COVERING														
DEBRIS REMOVAL																				1/25/06 TO 2/1/06														
				DATES & HOURS WORKED EACH WEEK																				COSTS										
				00/00	####	####	####	####	####	####	####	####	####	####	####	####	####	####	####	####	####	####	####	####	####	####	TOTAL HRS	HOURLY RATE	BENEFIT RATE	TOTAL HOURLY	TOTAL COST			
Name		0	REG																								0.00	\$ -	0.0000	\$ -	\$ -			
Job Title		0	OT																								0.00	\$ -	0.0000	\$ -	\$ -			
Name		0	REG																								0.00	\$ -	0.0000	\$ -	\$ -			
Job Title		0	OT																								0.00	\$ -	0.0000	\$ -	\$ -			
Name		0	REG																								0.00	\$ -	0.0000	\$ -	\$ -			
Job Title		0	OT																								0.00	\$ -	0.0000	\$ -	\$ -			
Name		0	REG																								0.00	\$ -	0.0000	\$ -	\$ -			
Job Title		0	OT																								0.00	\$ -	0.0000	\$ -	\$ -			
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Job Title		0	OT																								0.00	\$ -	0.0000	\$ -	\$ -			
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Job Title		0	OT																								0.00	\$ -	0.0000	\$ -	\$ -			
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Job Title		0	OT																								0.00	\$ -	0.0000	\$ -	\$ -			
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Job Title		0	OT																								0.00	\$ -	0.0000	\$ -	\$ -			
Name		0	REG																								0.00	\$ -	0.0000	\$ -	\$ -			
Job Title		0	OT																								0.00	\$ -	0.0000	\$ -	\$ -			
Name		0	REG																								0.00	\$ -	0.0000	\$ -	\$ -			
Job Title		0	OT																								0.00	\$ -	0.0000	\$ -	\$ -			
Name		0	REG																								0.00	\$ -	0.0000	\$ -	\$ -			
Job Title		0	OT																								0.00	\$ -	0.0000	\$ -	\$ -			
																									TOTAL HOURS		0.00	REG TIME SUBTOTAL		\$ -				
I certify that the above information was obtained from Payroll records, invoices, or other documents that are available for audit.																											O/T SUBTOTAL		\$ -					
CASEY JONES																									CITY MANAGER									
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FEDERAL EMERGENCY MANAGEMENT AGENCY  
**FORCE ACCOUNT LABOR SUMMARY RECORD**

APPLICANT		FIPS #		DISASTER #																								
TRAINVILLE, CITY OF		032-89123-00		FEMA -	1801	DR -	TX																					
LOCATION/SITE		PROJECT #		CATEGORY																								
0		0		A																								
DESCRIPTION OF WORK PERFORMED				PERIOD COVERING																								
DEBRIS REMOVAL				1/25/06 TO 2/1/06																								
		DATES & HOURS WORKED EACH WEEK																COSTS										
		00/00	####	####	####	####	####	####	####	####	####	####	####	####	####	####	####	####	####	####	####	####	####	TOTAL HRS	HOURLY RATE	BENEFIT RATE	TOTAL HOURLY	TOTAL COST
Name	0	REG																					0.00	\$ -	0.0000	\$ -	\$ -	
Job Title	0	OT																					0.00	\$ -	0.0000	\$ -	\$ -	
Name	0	REG																					0.00	\$ -	0.0000	\$ -	\$ -	
Job Title	0	OT																					0.00	\$ -	0.0000	\$ -	\$ -	
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Job Title	0	OT																					0.00	\$ -	0.0000	\$ -	\$ -	
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Name	0	REG																					0.00	\$ -	0.0000	\$ -	\$ -	
Job Title	0	OT																					0.00	\$ -	0.0000	\$ -	\$ -	
Name	0	REG																					0.00	\$ -	0.0000	\$ -	\$ -	
Job Title	0	OT																					0.00	\$ -	0.0000	\$ -	\$ -	
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Job Title	0	OT																					0.00	\$ -	0.0000	\$ -	\$ -	
Name	0	REG																					0.00	\$ -	0.0000	\$ -	\$ -	
Job Title	0	OT																					0.00	\$ -	0.0000	\$ -	\$ -	
Name	0	REG																					0.00	\$ -	0.0000	\$ -	\$ -	
Job Title	0	OT																					0.00	\$ -	0.0000	\$ -	\$ -	
Name	0	REG																					0.00	\$ -	0.0000	\$ -	\$ -	
Job Title	0	OT																					0.00	\$ -	0.0000	\$ -	\$ -	
																							TOTAL HRS	0.00		REG TIME SUBTOTAL	\$ -	
I certify that the above information was obtained from Payroll records, invoices, or other documents that are available for audit.																									O/T SUBTOTAL	\$ -		
CASEY JONES																							CITY MANAGER					
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FEDERAL EMERGENCY MANAGEMENT AGENCY  
**FORCE ACCOUNT LABOR SUMMARY RECORD**

APPLICANT		FIPS #		DISASTER #																								
TRAINVILLE, CITY OF		032-89123-00		FEMA -	1801	DR -	TX																					
LOCATION/SITE		PROJECT #		CATEGORY																								
0		0		A																								
DESCRIPTION OF WORK PERFORMED				PERIOD COVERING																								
DEBRIS REMOVAL				1/25/06 TO 2/1/06																								
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		00/00	####	####	####	####	####	####	####	####	####	####	####	####	####	####	####	####	####	####	####	####	####	TOTAL HRS	HOURLY RATE	BENEFIT RATE	TOTAL HOURLY	TOTAL COST
Name	0	REG																					0.00	\$ -	0.0000	\$ -	\$ -	
Job Title	0	OT																					0.00	\$ -	0.0000	\$ -	\$ -	
Name	0	REG																					0.00	\$ -	0.0000	\$ -	\$ -	
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Job Title	0	OT																					0.00	\$ -	0.0000	\$ -	\$ -	
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Name	0	REG																					0.00	\$ -	0.0000	\$ -	\$ -	
Job Title	0	OT																					0.00	\$ -	0.0000	\$ -	\$ -	
																							TOTAL HRS	0.00		REG TIME SUBTOTAL	\$ -	
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CASEY JONES																							CITY MANAGER					
CERTIFIED																							TITLE			DATE		

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

APPLICANT										FIPS #										DISASTER #										
TRAINVILLE, CITY OF										032-89123-00										FEMA -	1801	DR -	TX							
LOCATION/SITE										PROJECT #										CATEGORY										
0										0										A										
DESCRIPTION OF WORK PERFORMED										PERIOD COVERING																				
DEBRIS REMOVAL										1/25/06 TO 2/1/06																				
TYPE OF EQUIPMENT				OPERATOR'S NAME	DATES/HOURS USED EACH DAY																				COSTS					
Indicate size, capacity, horsepower, make, model, etc.	HP	CAPACITY	EQUIP. CODE #		0/0	###	###	###	###	###	###	###	###	###	###	###	###	###	###	###	###	###	###	###	###	###	###	###	TOTAL HRS	EQUIP RATE
				Hrs																							0.00	\$ -	\$ -	
				Hrs																							0.00	\$ -	\$ -	
				Hrs																							0.00	\$ -	\$ -	
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				Hrs																							0.00	\$ -	\$ -	
				Hrs																							0.00	\$ -	\$ -	
																									SHEET TOTAL		0.00		\$ -	
																									GRAND TOTAL		0.00		\$ -	
I CERTIFY THAT THE ABOVE INFORMATION WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.																														
CASEY JONES														CITY MANAGER																
CERTIFIED														TITLE														DATE		

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

APPLICANT										FIPS #										DISASTER #									
TRAINVILLE, CITY OF										032-89123-00										FEMA - 1801		DR - TX							
LOCATION/SITE										PROJECT #										CATEGORY									
0										0										A									
DESCRIPTION OF WORK PERFORMED										PERIOD COVERING																			
DEBRIS REMOVAL										1/25/06 TO 2/1/06																			
TYPE OF EQUIPMENT				OPERATOR'S NAME	DATES/HOURS USED EACH DAY																				COSTS				
Indicate size, capacity, horsepower, make, model, etc.	HP	CAPACITY	EQUIP. CODE #		0/0	###	###	###	###	###	###	###	###	###	###	###	###	###	###	###	###	###	###	###	###	###	###	TOTAL HRS	EQUIP RATE
				Hrs																							0.00	\$ -	\$ -
				Hrs																							0.00	\$ -	\$ -
				Hrs																							0.00	\$ -	\$ -
				Hrs																							0.00	\$ -	\$ -
				Hrs																							0.00	\$ -	\$ -
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				Hrs																							0.00	\$ -	\$ -
				Hrs																							0.00	\$ -	\$ -
				Hrs																							0.00	\$ -	\$ -
<b>SHEET TOTAL</b>																							<b>0.00</b>		<b>\$ -</b>				
I CERTIFY THAT THE ABOVE INFORMATION WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.																													
CASEY JONES														CITY MANAGER															
CERTIFIED														TITLE														DATE	

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

APPLICANT					FIPS #													DISASTER #												
TRAINVILLE, CITY OF					032-89123-00													FEMA -	1801		DR -	TX								
LOCATION/SITE					PROJECT #													CATEGORY												
0					0													A												
DESCRIPTION OF WORK PERFORMED													PERIOD COVERING																	
DEBRIS REMOVAL													1/25/06 TO 2/1/06																	
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				Hrs																									HRS	EQUIP RATE
																											0.00	\$ -	\$ -	
																											0.00	\$ -	\$ -	
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																											0.00	\$ -	\$ -	
																											0.00	\$ -	\$ -	
																							<b>SHEET TOTAL</b>			<b>0.00</b>		<b>\$ -</b>		
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CERTIFIED														TITLE														DATE		

FEDERAL EMERGENCY MANAGEMENT AGENCY  
 FORCE ACCOUNT EQUIPMENT SUMMARY RECORD

APPLICANT														FIPS #										DISASTER #					
TRAINVILLE, CITY OF														032-89123-00										FEMA - 1801		DR - TX			
LOCATION/SITE														PROJECT #										CATEGORY					
0														0										A					
DESCRIPTION OF WORK PERFORMED														PERIOD COVERING															
DEBRIS REMOVAL														1/25/06 TO 2/1/06															
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				Hrs																						0.00	\$ -	\$ -	
				Hrs																						0.00	\$ -	\$ -	
				Hrs																						0.00	\$ -	\$ -	
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				Hrs																						0.00	\$ -	\$ -	
																							SHEET TOTAL		0.00		\$ -		
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FEDERAL EMERGENCY MANAGEMENT AGENCY  
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APPLICANT														FIPS #						DISASTER #									
TRAINVILLE, CITY OF														032-89123-00						FEMA -	1801	DR -	TX						
LOCATION/SITE														PROJECT #						CATEGORY									
0														0						A									
DESCRIPTION OF WORK PERFORMED														PERIOD COVERING															
DEBRIS REMOVAL														1/25/06 TO 2/1/06															
TYPE OF EQUIPMENT				OPERATOR'S NAME	DATES/HOURS USED EACH DAY																				COSTS				
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				Hrs																					0.00	\$ -	\$ -		
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FEDERAL EMERGENCY MANAGEMENT AGENCY  
**FORCE ACCOUNT EQUIPMENT SUMMARY RECORD**

APPLICANT <b>TRAINVILLE, CITY OF</b>										FIPS # <b>032-89123-00</b>										DISASTER # FEMA - <b>1801</b> DR - <b>TX</b>															
LOCATION/SITE <b>0</b>										PROJECT # <b>0</b>										CATEGORY <b>A</b>															
DESCRIPTION OF WORK PERFORMED <b>DEBRIS REMOVAL</b>																				PERIOD COVERING <b>1/25/06 TO 2/1/06</b>															
TYPE OF EQUIPMENT				OPERATOR'S NAME	DATES/HOURS USED EACH DAY																				COSTS										
Indicate size, capacity, horsepower, make, model, etc.	HP	CAPACITY	EQUIP. CODE #		00/00	###	###	###	###	###	###	###	###	###	###	###	###	###	###	###	###	###	###	###	###	TOTAL HRS	EQUIP RATE	TOTAL COST							
				Hrs																					0.00	\$ -	\$ -								
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APPLICANT														FIPS #						DISASTER #										
TRAINVILLE, CITY OF														032-89123-00						FEMA -	1801	DR -	TX							
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					00/00	###	###	###	###	###	###	###	###	###	###	###	###	###	###	###	###	###	###	###	###	TOTAL HRS	EQUIP RATE	TOTAL COST		
Indicate size, capacity, horsepower, make, model, etc.	HP	CAPACITY	EQUIP. CODE #		Hrs																									
					Hrs																				0.00	\$ -	\$ -			
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APPLICANT														FIPS #										DISASTER #					
TRAINVILLE, CITY OF														032-89123-00										FEMA - 1801		DR - TX			
LOCATION/SITE														PROJECT #										CATEGORY					
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TYPE OF EQUIPMENT				OPERATOR'S NAME	DATES/HOURS USED EACH DAY																				COSTS				
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					Hrs																						0.00	\$ -	\$ -
																							<b>SHEET TOTAL</b>			<b>0.00</b>		<b>\$ -</b>	
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LOCATION/SITE														PROJECT #										CATEGORY					
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				Hrs																					0.00	\$ -	\$ -		
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				Hrs																						0.00	\$ -	\$ -
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LOCATION/SITE															PROJECT #					CATEGORY									
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DEBRIS REMOVAL																				1/25/06 TO 2/1/06							
TYPE OF EQUIPMENT				OPERATOR'S NAME	DATES/HOURS USED EACH DAY																		COSTS				
Indicate size, capacity, horsepower, make, model, etc.	HP	CAPACITY	EQUIP. CODE #		00/00	###	###	###	###	###	###	###	###	###	###	###	###	###	###	###	###	###	###	###	TOTAL HRS	EQUIP RATE	TOTAL COST
				Hrs																					0.00	\$ -	\$ -
				Hrs																					0.00	\$ -	\$ -
				Hrs																					0.00	\$ -	\$ -
				Hrs																					0.00	\$ -	\$ -
				Hrs																					0.00	\$ -	\$ -
				Hrs																					0.00	\$ -	\$ -
				Hrs																					0.00	\$ -	\$ -
				Hrs																					0.00	\$ -	\$ -
				Hrs																					0.00	\$ -	\$ -
				Hrs																					0.00	\$ -	\$ -
				Hrs																					0.00	\$ -	\$ -
				Hrs																					0.00	\$ -	\$ -
				Hrs																					0.00	\$ -	\$ -
				Hrs																					0.00	\$ -	\$ -
				Hrs																					0.00	\$ -	\$ -
																							SHEET TOTAL		0.00		\$ -
I CERTIFY THAT THE ABOVE INFORMATION WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.																											
CASEY JONES										CITY MANAGER																	
CERTIFIED										TITLE										DATE							

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

APPLICANT														FIPS #										DISASTER #					
TRAINVILLE, CITY OF														032-89123-00										FEMA - 1801		DR - TX			
LOCATION/SITE														PROJECT #										CATEGORY					
0														0										A					
DESCRIPTION OF WORK PERFORMED														PERIOD COVERING															
DEBRIS REMOVAL														1/25/06 TO 2/1/06															
TYPE OF EQUIPMENT				OPERATOR'S NAME	DATES/HOURS USED EACH DAY																				COSTS				
Indicate size, capacity, horsepower, make, model, etc.	HP	CAPACITY	EQUIP. CODE #		00/00	###	###	###	###	###	###	###	###	###	###	###	###	###	###	###	###	###	###	###	###	###	TOTAL HRS	EQUIP RATE	TOTAL COST
				Hrs																						0.00	\$ -	\$ -	
				Hrs																						0.00	\$ -	\$ -	
				Hrs																						0.00	\$ -	\$ -	
				Hrs																						0.00	\$ -	\$ -	
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				Hrs																						0.00	\$ -	\$ -	
				Hrs																						0.00	\$ -	\$ -	
				Hrs																						0.00	\$ -	\$ -	
				Hrs																						0.00	\$ -	\$ -	
																							SHEET TOTAL		0.00		\$ -		
I CERTIFY THAT THE ABOVE INFORMATION WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.																													
CASEY JONES														CITY MANAGER															
CERTIFIED														TITLE															DATE

FEDERAL EMERGENCY MANAGEMENT AGENCY  
 FORCE ACCOUNT EQUIPMENT SUMMARY RECORD

APPLICANT															FIPS #					DISASTER #									
TRAINVILLE, CITY OF															032-89123-00					FEMA -	1801	DR -	TX						
LOCATION/SITE															PROJECT #					CATEGORY									
0															0					A									
DESCRIPTION OF WORK PERFORMED															PERIOD COVERING														
DEBRIS REMOVAL															1/25/06 TO 2/1/06														
TYPE OF EQUIPMENT				OPERATOR'S NAME	DATES/HOURS USED EACH DAY																				COSTS				
Indicate size, capacity, horsepower, make, model, etc.	HP	CAPACITY	EQUIP. CODE #		00/00	####	####	####	####	####	####	####	####	####	####	####	####	####	####	####	####	####	####	####	####	####	TOTAL HRS	EQUIP RATE	TOTAL COST
					Hrs																								
				Hrs																					0.00	\$ -	\$ -		
				Hrs																					0.00	\$ -	\$ -		
				Hrs																					0.00	\$ -	\$ -		
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				Hrs																					0.00	\$ -	\$ -		
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				Hrs																					0.00	\$ -	\$ -		
				Hrs																					0.00	\$ -	\$ -		
				Hrs																					0.00	\$ -	\$ -		
																							<b>SHEET TOTAL</b>		<b>0.00</b>		<b>\$ -</b>		
I CERTIFY THAT THE ABOVE INFORMATION WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.																													
CASEY JONES															CITY MANAGER														
CERTIFIED															TITLE													DATE	

FEDERAL EMERGENCY MANAGEMENT AGENCY  
 FORCE ACCOUNT EQUIPMENT SUMMARY RECORD

APPLICANT														FIPS #										DISASTER #					
TRAINVILLE, CITY OF														032-89123-00										FEMA - 1801		DR - TX			
LOCATION/SITE														PROJECT #										CATEGORY					
0														0										A					
DESCRIPTION OF WORK PERFORMED														PERIOD COVERING															
DEBRIS REMOVAL														1/25/06 TO 2/1/06															
TYPE OF EQUIPMENT				OPERATOR'S NAME	DATES/HOURS USED EACH DAY																				COSTS				
Indicate size, capacity, horsepower, make, model, etc.					HP	CAPACITY	EQUIP. CODE #	00/00	###	###	###	###	###	###	###	###	###	###	###	###	###	###	###	###	###	###	###	TOTAL HRS	EQUIP RATE
					Hrs																						0.00	\$ -	\$ -
					Hrs																						0.00	\$ -	\$ -
					Hrs																						0.00	\$ -	\$ -
					Hrs																						0.00	\$ -	\$ -
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					Hrs																						0.00	\$ -	\$ -
					Hrs																						0.00	\$ -	\$ -
					Hrs																						0.00	\$ -	\$ -
																							<b>SHEET TOTAL</b>			<b>0.00</b>		<b>\$ -</b>	
I CERTIFY THAT THE ABOVE INFORMATION WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.																													
CASEY JONES														CITY MANAGER															
CERTIFIED														TITLE														DATE	

FEDERAL EMERGENCY MANAGEMENT AGENCY  
 FORCE ACCOUNT EQUIPMENT SUMMARY RECORD

APPLICANT														FIPS #										DISASTER #					
TRAINVILLE, CITY OF														032-89123-00										FEMA - 1801		DR - TX			
LOCATION/SITE														PROJECT #										CATEGORY					
0														0										A					
DESCRIPTION OF WORK PERFORMED														PERIOD COVERING															
DEBRIS REMOVAL														1/25/06 TO 2/1/06															
TYPE OF EQUIPMENT				OPERATOR'S NAME	DATES/HOURS USED EACH DAY																				COSTS				
Indicate size, capacity, horsepower, make, model, etc.	HP	CAPACITY	EQUIP. CODE #		00/00	###	###	###	###	###	###	###	###	###	###	###	###	###	###	###	###	###	###	###	###	###	TOTAL HRS	EQUIP RATE	TOTAL COST
				Hrs																						0.00	\$ -	\$ -	
				Hrs																						0.00	\$ -	\$ -	
				Hrs																						0.00	\$ -	\$ -	
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				Hrs																						0.00	\$ -	\$ -	
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				Hrs																						0.00	\$ -	\$ -	
																							SHEET TOTAL		0.00		\$ -		
I CERTIFY THAT THE ABOVE INFORMATION WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.																													
CASEY JONES														CITY MANAGER															
CERTIFIED														TITLE															DATE

FEDERAL EMERGENCY MANAGEMENT AGENCY  
FORCE ACCOUNT EQUIPMENT SUMMARY RECORD

APPLICANT				FIPS #																		DISASTER #									
TRAINVILLE, CITY OF				032-89123-00																		FEMA -	1801	DR -	TX						
LOCATION/SITE				PROJECT #																		CATEGORY									
0				0																		A									
DESCRIPTION OF WORK PERFORMED				PERIOD COVERING																											
DEBRIS REMOVAL				1/25/06 TO 2/1/06																											
TYPE OF EQUIPMENT				DATES/HOURS USED EACH DAY																				COSTS							
																								TOTAL	EQUIP RATE	TOTAL COST					
Indicate size, capacity, horsepower, make, model, etc.	HP	CAPACITY	EQUIP. CODE #	OPERATOR'S NAME	00/00	####	####	####	####	####	####	####	####	####	####	####	####	####	####	####	####	####	####	####	####	####	####	####	TOTAL HRS		
				Hrs																									0.00	\$ -	\$ -
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				Hrs																									0.00	\$ -	\$ -
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				Hrs																									0.00	\$ -	\$ -
																		<b>SHEET TOTAL</b>			<b>0.00</b>		<b>\$ -</b>								
I CERTIFY THAT THE ABOVE INFORMATION WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.																															
CASEY JONES																		CITY MANAGER													
CERTIFIED																		TITLE											DATE		

FEDERAL EMERGENCY MANAGEMENT AGENCY  
FORCE ACCOUNT EQUIPMENT SUMMARY RECORD

APPLICANT																FIPS #						DISASTER #							
TRAINVILLE, CITY OF																032-89123-00						FEMA -	1801	DR -	TX				
LOCATION/SITE																PROJECT #						CATEGORY							
0																0						A							
DESCRIPTION OF WORK PERFORMED																PERIOD COVERING													
DEBRIS REMOVAL																1/25/06 TO 2/1/06													
TYPE OF EQUIPMENT				OPERATOR'S NAME	DATES/HOURS USED EACH DAY																				COSTS				
Indicate size, capacity, horsepower, make, model, etc.	HP	CAPACITY	EQUIP. CODE #		9/20	9/21	9/22	9/23	9/24	9/25	9/26	9/27	9/28	9/29	9/30	10/1	10/2	10/3	10/4	10/5	10/6	10/7	10/8	10/9	10/10	TOTAL HRS	EQUIP RATE	TOTAL COST	
				Hrs																					0.00	\$ -	\$ -		
				Hrs																					0.00	\$ -	\$ -		
				Hrs																					0.00	\$ -	\$ -		
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				Hrs																					0.00	\$ -	\$ -		
<b>SHEET TOTAL</b>																							<b>0.00</b>		<b>\$ -</b>				
I CERTIFY THAT THE ABOVE INFORMATION WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.																													
CASEY JONES																CITY MANAGER													
CERTIFIED																TITLE												DATE	

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

APPLICANT <b>TRAINVILLE, CITY OF</b>	FIPS # <b>032-89123-00</b>	DISASTER #			
LOCATION/SITE <b>0</b>	PROJECT # <b>0</b>	FEMA - <b>1801</b>	DR -	TX	
DESCRIPTION OF WORK PERFORMED <b>DEBRIS REMOVAL</b>		CATEGORY <b>A</b>			
		PERIOD COVERING <b>1/25/06 TO 2/1/06</b>			

TYPE OF EQUIPMENT				OPERATOR'S NAME	DATES/HOURS USED EACH DAY																										COSTS		
Indicate size, capacity, horsepower, make, model, etc.	HP	CAPACITY	EQUIP. CODE #		00/00	###	###	###	###	###	###	###	###	###	###	###	###	###	###	###	###	###	###	###	###	###	###	###	TOTAL HRS	EQUIP RATE	TOTAL COST		
																																Hrs	
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																										<b>SHEET TOTAL</b>	<b>0.00</b>		<b>\$ -</b>				

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

CASEY JONES	CITY MANAGER	
CERTIFIED	TITLE	DATE



**FEDERAL EMERGENCY MANAGEMENT AGENCY  
MATERIAL SUMMARY SHEET**

APPLICANT			FIPS #			DISASTER #			
<b>TRAINVILLE, CITY OF</b>			<b>032-89123-00</b>			FEMA -	<b>1801</b>	DR -	<b>TX</b>
LOCATION/SITE				PW REF #			CATEGORY		
<b>0</b>				<b>0</b>			<b>A</b>		
DESCRIPTION OF WORK PERFORMED						PERIOD COVERING			
<b>DEBRIS REMOVAL</b>						<b>1/25/06 TO 2/1/06</b>			
VENDOR	DESCRIPTION	QNTY	UNIT PRICE	TOTAL PRICE	DATE PURCH	DATE USED	INFO FROM (CHECK ONE)		
							INV	STOCK	
				\$ -					
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				<b>TOTAL</b>	\$ -				
				<b>GRAND TOTAL</b>	\$ -				
I certify that the above information was obtained from payroll records, invoices, or other documents that are available for audit.									
CASEY JONES				CITY MANAGER					
CERTIFY				TITLE			DATE		

FEDERAL EMERGENCY MANAGEMENT AGENCY  
**MATERIAL SUMMARY SHEET**

APPLICANT			FIPS #			DISASTER #			
TRAINVILLE, CITY OF			032-89123-00			FEMA -	1801	DR -	TX
LOCATION/SITE				PW REF #		CATEGORY			
0				0		A			
DESCRIPTION OF WORK PERFORMED							PERIOD COVERING		
DEBRIS REMOVAL							1/25/06 TO 2/1/06		
VENDOR	DESCRIPTION	QNTY	UNIT PRICE	TOTAL PRICE	DATE PURCH	DATE USED	INFO FROM (CHECK ONE)		
							INV	STOCK	
				\$ -					
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				<b>TOTAL</b>	\$ -				
I certify that the above information was obtained from payroll records, invoices, or other documents that are available for audit.									
CASEY JONES				CITY MANAGER					
CERTIFY				TITLE				DATE	

FEDERAL EMERGENCY MANAGEMENT AGENCY  
**MATERIAL SUMMARY SHEET**

APPLICANT			FIPS #			DISASTER #			
TRAINVILLE, CITY OF			032-89123-00			FEMA -	1801	DR -	TX
LOCATION/SITE				PW REF #			CATEGORY		
0				0			A		
DESCRIPTION OF WORK PERFORMED							PERIOD COVERING		
DEBRIS REMOVAL							1/25/06 TO 2/1/06		
VENDOR	DESCRIPTION	QNTY	UNIT PRICE	TOTAL PRICE	DATE PURCH	DATE USED	INFO FROM (CHECK ONE)		
							INV	STOCK	
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I certify that the above information was obtained from payroll records, invoices, or other documents that are available for audit.									
CASEY JONES				CITY MANAGER					
CERTIFY				TITLE			DATE		

FEDERAL EMERGENCY MANAGEMENT AGENCY  
**MATERIAL SUMMARY SHEET**

APPLICANT			FIPS #			DISASTER #			
<b>TRAINVILLE, CITY OF</b>			<b>032-89123-00</b>			FEMA -	<b>1801</b>	DR -	<b>TX</b>
LOCATION/SITE				PW REF #			CATEGORY		
<b>0</b>				<b>0</b>			<b>A</b>		
DESCRIPTION OF WORK PERFORMED							PERIOD COVERING		
<b>DEBRIS REMOVAL</b>							<b>1/25/06 TO 2/1/06</b>		
VENDOR	DESCRIPTION	QNTY	UNIT PRICE	TOTAL PRICE	DATE PURCH	DATE USED	INFO FROM (CHECK ONE)		
							INV	STOCK	
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				TOTAL	\$ -				
I certify that the above information was obtained from payroll records, invoices, or other documents that are available for audit.									
CASEY JONES					CITY MANAGER				
CERTIFY					TITLE				
					DATE				

FEDERAL EMERGENCY MANAGEMENT AGENCY  
**MATERIAL SUMMARY SHEET**

APPLICANT			FIPS #			DISASTER #			
TRAINVILLE, CITY OF			032-89123-00			FEMA -	1801	DR -	TX
LOCATION/SITE				PW REF #			CATEGORY		
0				0			A		
DESCRIPTION OF WORK PERFORMED							PERIOD COVERING		
DEBRIS REMOVAL							1/25/06 TO 2/1/06		
VENDOR	DESCRIPTION	QNTY	UNIT PRICE	TOTAL PRICE	DATE PURCH	DATE USED	INFO FROM (CHECK ONE)		
							INV	STOCK	
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				TOTAL	\$ -				
I certify that the above information was obtained from payroll records, invoices, or other documents that are available for audit.									
CASEY JONES			CITY MANAGER						
CERTIFY			TITLE			DATE			

FEDERAL EMERGENCY MANAGEMENT AGENCY  
**RENTED EQUIPMENT SUMMARY RECORD**

APPLICANT		FIPS #		DISASTER #				
TRAINVILLE, CITY OF		032-89123-00		FEMA -	1801	DR -	TX	
LOCATION/SITE		PW REF #		CATEGORY				
0		0		A				
DESCRIPTION OF WORK PERFORMED				PERIOD COVERING				
DEBRIS REMOVAL				1/25/06 TO 2/1/06				
		Rates per Hour						
Type of Equipment Indicate size, capacity, horsepower, make & model	Dates & Hours Used	W/OPR	W/OUT OPR	TOTAL COST	VENDOR	INVOICE NUMBER	DATE & AMT PD	CHECK #
				\$ -				
				\$ -				
				\$ -				
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				\$ -				
				\$ -				
				\$ -				
				\$ -				
		TOTAL		\$ -				
		GRAND TOTAL		\$ -				
I certify that the above information from timesheets, payroll records, equipment log, invoices, stock records or other documents which are available for audit.								
CASEY JONES				CITY MANAGER				
CERTIFIED				TITLE			DATE	
Applicant's records have been reviewed and found correct with the exceptions as noted below:								

FEDERAL EMERGENCY MANAGEMENT AGENCY  
**RENTED EQUIPMENT SUMMARY RECORD**

APPLICANT		FIPS #		DISASTER #				
TRAINVILLE, CITY OF		032-89123-00		FEMA -	1801	DR -	TX	
LOCATION/SITE		PW REF #		CATEGORY				
0		0		A				
DESCRIPTION OF WORK PERFORMED				PERIOD COVERING				
DEBRIS REMOVAL				1/25/06 TO 2/1/06				
		Rates per Hour						
Type of Equipment Indicate size, capacity, horsepower, make & model	Dates & Hours Used	W/OPR	W/OUT OPR	TOTAL COST	VENDOR	INVOICE NUMBER	DATE & AMT PD	CHECK #
				\$ -				
				\$ -				
				\$ -				
				\$ -				
				\$ -				
				\$ -				
				\$ -				
				\$ -				
				\$ -				
				\$ -				
				\$ -				
				\$ -				
				\$ -				
				\$ -				
				\$ -				
				\$ -				
				\$ -				
		TOTAL		\$ -				
I certify that the above information from timesheets, payroll records, equipment log, invoices, stock records or other documents which are available for audit.								
CASEY JONES				CITY MANAGER				
CERTIFIED				TITLE			DATE	
Applicant's records have been reviewed and found correct with the exceptions as noted below:								

FEDERAL EMERGENCY MANAGEMENT AGENCY  
**RENTED EQUIPMENT SUMMARY RECORD**

APPLICANT		FIPS #		DISASTER #				
TRAINVILLE, CITY OF		032-89123-00		FEMA -	1801	DR -	TX	
LOCATION/SITE		PW REF #		CATEGORY				
0		0		A				
DESCRIPTION OF WORK PERFORMED				PERIOD COVERING				
DEBRIS REMOVAL				1/25/06 TO 2/1/06				
		Rates per Hour						
Type of Equipment Indicate size, capacity, horsepower, make & model	Dates & Hours Used	W/OPR	W/OUT OPR	TOTAL COST	VENDOR	INVOICE NUMBER	DATE & AMT PD	CHECK #
				\$ -				
				\$ -				
				\$ -				
				\$ -				
				\$ -				
				\$ -				
				\$ -				
				\$ -				
				\$ -				
				\$ -				
				\$ -				
				\$ -				
				\$ -				
				\$ -				
				\$ -				
				\$ -				
				\$ -				
				\$ -				
		TOTAL		\$ -				
I certify that the above information from timesheets, payroll records, equipment log, invoices, stock records or other documents which are available for audit.								
CASEY JONES				CITY MANAGER				
CERTIFIED				TITLE		DATE		
Applicant's records have been reviewed and found correct with the exceptions as noted below:								



FEDERAL EMERGENCY MANAGEMENT AGENCY  
**RENTED EQUIPMENT SUMMARY RECORD**

APPLICANT	FIPS #	DISASTER #			
<b>TRAINVILLE, CITY OF</b>	<b>032-89123-00</b>	FEMA -	<b>1801</b>	DR -	<b>TX</b>
LOCATION/SITE	PW REF #	CATEGORY			
<b>0</b>	<b>0</b>	<b>A</b>			
DESCRIPTION OF WORK PERFORMED		PERIOD COVERING			
<b>DEBRIS REMOVAL</b>		<b>1/25/06 TO 2/1/06</b>			

Type of Equipment Indicate size, capacity, horsepower, make & model	Dates & Hours Used	Rates per Hour		TOTAL COST	VENDOR	INVOICE NUMBER	DATE & AMT PD	CHECK #
		W/OPR	W/OUT OPR					
				\$ -				
				\$ -				
				\$ -				
				\$ -				
				\$ -				
				\$ -				
				\$ -				
				\$ -				
				\$ -				
				\$ -				
				\$ -				
				\$ -				
				\$ -				
				\$ -				
				\$ -				
				\$ -				
				\$ -				
				\$ -				
		TOTAL		\$ -				

I certify that the above information from timesheets, payroll records, equipment log, invoices, stock records or other documents which are available for audit.

CASEY JONES	CITY MANAGER	
CERTIFIED	TITLE	DATE

Applicant's records have been reviewed and found correct with the exceptions as noted below:

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

APPLICANT		FIPS #		DISASTER #	
<b>TRAINVILLE, CITY OF</b>		<b>032-89123-00</b>		FEMA -	<b>1801</b> DR - <b>TX</b>
LOCATION/SITE		PW REF #		CATEGORY	
<b>0</b>		<b>0</b>		<b>A</b>	
DESCRIPTION OF WORK PERFORMED				PERIOD COVERING	
<b>DEBRIS REMOVAL</b>				<b>1/25/06 TO 2/1/06</b>	
DATES WORKED	CONTRACTOR	BILLING/ INVOICE #	AMOUNT	COMMENTS -- SCOPE	
1/25/06 TO 2/1/06	DEBRIS R' US	DU 10007	\$ 25,000.00	TIME & MATERIALS CONTRACT FOR FIRST 70 HOURS	
00/00 to 00/00					
00/00 to 00/00					
00/00 to 00/00					
00/00 to 00/00					
00/00 to 00/00					
00/00 to 00/00					
00/00 to 00/00					
00/00 to 00/00					
00/00 to 00/00					
00/00 to 00/00					
00/00 to 00/00					
00/00 to 00/00					
00/00 to 00/00					
00/00 to 00/00					
00/00 to 00/00					
		TOTAL	\$ 25,000.00		
		GRAND TOTAL	\$ 25,000.00		
I certify that the above information from timesheets, payroll records, equipment log, invoices, stock records or other documents which are available for audit					
CASEY JONES		CITY MANAGER			
CERTIFIED		TITLE		DATE	
Applicant's records have been reviewed and found correct with the exceptions as noted.					

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

APPLICANT		FIPS #		DISASTER #	
<b>TRAINVILLE, CITY OF</b>		<b>032-89123-00</b>		FEMA -	<b>1801</b>
LOCATION/SITE		PW REF #		DR -	<b>TX</b>
<b>0</b>		<b>0</b>		<b>A</b>	
DESCRIPTION OF WORK PERFORMED				PERIOD COVERING	
<b>DEBRIS REMOVAL</b>				<b>1/25/06 TO 2/1/06</b>	
DATES WORKED	CONTRACTOR	BILLING/ INVOICE #	AMOUNT	COMMENTS -- SCOPE	
00/00 to 00/00					
00/00 to 00/00					
00/00 to 00/00					
00/00 to 00/00					
00/00 to 00/00					
00/00 to 00/00					
00/00 to 00/00					
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00/00 to 00/00					
00/00 to 00/00					
00/00 to 00/00					
00/00 to 00/00					
00/00 to 00/00					
00/00 to 00/00					
		TOTAL	\$	-	
I certify that the above information from timesheets, payroll records, equipment log, invoices, stock records or other documents which are available for audit					
CASEY JONES		CITY MANAGER			
CERTIFIED		TITLE		DATE	
Applicant's records have been reviewed and found correct with the exceptions as noted.					

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

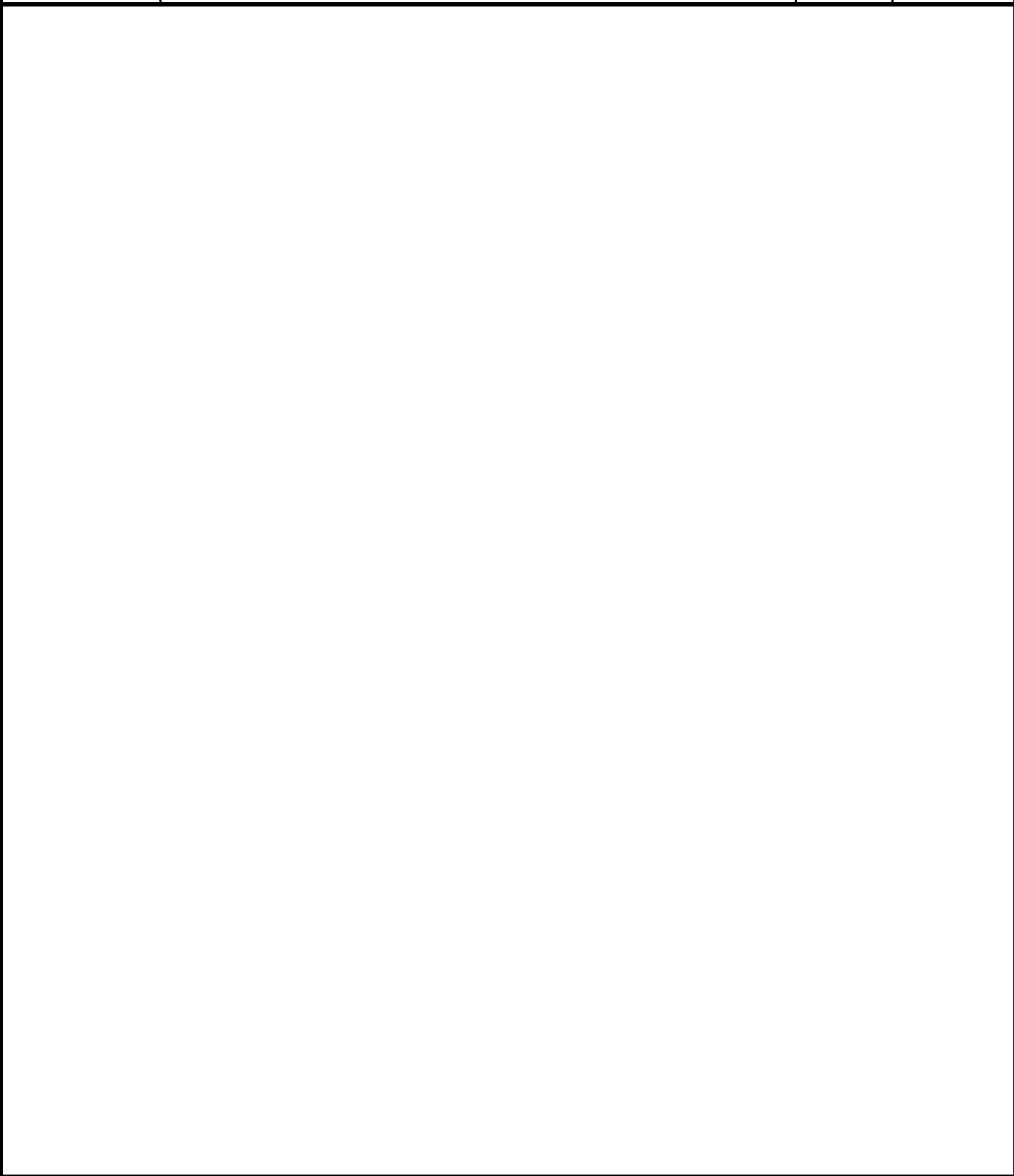
APPLICANT		FIPS #		DISASTER #	
<b>TRAINVILLE, CITY OF</b>		<b>032-89123-00</b>		FEMA -	<b>1801</b>
LOCATION/SITE		PW REF #		DR -	<b>TX</b>
<b>0</b>		<b>0</b>		<b>A</b>	
DESCRIPTION OF WORK PERFORMED				PERIOD COVERING	
<b>DEBRIS REMOVAL</b>				<b>1/25/06 TO 2/1/06</b>	
DATES WORKED	CONTRACTOR	BILLING/ INVOICE #	AMOUNT	COMMENTS -- SCOPE	
00/00 to 00/00					
00/00 to 00/00					
00/00 to 00/00					
00/00 to 00/00					
00/00 to 00/00					
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00/00 to 00/00					
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00/00 to 00/00					
00/00 to 00/00					
		TOTAL	\$	-	
I certify that the above information from timesheets, payroll records, equipment log, invoices, stock records or other documents which are available for audit					
CASEY JONES		CITY MANAGER			
CERTIFIED		TITLE		DATE	
Applicant's records have been reviewed and found correct with the exceptions as noted.					

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

APPLICANT		FIPS #		DISASTER #	
<b>TRAINVILLE, CITY OF</b>		<b>032-89123-00</b>		FEMA -	<b>1801</b>
LOCATION/SITE		PW REF #		DR -	<b>TX</b>
<b>0</b>		<b>0</b>		<b>A</b>	
DESCRIPTION OF WORK PERFORMED				PERIOD COVERING	
<b>DEBRIS REMOVAL</b>				<b>1/25/06 TO 2/1/06</b>	
DATES WORKED	CONTRACTOR	BILLING/ INVOICE #	AMOUNT	COMMENTS -- SCOPE	
00/00 to 00/00					
00/00 to 00/00					
00/00 to 00/00					
00/00 to 00/00					
00/00 to 00/00					
00/00 to 00/00					
00/00 to 00/00					
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00/00 to 00/00					
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00/00 to 00/00					
00/00 to 00/00					
		TOTAL	\$	-	
I certify that the above information from timesheets, payroll records, equipment log, invoices, stock records or other documents which are available for audit					
CASEY JONES		CITY MANAGER			
CERTIFIED		TITLE		DATE	
Applicant's records have been reviewed and found correct with the exceptions as noted.					

FEDERAL EMERGENCY MANAGEMENT AGENCY

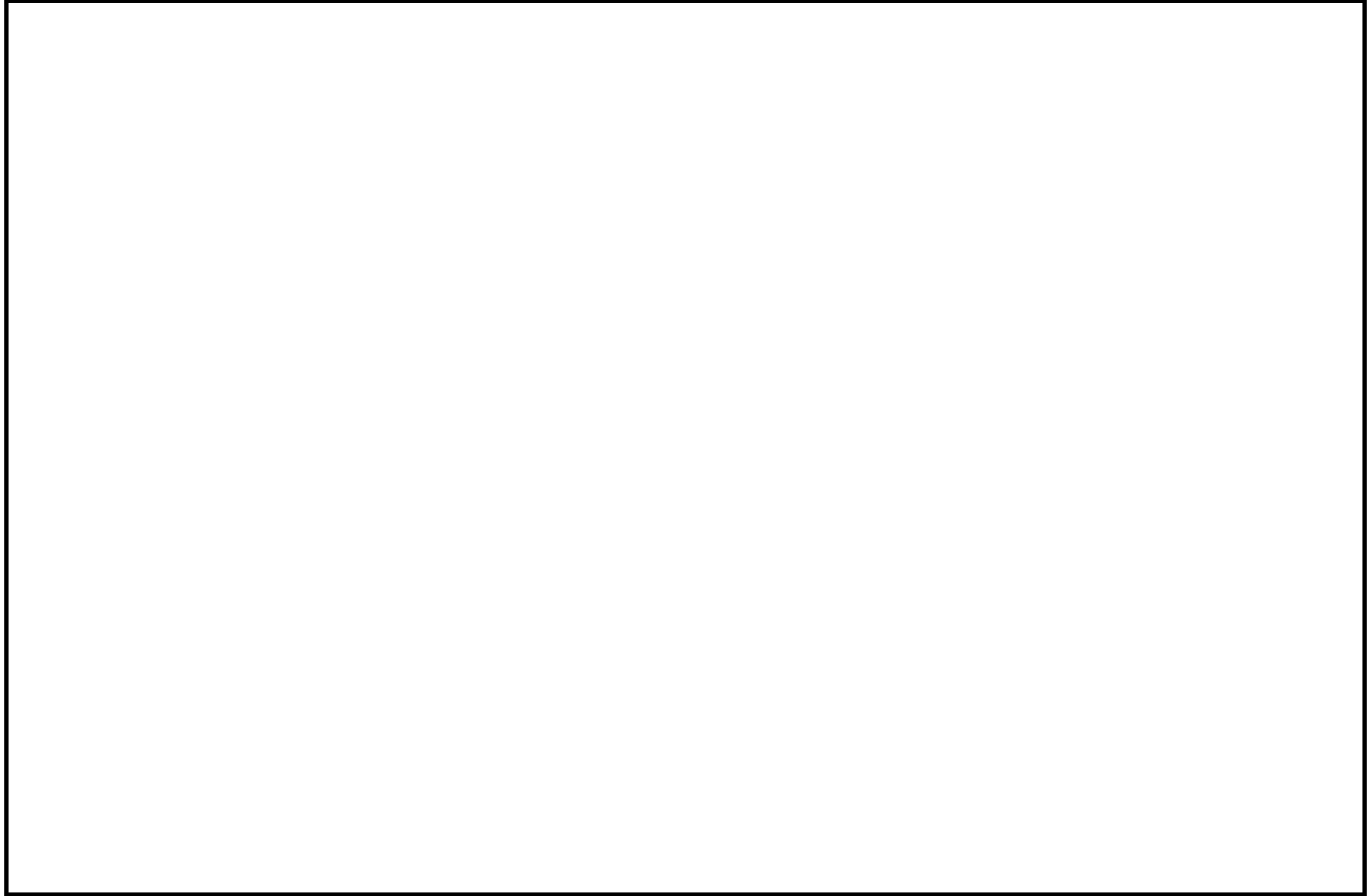
<b>SKETCH</b>			
<b>APPLICANT:</b>	<b>TRAINVILLE, CITY OF</b>	<b>DATE:</b>	<b>2/6/2006</b>
<b>FIPS #:</b>	<b>032-89123-00</b>	<b>PROJ. #</b>	<b>0</b>



FEDERAL EMERGENCY MANAGEMENT AGENCY

**LOCATION MAP**

APPLICANT:	TRAINVILLE, CITY OF	DATE:	2/6/2006
FIPS #:	032-89123-00	PW REF #:	0



FEDERAL EMERGENCY MANAGEMENT AGENCY

<b>FIRMETTE</b>			
APPLICANT:	TRAINVILLE, CITY OF	DATE:	2/6/2006
FIPS #:	032-89123-00	PW REF #:	0

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**FEDERAL EMERGENCY MANAGEMENT AGENCY  
RECONNAISSANCE / REVIEW REPORT FOR FLOODPLAIN MANAGEMENT**

(USE ONLY FOR PROJECTS IN CATEGORY C-G)  
(FOR PROJECTS OVER \$ 5,000 ONLY)

A	B	1	C	D	E	2	6	7	8

<b>A</b>
1. Facility
2. Bldg./Structure
3. Non-Emergency Debris Disposal

APPLICANT \_\_\_\_\_ CATEGORY \_\_\_\_\_  
PW REFERENCE NUMBER \_\_\_\_\_

<b>B</b>
1. Yes
X No

1. Is the project in a Wetland (swamp, marsh, etc.)? \_\_\_ Yes \_\_\_ No
2. Is the project in one of the following zones on a FIA/FEMA map? \_\_\_ Yes \_\_\_ No  
If it is, give map no. (if not, write in "estimated") \_\_\_\_\_.  
If an FIA/FEMA map is unavailable, please estimate the following.

(CHECK ONLY ONE)

- (1) \_\_\_\_\_ 100-year Floodplain  
(2) \_\_\_\_\_ 500-year Floodplain (CRITICAL ACTION)  
(3) \_\_\_\_\_ Floodway  
(4) \_\_\_\_\_ Coastal High Hazard Area  
(5) \_\_\_\_\_ Check if project is outside floodplain, but supports development in floodplain

<b>STEP 1</b>
1
2
3
4
5

IF PROJECT IS NEITHER IN NOR AFFECTS THE FLOODPLAIN  
OR WETLAND, STOP AT THIS POINT, PROCEED TO BOTTOM, SIGN FORM

3. Total PW estimated cost of restoration. (Check one)
- (1) \_\_\_\_\_ 0-49% of replacement cost  
(2) \_\_\_\_\_ 50-99% of replacement cost  
(3) \_\_\_\_\_ 100% of replacement cost  
(4) \_\_\_\_\_ Not applicable (Example - Debris Disposal)

<b>C</b>
1
2
3
4

4. Has the project been structurally damaged by flooding before? \_\_\_ Yes \_\_\_ No.  
If Yes, when \_\_\_\_\_. Has a flood insurance payment(s) ever been received? (BUILDINGS ONLY)  
\_\_\_\_\_ Yes \_\_\_\_\_ No

<b>D</b>
Declared Disaster/ Insurance Payment?
1. Yes
2. No
3. Don't know or N/A

5. Mark type of land use upstream and downstream.

	<b>UPSTREAM</b>	<b>DOWNSTREAM</b>
(A) Pasture/Cropland (Sparse development)	_____	_____
(B) Forest/Desert (Undeveloped)	_____	_____
(C) Urban (Developed)	_____	_____
(D) Not applicable (Example - Debris Disposal)	_____	_____

6. Recommendation (Check one)

1. Relocate outside base floodplain \_\_\_\_\_  
2. Restore facility/structure with mitigation \_\_\_\_\_  
3. Transfer function to another facility \_\_\_\_\_  
4. Restore scope of work or cost \_\_\_\_\_  
5. Restore facility/structure without mitigation \_\_\_\_\_  
6. No action (disapprove project) \_\_\_\_\_  
7. More information required (explain) \_\_\_\_\_

**NOTES:** For each recommendation, except 3, 4, 5 and 6, complete and attach a Hazard Mitigation Proposal showing the estimated work and costs. Submit signed reports with pw.

Project Officer \_\_\_\_\_ Date \_\_\_\_\_

**(THIS PAGE FOR REVIEWER USE ONLY)**

**NOTE TO REVIEWER:** If the project is outside the floodway and coastal high hazard area, has not sustained prior structural damages and total damages are less than 50% of replacement cost and less than \$25,000, complete only steps 4, 5 & 8. For the Floodplain Number, fill in blocks A, B, 1, C & D; enter "x" in block E, 2, 6, and 7; and "2" or "5" in block 8, as appropriate.

**7. Justification for Floodway or Coastal High Hazard Area Location (BlockE)**

<b>E</b>	
1.	Functionally dependent use
2.	Facility open space use
X	Neither

**8. Initial Notice Determination**

(a) Degree of Public Need: Essential \_\_\_\_\_ Useful \_\_\_\_\_ Minimal \_\_\_\_\_

(b) No. of Individual Affected: less than 100 \_\_\_\_\_; 100 to 5,000 \_\_\_\_\_; more than 5,000 \_\_\_\_\_

	<u>Repair/Replacement</u>		<u>Relocate</u>		<u>No FEMA action</u>	
	Yes	No	Yes	No	Yes	No
(c) Potential for Controversy	_____	_____	_____	_____	_____	_____
(d) Potential Impact	_____	_____	_____	_____	_____	_____

<b>STEP 2</b>	
0.	Cumulative
1.	Individual

**9. Are the following alternatives feasible? (Base your decision on the considerations listed below).**

- |                         |                      |                       |
|-------------------------|----------------------|-----------------------|
| (a) Engineering         | (c) Economic Aspects | (e) Legal Constraints |
| (b) Natural Environment | (d) Social Concerns  |                       |

	yes	no
1. Relocated outside the base floodplain	_____	_____
2. Restore facility/structure with mitigation	_____	_____
3. Transfer function to another facility	_____	_____
4. Reduce scope of work	_____	_____
5. Restore facility/structure without mitigation	_____	_____
6. No action (disapprove project)	_____	_____
7. Maintain or improve social resources	_____	_____

**STEP 3**

**10. Circle below, the number of each feasible alternative and determine if each alternative will adverse impacts or not [indicate Yes (Y) or No (N)]**

	1	2	3	4	5	6	7
1. Minimize danger to lives	_____	_____	_____	_____	_____	_____	_____
2. Minimize damages to facility	_____	_____	_____	_____	_____	_____	_____
3. Minimize damages elsewhere	_____	_____	_____	_____	_____	_____	_____
4. Reduce support of floodplain or wetland development	_____	_____	_____	_____	_____	_____	_____
5. Maintain or improve economic resources	_____	_____	_____	_____	_____	_____	_____
6. Maintain or improve social resources	_____	_____	_____	_____	_____	_____	_____

**STEP 4 & 5**

**11. Re-evaluate the alternatives. Insert the number of the chosen alternative from STEP 3 in the box. If none, enter "x" here and indicate suspension in step 8 with a "7".**

<b>STEP 6</b>	

**12. Final Notice Determination**

First check if any of the following apply:

- \_\_\_ Critical action
- \_\_\_ PW greater than \$100,000
- \_\_\_ Repair is a substantial improvement
- \_\_\_ Previously damaged in a declared flooding disaster
- \_\_\_ Located in Floodway or Coastal High Hazard Area
- \_\_\_ An Individual first notice was issued
- \_\_\_ Past flood insurance payment(s)

<b>STEP 7</b>	
1.	None of the criteria apply ( no final notice necessary)
2.	Cumulative Final notice necessary)
3.	Individual Final Notice
4.	Federal EIS is required

**13. Reviewer's Recommendation (Circle recommended alternative)**

<b>STEP 8</b>						
1	2	3	4	5	6	7

1. THIS SHEET IS REQUIRED FOR ALL PERMANENT REPAIR PROJECTS THAT THAT EXCEED \$5000.00
2. TO ENTER DATA CLICK ON THE LEFT MOST NUMBER ON THE ROW YOU WANT TO ENTER DATA IN AND WORK IN THE FORMULA BAR.

FEDERAL EMERGENCY MANAGEMENT AGENCY					
HAZARD MITIGATION PROPOSAL (HMP)					
NAME OF APPLICANT:	<b>TRAINVILLE, CITY OF</b>	CATEGORY	PROJECT REFERENCE #		
		<b>A</b>	<b>0</b>		
SCOPE OF MITIGATION WORK:		FIPS #	<b>032-89123-00</b>		
ESTIMATE OF WORK					
CODE	MATERIAL AND/OR DESCRIPTION	UOM	QTY	UNIT PRICE	COST (Dollars)
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
TOTAL				→	\$ -
<i>(Not to be included in PW)</i>					
RECOMMENDED BY <i>(Signature)*</i>		AGENCY			DATE
EARL SCRUBS		FEMA PAC			
CONCURRENCE BY STATE INSPECTOR <i>(Signature)*</i>		AGENCY			DATE
0		STATE PAC			
CONCURRENCE BY LOCAL REPRESENTATIVE <i>(Signature)*</i>		AGENCY			DATE
CASEY JONES		TRAINVILLE, CITY OF			
NOTE: Signature by the Federal Inspector is not an approval of this work, and signature by the State and local applicant is not a commitment to perform the work.					

FEDERAL EMERGENCY MANAGEMENT AGENCY

<b>PHOTO SHEET 1</b>			
APPLICANT:	TRAINVILLE, CITY OF	DATE:	2/6/2006
FIPS #:	032-89123-00	PW REF #:	0

FEDERAL EMERGENCY MANAGEMENT AGENCY

BACK UP INFO			
APPLICANT:	TRAINVILLE, CITY OF	DATE:	2/6/2006
FIPS #:	032-89123-00	PROJ. #	0

**BACKUP DOCUMENTATION  
DO NOT COPY / SCAN**

FEMA: SCHEDULE OF EQUIPMENT RATES

<b>COST CODE</b>	<b>HOURLY RATE</b>
0	0
8010	\$1.50
8011	\$4.10
8012	\$6.70
8013	\$11.75
8014	\$18.50
8015	\$29.00
8016	\$43.00
8017	\$58.00
8020	\$5.40
8021	\$6.10
8022	\$6.90
8023	\$7.30
8024	\$9.70
8025	\$12.75
8040	\$16.50
8041	\$25.00
8050	\$2.80
8051	\$8.40
8060	\$1.10
8061	\$2.50
8062	\$1.75
8063	\$25.00
8070	\$0.37
8071	\$7.60
8072	\$0.41
8073	\$11.00
8075	\$0.29
8110	\$24.50
8111	\$38.00
8112	\$51.00
8113	\$60.00
8115	\$45.00
8116	\$52.00
8120	\$157.00
8121	\$248.00
8122	\$369.00
8123	\$559.00
8130	\$0.85
8131	\$9.30
8132	\$20.50
8133	\$128.00
8134	\$144.00
8135	\$176.00
8136	\$206.00
8140	\$23.00
8141	\$35.00
8142	\$44.00
8143	\$109.00
8144	\$153.00
8150	\$7.80

FEMA: SCHEDULE OF EQUIPMENT RATES

8151	\$11.75
8152	\$14.50
8153	\$5.50
8154	\$7.50
8157	\$38.00
8158	\$43.00
8159	\$50.00
8180	\$11.50
8181	\$17.75
8182	\$24.00
8190	\$1.25
8191	\$2.45
8192	\$1.65
8195	\$69.00
8196	\$76.00
8197	\$85.00
8200	\$10.75
8201	\$14.25
8202	\$18.25
8203	\$21.50
8204	\$31.00
8205	\$45.00
8206	\$68.00
8207	\$103.00
8210	\$64.00
8211	\$86.00
8212	\$117.00
8213	\$159.00
8214	\$221.00
8215	\$305.00
8220	\$7.90
8221	\$13.75
8222	\$19.75
8223	\$24.00
8224	\$38.00
8225	\$63.00
8226	\$101.00
8227	\$200.00
8228	\$14.00
8229	\$35.00
8230	\$60.00
8240	\$18.75
8241	\$28.50
8242	\$45.00
8250	\$26.50
8251	\$34.00
8252	\$46.00
8253	\$67.00
8254	\$104.00
8255	\$171.00
8256	\$298.00
8260	\$44.00



FEMA: SCHEDULE OF EQUIPMENT RATES

8261	\$52.00
8262	\$66.00
8263	\$96.00
8270	\$4.00
8271	\$7.10
8272	\$11.75
8273	\$16.00
8275	\$3.25
8276	\$6.80
8277	\$11.25
8278	\$13.25
8280	\$19.50
8281	\$33.00
8282	\$55.00
8283	\$88.00
8284	\$138.00
8285	\$215.00
8286	\$338.00
8290	\$9.00
8291	\$14.00
8300	\$7.80
8301	\$11.00
8302	\$18.25
8303	\$33.00
8310	\$2.65
8311	\$5.90
8312	\$12.50
8313	\$18.25
8314	\$25.50
8315	\$36.00
8316	\$46.00
8317	\$56.00
8318	\$82.00
8319	\$109.00
8320	\$166.00
8321	\$226.00
8322	\$280.00
8323	\$335.00
8330	\$20.50
8331	\$27.00
8332	\$35.00
8333	\$49.00
8350	\$0.15
8351	\$0.20
8352	\$0.35
8353	\$0.55
8354	\$1.10
8355	\$1.85
8356	\$0.20
8357	\$0.30
8358	\$0.50
8359	\$0.80

FEMA: SCHEDULE OF EQUIPMENT RATES

8360	\$1.75
8361	\$3.10
8380	\$11.75
8381	\$20.50
8382	\$40.00
8383	\$63.00
8384	\$88.00
8385	\$118.00
8390	\$11.25
8391	\$14.00
8392	\$20.50
8393	\$27.50
8394	\$35.00
8395	\$43.00
8396	\$53.00
8397	\$64.00
8398	\$75.00
8399	\$86.00
8400	\$100.00
8401	\$14.25
8410	\$2.50
8411	\$3.75
8412	\$8.70
8413	\$13.25
8420	\$25.50
8421	\$34.00
8422	\$42.00
8423	\$40.00
8424	\$53.00
8425	\$2.85
8430	\$37.00
8431	\$56.00
8432	\$88.00
8433	\$113.00
8434	\$136.00
8436	\$52.00
8437	\$72.00
8438	\$97.00
8439	\$135.00
8440	\$11.75
8441	\$16.75
8442	\$33.00
8445	\$51.00
8446	\$2.75
8450	\$18.50
8451	\$25.00
8452	\$13.50
8453	\$20.00
8455	\$3.85
8456	\$5.50
8457	\$7.70
8458	\$3.65

FEMA: SCHEDULE OF EQUIPMENT RATES

8460	\$2.25
8461	\$2.95
8462	\$7.00
8463	\$1.20
8470	\$2.55
8471	\$3.30
8472	\$4.25
8473	\$5.40
8474	\$7.60
8475	\$10.75
8476	\$14.75
8477	\$20.50
8478	\$26.50
8479	\$31.00
8486	\$5.30
8487	\$8.90
8488	\$19.00
8489	\$36.00
8490	\$4.00
8491	\$11.00
8492	\$20.50
8493	\$37.00
8494	\$58.00
8496	\$22.00
8497	\$32.00
8498	\$49.00
8499	\$86.00
8500	\$25.50
8501	\$38.00
8502	\$58.00
8503	\$87.00
8504	\$126.00
8505	\$182.00
8510	\$4.00
8511	\$9.10
8512	\$15.50
8513	\$25.00
8514	\$33.00
8515	\$45.00
8517	\$1.05
8518	\$1.20
8520	\$71.00
8521	\$92.00
8522	\$120.00
8523	\$145.00
8524	\$172.00
8540	\$10.50
8541	\$14.25
8542	\$16.00
8543	\$16.50
8550	\$33.00
8551	\$52.00

FEMA: SCHEDULE OF EQUIPMENT RATES

8552	\$77.00
8553	\$109.00
8560	\$121.00
8561	\$134.00
8562	\$153.00
8570	\$10.50
8571	\$16.00
8572	\$23.00
8573	\$30.00
8580	\$9.50
8581	\$14.00
8590	\$16.75
8591	\$25.50
8592	\$34.00
8600	\$9.70
8601	\$11.25
8602	\$13.50
8610	\$10.50
8611	\$12.25
8612	\$15.25
8613	\$18.50
8620	\$61.00
8621	\$74.00
8622	\$86.00
8623	\$98.00
8624	\$110.00
8625	\$122.00
8626	\$133.00
8630	\$8.80
8631	\$11.00
8632	\$17.00
8633	\$7.90
8634	\$11.50
8635	\$16.75
8640	\$1.55
8641	\$1.85
8642	\$2.30
8650	\$11.75
8651	\$27.50
8652	\$37.00
8653	\$55.00
8660	\$7.50
8661	\$15.75
8662	\$25.00
8670	\$32.00
8671	\$34.00
8672	\$36.00
8680	\$58.00
8681	\$67.00
8690	\$44.00
8691	\$46.00
8692	\$59.00

FEMA: SCHEDULE OF EQUIPMENT RATES

8693	\$64.00
8700	\$11.25
8701	\$13.75
8702	\$17.75
8703	\$23.00
8704	\$28.00
8705	\$34.00
8706	\$40.00
8712	\$17.25
8713	\$22.00
8720	\$21.00
8721	\$24.00
8722	\$27.00
8723	\$40.00
8724	\$66.00
8725	\$72.00
8726	\$90.00
8730	\$31.00
8731	\$38.00
8750	\$4.10
8753	\$2.15
8755	\$2.15
8760	\$1.00
8761	\$1.95
8770	\$3.05
8771	\$6.20
8772	\$8.70
8773	\$12.50
8780	\$20.50
8781	\$29.00
8790	\$22.00
8791	\$28.50
8792	\$32.00
8793	\$35.00
8800	\$0.33
8801	\$7.40
8802	\$9.30
8803	\$11.75
8804	\$14.75
8810	
8811	
8812	
8813	
8814	
9999	

FEDERAL EMERGENCY MANAGEMENT AGENCY

<b>MEMORANDUM FOR RECORD</b>	<b>FEMA</b>	<b>1801</b>	<b>DR</b>	<b>TX</b>
<b>SUBJECT: EXIT INTERVIEW</b>				
APPLICANT NAME:		<b>TRAINVILLE, CITY OF</b>		
KICKOFF MEETING DATE:	<b>02/03/06</b>	FIPS#	<b>032-89123-00</b>	

Note the number of small and large Project Worksheets written for each category and the total number of PW's by Category. If there is no damage in a category, mark "N/A." This document is to be signed by the Public Assistance Coordinator, State Applicant Liaison, and the Applicant's Authorized Representative as shown on the RPA. Give a copy to the applicant and turn in the original to the data entry section.

Completed Categories	# Small Projects	# Large Projects	Total # of PW's	Estimated Cost
Category A: Debris Clearance			0	
Category B: Protective Measures			0	
Category C: Road Systems			0	
Category D: Water Control Facilities			0	
Category E: Building & Contents			0	
Category F: Public Utility System			0	
Category G: Other (Recreational)			0	
<b>Total # of Project Worksheets</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>\$0.00</b>

At this time, damage surveys in all categories of work are completed and all Project Worksheets are written. Exceptions are listed in the comment section below. Examples of exceptions are sites under water or Category A or B records being compiled for completed work. If additional damage is found, the applicant must notify FEMA in writing within 60 days of kickoff meeting: 04/04/06

Public Assistance Coordinator:	EARL SCRUBS	Date:
State Applicant Liaison:	0	Date:

I hereby certify that to the best of my knowledge and belief all work claimed is eligible in accordance with the grant conditions. All work will comply with the provisions of the Clean Water Act, Clean Air Act, Fish and Wildlife Coordination Act, Endangered Species Act, National Historic Preservation Act, related Federal Statutes, associated State, Tribal and Local Laws, Codes, Ordinances, and Other Statutes.

Complete records and cost documents for all approved work will be maintained for at least three (3) years from the date the last project was completed or on receipt of final payment, whichever is later.

Applicants have the right to appeal a decision. The appeal must be submitted within 60 days from receipt of the determination by FEMA or the State. All decisions should be addressed to the State Emergency Management Office.

Applicant Representative:	CASEY JONES	Date:
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Comments:

FEDERAL EMERGENCY MANAGEMENT AGENCY

**VOLUNTEER CREDIT WORK SHEET**

Volunteer Credits are to be applied after all PWs are written for the Categories "A" (debris removal) and "B" (emergency protective measures). The total for all of the Cat A & B PWs is to be calculated and used to determine the Maximum Allowable amount o

APPLICANT	TRAINVILLE, CITY OF	DATE	2/6/2006
FIPS #	032-89123-00	COUNTY	CABOOSE

Total Volunteer Labor (inc benefits)	\$0.00
Total Volunteer Equipment (FEMA rates)	\$0.00
Total Volunteer Material	\$0.00

<b>TOTAL ELIGIBLE VOLUNTEER CREDIT</b>	<b>\$0.00</b>
--	---------------

FEDERAL SHARE (%)	0.00	%
STATE SHARE (%)	0.00	%
<b>TOTAL NON-APPLICANT SHARE</b>	0.00	%

0

<u>List Category "A" PW amounts</u>	1	\$0.00
	2	\$0.00
	3	\$0.00
	4	\$0.00
	5	\$0.00
<u>List Category "B" PW amounts</u>	1	\$0.00
	2	\$0.00
	3	\$0.00
	4	\$0.00
	5	\$0.00

<b>TOTAL EMERGENCY WORK</b>	<b>\$0.00</b>
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<b>MAXIMUM VOLUNTEER CREDIT</b>	<b>\$0.00</b>
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<b>APPLY VOLUNTEER CREDIT AMOUNT</b>	<b>\$0.00</b>
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The listing "APPLY VOLUNTEER CREDIT AMOUNT" is calculated as the lower of the two values, "TOTAL ELIGIBLE VOLUNTEER CREDIT" and "MAXIMUM VOLUNTEER CREDIT". A Category "B" Project Worksheet, is to be written, with a line item 9999 for the "APPLY VOLUNTEER

Tree Debris Calculation Sheet

**HAZARDOUS LIMB REMOVAL**

<u>Limb Diameter</u>	<u>Volume (CY)</u>	<u>No. of Limbs</u>	<u>TOTAL VOL. (CY)</u>
6"-12"	0.20		0.00
13"-24"	0.80		0.00
25"-36"	1.90		0.00
37"-48"	2.10		0.00
49"+	2.10		0.00
			<b><u>TOTAL</u></b> <u>0.00</u>

**WHOLE TREE REMOVAL**

<u>Tree Diameter</u>	<u>Volume (CY)</u>	<u>No. of Trees</u>	<u>TOTAL VOL. (CY)</u>
6"-12"	2.50		0.00
13"-18"	4.50		0.00
19"-24"	7.20		0.00
25"-36"	11.10		0.00
37"+	16.50		0.00
			<b><u>TOTAL</u></b> <u>0.00</u>

**TOTAL VOL. LIMBS  
AND TREES (CY)** 0.00

Reference Source: USDA/USFS Technical Report-Northeast Experiment Station  
Cubic Foot Volume Tables

Sheet # \_\_\_\_\_ of \_\_\_\_\_  
DSR # \_\_\_\_\_  
PA# \_\_\_\_\_



DESIGN FOR HP PILES	
Cantilever wall using H-Piles Using 50 ksi Steel	
1) Level Backfill 2) Sloping Backfill 3) Broken Backslope	Ka = 0.4902906 Eq Fluid Press. = 53.932 pcf F1 = 18229.004 lbs/ft F2 = 2804.4622 lbs/ft
Enter Slope Type 1 Degree of Slope 0.00 deg Friction Angle 20.00 deg Gamma 110 pcf Surcharge 2 ft	Moment per pile 4666.6 in-kips
on Level backfill, h Muat = 0 h for case 3 0 ft H4 26 ft Pile Spacing 2 ft	Values of section of steel chosen Tw = 0.705 in. d = 14.01 in. Ix-x = 1050 in <sup>4</sup>
Use steel size <b>14x 102</b>	Maximum Allowable Shear is 197.54 kips Shear = 42.066933 kips at base of pile Maximum Allowable Bending Stress is 24 ksi Bending Stress = 31.133 ksi
Max. Deflection = 2.7972 in.	SHEAR OK      STRESS OK

DESIGN FOR LAGGING	
Assume Southern Pine not Dense SR Max Values from AASHTO Table 13.2.1A Page 274 (or page 195 for 1991)	
Fb = 1550 psi Fv = 110 psi Fc perp = 440 psi Reduction factor 0.9 From AASHTO	Req. Section Modulus for Bending Sx = 6.49503242 in <sup>3</sup> required
Total Load = 1510.1 psf R1 and R2 = 1510.1 lbs Max Moment = 755.048 ft-lbs or 755.048	Check Bending l = 18 in <sup>4</sup> S = 12 in <sup>3</sup> Fb = 755.05 psi OK
Size of Timber 3 thickness inches 8 base or width inches	Check Shear Fr = 62.921 psi OK
BENDING OK      SHEAR OK      END BEARING OK	Check End Bearing Fc perp = 251.68 psi OK

Cantilever wall for railroad steel	
1) Level Backfill 2) Sloping Backfill 3) Broken Backslope	
Enter Slope Type 1 Degree of Slope 0.00 deg Friction Angle 20.00 deg Gamma 110 pcf Surcharge 2 ft	Ka = 0.4902906 in-kips
h for case 3 0 ft Height of Steel 20 ft Pile Spacing 0.5 ft (effective)	140 & 136 lb. Rails Deflection = 4.22 in. BENDING OK
	133 & 130 lb. Rails Deflection = 5.25 in. BENDING OK

140 and 136 lb/yd rails	
Distance from neutral axis. Y= 3.37 inches Moment of Inertia 82 in <sup>4</sup> ; Has been reduced 15% for used steel F1 = 10786.393 lbs/ft F2 = 2157.2786 lbs/ft (Force due to surcharge load) Moment per pile 46741.037 ft-lbs Fy = 70000 psi (original design strength) Fb = (M*Y)/I = 23256.516 psi	
Deflection at top of rail = 4.22 in      BENDING OK	

133 and 130 lb/yd rails	
Distance from neutral axis. Y= 3.2 inches Moment of Inertia 66 in <sup>4</sup> ; Has been reduced 15% for used steel F1 = 10786.393 lbs/ft F2 = 2157.2786 lbs/ft Moment per pile 46741.037 ft-lbs Fy = 70000 psi (original design strength) Fb = (M*Y)/I = 28894.459 psi	
Deflection at top of rail = 5.25 in      BENDING OK	

## PROJECT WORKSHEET SEQUENCE SCHEDULE CHECKSHEET

APPLICANT:	<b>TRAINVILLE, CITY OF</b>	DATE:	<b>02/06/06</b>
FIPS #	<b>032-89123-00</b>	PROJ. #	<b>0</b>

ITEM	DESCRIPTION	SHEET
1	TRANSMITTAL SHEET	<input type="checkbox"/>
2	EXIT INTERVIEW (INCLUDE WITH FINAL PW)	<input type="checkbox"/>
3	PROJECT WORKSHEET	<input type="checkbox"/>
4	PROJECT WORKSHEET CONTINUATION SHEETS (IF NEEDED)	<input type="checkbox"/>
5	SITE SHEETS	<input type="checkbox"/>
6	SITE SUMMARY SHEET (IF NEEDED)	<input type="checkbox"/>
7	SPECIAL CONSIDERATIONS FORM (9 QUESTIONS)	<input type="checkbox"/>
8	GENERAL COMMENTS FORM	<input type="checkbox"/>
9	HAZARD MITIGATION PROPOSAL (IF NEEDED - GOLD PAPER)	<input type="checkbox"/>
10	FLOODPLAIN REVIEW IF REQUIRED	<input type="checkbox"/>
11	FORCE ACCOUNT COMPLETED TO DATE SUMMARY SHEET	<input type="checkbox"/>
12	FORCE ACCOUNT LABOR SHEETS	<input type="checkbox"/>
13	APPLICANT BENEFITS CALCULATION SHEETS	<input type="checkbox"/>
14	FORCE ACCOUNT EQUIPMENT SHEETS	<input type="checkbox"/>
15	EQUIPMENT INVENTORY SHEET	<input type="checkbox"/>
16	FORCE ACCOUNT MATERIALS	<input type="checkbox"/>
17	MATERIAL INVOICES AND/OR RECEIPTS	<input type="checkbox"/>
18	FORCE ACCOUNT RENTAL SUMMARY	<input type="checkbox"/>
19	RENTAL AGREEMENTS AND/OR INVOICES	<input type="checkbox"/>
20	FORCE ACCOUNT CONTRACT SUMMARY	<input type="checkbox"/>
21	CONTRACT DOCUMENTATION (INVOICES)	<input type="checkbox"/>
22	SKETCH (IF NEEDED)	<input type="checkbox"/>
23	PHOTO PAGES	<input type="checkbox"/>
24	FLOODPLAIN LOCATION (FIRM) MAP (IF AVAILABLE)	<input type="checkbox"/>
25	SITE MAPS	<input type="checkbox"/>
26	"DO NOT COPY" (YELLOW PAPER)	<input type="checkbox"/>
27	STATE REQUIRED BACKUP DOCUMENTATION (IF NEEDED)	<input type="checkbox"/>
28	TIMESHEETS, LOAD TICKETS, ETC.	<input type="checkbox"/>
29	COMPLETE INSURANCE POLICY (IF REQUIRED)	<input type="checkbox"/>

**EXAMPLE DAMAGE DESCRIPTIONS AND SCOPES OF WORK  
CATEGORY A**

**DAMAGE DESCRIPTION AND DIMENSIONS:**

HIGH WINDS AND HEAVY RAINS FROM 1545-FL (HURRICANE FRANCES) AND 1561-FL (HURRICANE JEANNE) STORMS GENERATED DEBRIS ON PUBLIC PROPERTY AND PRIVATE PROPERTY THAT WAS BROUGHT TO PUBLIC RIGHTS-OF-WAY IN APPLICANT'S LEGAL JURISDICTION THAT PRESENTED AN IMMEDIATE THREAT TO LIVES, PUBLIC HEALTH AND SAFETY REQUIRING THE COLLECTION, HAULING, AND DISPOSAL OF VEGETATIVE DEBRIS (TREES AND LIMBS) TO TWO SEPARATE REDUCTION/BURN SITES; THE TEMPORARY LANDFILL AT THE HERNANDO COUNTY AIRPORT LOCATED APPROXIMATELY 0.5 MILES SOUTH OF SPRING HILL DRIVE (28.47478 AND -82.47165), AND THE HERNANDO COUNTY LANDFILL LOCATED AT 14450 LANDFILL RD. BROOKSVILLE, FL. 34614 ( 28.64985 AND -82.47165) SPECIFICALLY REQUIRING:

- \* COLLECTION AND HAULING OF VEGETATIVE DEBRIS - 316,201 CY PER APPLICANT'S TALLEY, LESS 6,578 CY DIFFERENTIAL PER FEMA TALLEY, LESS 34,377 CY REDUCED FOR NON-ELIGIBLE DEBRIS (SEE ATTACHED DEBRIS DATA SHEETS 1 AND 2) = 275,246 CY TOTAL FOR BOTH STORM EVENTS.
- \* DISPOSAL OF VEGETATIVE DEBRIS - 316,201 CY PER APPLICANTS TALLEY, LESS 6,578 CY DIFFERENTIAL PER FEMA TALLEY, LESS 27,018 CY REDUCTION FOR NON-ELIGIBLE DEBRIS (SEE ATTACHED DEBRIS DATA SHEETS 1 AND 2 & NARRATIVE SHEET) = 282,605 CY FOR BOTH STORM EVENTS; WHICH INCLUDES DEBRIS FROM GATED COMMUNITIES.

THE QUANTITIES OF VEGETATIVE DEBRIS GENERATED BY THE TWO SEPARATE HURRICANE EVENTS WERE INDISTINGUISHABLE AND ARE THEREFORE COMBINED HEREIN.

**SCOPE OF WORK:**

**WORK COMPLETED:**

CONTRACT SERVICES FROM 9/15/04 TO 12/07/04 (EXCEPT FOR THE 72 HOUR CONTINUOUS PERIODS FROM 9/16/04 TO 9/18/04 AND FROM 10/06/04 TO 10/08/04) FOR DEBRIS REMOVAL OPERATIONS REQUIRED TO ELIMINATE THE IMMEDIATE THREAT TO LIVES, PUBLIC HEALTH AND SAFETY CONSISTING OF THE FOLLOWING ACTIONS:

- \* COLLECTION AND HAULING OF VEGETATIVE DEBRIS (TREES AND LIMBS) - 228,978 CY OUT OF A TOTAL OF 275,246 CY FOR BOTH EVENTS.
- \* REDUCTION BY BURNING OF VEGETATIVE DEBRIS AT DEBRIS REDUCTION SITES IN COMPLIANCE WITH THE ATTACHED FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION (DEP) EMERGENCY FINAL ORDER 04-1659 DATED SEPTEMBER 28, 2004 - 70,651 CY, LESS 1,188 CY FOR FHWA, LESS 968 CY X 2 (FROM BOTH 72-HOUR WINDOWS) = 137,667 CY OUT OF A TOTAL OF 282,605 CY FOR BOTH EVENTS.

**WORK NOT COMPLETED:**

- \* REDUCTION BY BURNING - 282,605 CY, LESS 140,791 CY REDUCTION COMPLETED AS OF 12/14/04 = 141,814 CY.

**CATEGORY B**

**DAMAGE DESCRIPTION AND DIMENSIONS:**

HURRICANE WARNINGS AND CONDITIONS FROM FEMA 1545-FL (HURRICANE FRANCES) CREATED AN IMMEDIATE THREAT TO LIFE, PUBLIC HEALTH, AND SAFETY IN THE APPLICANT'S JURISDICTION REQUIRED EMERGENCY PROTECTIVE AND RESPONSE MEASURES.

**SCOPE OF WORK:**

**WORK COMPLETED:**

OVERTIME LABOR, EQUIPMENT, AND MATERIAL COSTS FROM 9/06/04 TO 9/08/04 REQUIRED FOR THE FOLLOWING EMERGENCY PROTECTIVE AND RESPONSE MEASURES:

- \* SET UP AND RUN EMERGENCY STORM SHELTERS,
- \* TRANSPORT SPECIAL NEEDS INDIVIDUALS AND TRAILER PARK COMMUNITY RESIDENTS TO AND FROM SHELTERS,
- \* EMERGENCY ROAD CLEARANCE.

## Storm Debris Documents Available from H-GAC

**Regional Storm Debris Management Assessment** 2003, 5.75 mb, 257 pages - This report documents the evaluation of the region's preparedness level for a category 4 hurricane. The report quantifies the effects of the storm and makes recommendations for each community. Appendices contain useful sample documents for pre-positioned contracts.

Available on the H-GAC web site at [www.h-gac.com](http://www.h-gac.com). Visit Programs » Solid Waste » Publication, Resources and Educational Material » Storm Debris Management Publications

**Strategic Guide to Debris Management** 2005, 4.67 mb 89 pages - H-GAC's Strategic Guide to Debris Management will help communities implement successful debris management plans. This guide contains nine sections to developing a debris management strategy.

The Appendix D to the Guide includes the following:

### **Appendix D**

- Checklist
- Force Account Labor Summary
- Applicant Workbook
- FEMA Debris Operations Job Aid
- FEMA Public Assistance Guide
- Sample Contract Scope of Work
- TCEQ Outdoor Burning in Texas
- FEMA Debris Management Guide
- H-GAC Regional Storm Debris Management Assessment
- State Procurement Policies
- TXDOT and FHA Roads

### **FEMA Forms**

- Cost Estimate-Continuation Sheet
- Force Account Equipment Summary
- Force Account Labor Summary
- Historic Review Assessment for Determination of Effect
- Maps & Sketches
- Materials Summary Record
- Photo Sheet
- PNP Facility Questionnaire
- Project Validation Form
- PW Instructions
- Rented Equipment Summary Record
- Request for Public Assistance
- Scope- Continuation Sheet
- Special Considerations
- Validation Worksheet
- Applicant's Benefits Calculation Worksheet
- Contract Work Summary Record

Available on the H-GAC web site at [www.h-gac.com](http://www.h-gac.com). Visit Programs » Solid Waste » Publication, Resources and Educational Material » Storm Debris Management Publications

## POLICY

Personnel are classified in two categories. One category identifies the employee as “exempt” or “non-exempt” from the Federal Wage-Hour Law; the other category identifies whether the employee is “full-time”, “part-time” and/or “temporary”. These classifications are used in determining application of employee benefits.

## RESPONSIBILITY

Questions with respect to any of the above classifications should be directed to the Human Resources Representative.

## DEFINITIONS

Full-time – an employee hired to work on a regular basis of forty (40) hours per week. Full-time employees are entitled to all employee benefits.

Part-time – an employee who works less than 40 hours and a minimum of 20 hours every week. Part-time employees are eligible for benefits on a pro-rated basis (based on standard hours worked per week). It is the employee’s and Supervisor’s responsibility to notify Human Resources of a change in standard hours.

Temporary to Part-Time: a temporary employee changing to part-time status is eligible for benefits on the day of the status change to part-time.

Temporary – an employee hired to work any number of hours, including a full forty (40) hours each week, for a specific purpose or project. The duration of employment may be altered by project schedule changes. Such employees do not qualify for employee benefits.

Exempt – an employee engaged in bonafide executive, administrative or professional capacity as defined by the Federal Wage-Hour law. Employees in this classification are guaranteed a weekly wage which may include the allocations of accrued vacation or sick time. Exceptions to this guaranteed weekly wage are in the case of unpaid Family & Medical Leave and during the first and last weeks of employment. An Exempt employee may request unpaid full days off except where individual states prohibit it.

Non-exempt – clerical or other employees whose duties and responsibilities do not exempt them from the overtime pay or other provisions of the Federal Wage-Hour law.

## OVERTIME

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### POLICY

It is the Company's policy to provide compensation to employees for overtime worked pursuant to the Federal Wage-Hour Law or other federal and state statutes and in response to competitive business conditions. Overtime is any time worked in excess of a 40-hour workweek, or 8 hours each day if state law is more restrictive.

Below is the Company's policy on overtime:

No employee shall incur overtime without obtaining prior approval of the employee's immediate Supervisor or Project Manager. All non-exempt, authorized overtime shall be compensated 1.5 x straight time hourly rate. Exempt employees with less than a weekly salary of \$xxx.xx (\$xx,000 annually) may receive overtime compensation at their straight hourly rate when authorized by their immediate Supervisor or Project Manager. Other employees whose weekly salary exceeds \$xxx.xx (\$xx,000 annually) will not receive any bonus compensation for overtime unless approved by the Office Manager, Vice President Controller or Vice President Human Resources. The hourly rate for exempt employees is determined by dividing their weekly salary by 40 hours. The overtime bonus payment is based on an hourly rate in order to bill clients for direct charges. Any exception to this policy must have prior approval by the Subsidiary President or the Chief Executive Officer as appropriate.

All timesheets reflecting overtime, compensated for exempt and non-exempt employees, must have the approval signoff by the Project Manager or employee's immediate Supervisor who authorized the work. Uncompensated overtime for exempt employees must also have the approval signoff of the Project Manager or employee's immediate Supervisor who authorized the work.

All offices, with the exception of those states with more restrictive regulations, will pay non-exempt employees at the rate of one-and-one-half times their base rate for hours worked under the following conditions:

Hours worked in excess of 40 in a single workweek.

Hours worked on official Company holidays which exceed 40 hours for the work week.

Employees will also be paid straight-time hours for the holiday.

For offices located in certain other states, the Company will pay non-exempt employees at the rate of one-and-one-half times their base rate for hours worked under the following conditions:

Hours worked in excess of eight in a single workday.

Hours worked in excess of 40 in a single workweek.

Hours worked on official Company holidays which exceed the specific state's mandate will be paid at the employee's overtime rate. Employees will also be paid for straight-time hours for the holiday.

When more than one of the above conditions applies to a single workweek, the application of the procedure yielding the largest number of overtime hours (based on state mandates) for the employee will be used.

The same definition of overtime applies to both full-time, part-time and temporary non-exempt and exempt employees, except that exempt employees will be paid straight time for any authorized overtime.

Hours worked on a Company holiday which exceed 40 hours for the work week will be paid at the employee's overtime rate.

Sick time and bereavement are not considered hours worked for the purpose of overtime calculation.

All employees will record overtime worked while traveling on Company business .

Actual travel time, excluding commute time between the work site and the employee's temporary lodging, will be included in calculating hours worked.

## PURPOSE

The purpose of this policy and procedure is to communicate to the Company's employees its policy on overtime compensation.

## RESPONSIBILITY

It is the responsibility of the employee's immediate Supervisor to ensure that overtime is recorded properly on the employee's timesheet. Supervisors are also responsible for ensuring that proper approval is given to exempt employees prior to their incurring overtime.

Employees are equally responsible for ensuring overtime is recorded properly on their timesheets.

## PROCEDURE

For detailed instructions on how to properly complete your timesheet, with or without overtime, see Policy 072.010.

## DEFINITIONS

Workday – A consecutive 24-hour period of time starting at 12:01 AM.

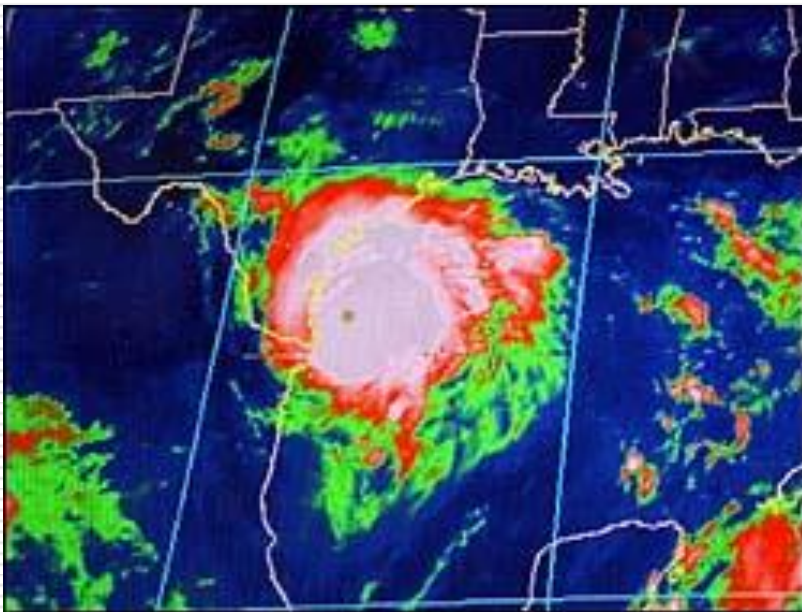
Base Rate – The employee's hourly pay rate without premiums.

Workweek – A seven-consecutive day period of time, such as beginning at 12:01 AM on Saturday morning and ending at 12:00 Midnight on Friday evening.

Official Company Holiday – The scheduled Company holidays as defined in this policy manual.

# Debris Management Workshop

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## Questions & Discussion



# Thank You

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