

Section I – Project Application Information

Instructions: Applicants must complete this section and should refer to the Public Assistance Grants Portal for the declaration # and FEMA PA code. The Applicant must assign a unique title and number for each project application. This title and number can help the Applicant connect this project application to their accounting or other systems. Any documents attached to this project application should include the project application number and title.

Declaration #:	Name of Organization Applying:	FEMA PA Code:	Applicant-Assigned Project Application #:
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Project Application Title:

Continue to Section II – Scope of Work.

Section II – Scope of Work

Instructions: Applicants must complete this section and describe the activities that the Applicant conducted or will conduct in response to COVID-19. For certain activities Applicants must provide additional information in Schedules D and F.

1. DESCRIPTION OF ACTIVITIES

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

Please select all the activities the Applicant conducted or will conduct:

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

- ☐ Emergency operations center activities
- ☐ Training
- ☐ Facility disinfection
- ☐ Technical assistance on emergency management
- ☐ Dissemination of information to the public to provide warnings and guidance
- ☐ Pre-positioning or movement of supplies, equipment, or other resources
- ☐ Purchase and distribution of food, water, or ice
- ☐ Purchase and distribution of other commodities
- ☐ Security, law enforcement, barricading, and patrolling
- ☐ Storage of human remains or mass mortuary services
- ☐ Other. *Please describe:*

Emergency Medical Care

- ☐ Purchase and distribution/use of medical supplies & equipment including:
 - ☐ In vitro diagnostic supplies
 - ☐ Personal protective equipment including:
 - ☐ Respirators
 - ☐ N95 Respirators
 - ☐ Medical gloves
 - ☐ Surgical masks
 - ☐ Medical gowns
 - ☐ Coveralls

- ☐ Face shields
- ☐ Other Personal Protective Equipment (PPE). *Please describe:*
- ☐ [Decontamination systems](#)
- ☐ [Ventilators and products modified for use as ventilators](#)
- ☐ Therapeutics
- ☐ Other. *Please describe:*
- ☐ Provision of **medical services** including:
 - ☐ [Disease testing](#)
 - ☐ Treatment
 - ☐ Diagnosis
 - ☐ Emergency medical transport
 - ☐ Medical waste disposal
 - ☐ Other. *Please describe:*
- ☐ Enhanced **medical facilities** including:
 - ☐ [Alternate Care Sites](#) or other temporary medical facilities
 - ☐ Expansion of capacity within an existing medical facility
 - ☐ [Community-based testing sites](#)
 - ☐ Other. *Please describe:*

Sheltering

- ☐ [Isolation-related](#) temporary lodging
- ☐ [Quarantine-related](#) temporary lodging
- ☐ High-risk population sheltering
- ☐ Healthcare worker and first responder temporary lodging
- ☐ Household pet or assistance animal or service animal sheltering
- ☐ Other. *Please describe:*

Other

- ☐ Other activity. *Please describe:*

Complete Schedule F if any of the following activities are reported above: storage of human remains or mass mortuary services, decontamination systems, or medical waste disposal.

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

- ☐ Establishment of temporary facilities, including:
 - ☐ Repurposing, renovating, or reusing existing facilities.
 - ☐ Placing prefabricated facilities on a site.
 - ☐ Constructing new temporary medical or sheltering facilities.
- ☐ Staging resources at an undeveloped site.
- ☐ Purchase of meals for emergency workers
- ☐ Purchase of supplies or equipment
- ☐ Purchase of land or buildings

Complete Schedule F if any of the following activities are reported above: establishment of temporary facilities or staging resources at an undeveloped site.

2. LOCATIONS

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

- ☐ Jurisdiction-wide
- ☐ Geographic area(s). *Please attach a list of all areas.*
- ☐ Specific sites. *Please attach a list of all addresses or GPS coordinates.*

Continue to Section III – Cost and Work Status Information.

Section III – Cost and Work Status Information

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

1. GENERAL COST & WORK STATUS QUESTIONS**Optional: Request Expedited Funding**

An Applicant may request approval for expedited funding from the Recipient and FEMA if they have an immediate need for funding to continue life-saving emergency protective measures. If approved, the Applicant will be awarded 50% of the FEMA-confirmed project cost based on initial documentation. However, the Applicant will then be required to provide all information, including all documentation to support actual incurred costs, to support the initial 50% of funding before receiving any additional funding. Applicants will be required to return any funds that were not spent in compliance with the program's terms and conditions. In general, Applicants who have never received FEMA Public Assistance funding and do not have significant experience with federal grant requirements should avoid expedited funding or, at a minimum, discuss expedited funding with their Recipient emergency management office *prior* to requesting expedited funding. Expedited funding is only available for activities completed during specific time periods.

Does the Applicant want to request expedited funding?

- ☐ No. *Continue to the next question.*
- ☐ Yes. *Please complete Schedule A to request an expedited project from FEMA and return to Section IV.*

Is the Applicant's estimated cost for activities reported in Section II greater than or equal to \$131,100?

- ☐ Yes. *Continue to the next question.*
- ☐ No. *Please complete Schedule EZ to provide a small project estimate and return to Section III Part 2.*

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

An Applicant may not request funding for activities conducted prior to January 20, 2020, the beginning of the COVID-19 incident period. This question should be answered once to describe all the activities reported in Section II (i.e. the earliest start date and the latest end date). If FEMA's eligibility criteria for certain activities are limited to specific time periods, FEMA will ask for the time period that a particular activity was or will be conducted.

- ☐ Activities started _____ (MM/DD/YY) and completed _____ (MM/DD/YY).
Please complete Schedule B to provide actual cost documentation and return to Section III Part 2.
- ☐ Activities started _____ (MM/DD/YY), ____% complete, and projected to end _____ (MM/DD/YY).
Please complete Schedule C to provide a detailed cost estimate and return to Section III Part 2.
- ☐ Activities started _____ (MM/DD/YY), ____% complete, with no predictable end date.
Please complete Schedule C to provide a detailed cost estimate and return to Section III Part 2.
- ☐ Activities have not started.
Please complete Schedule C to provide a detailed cost estimate and return to Section III Part 2.

2. PROJECT COST

What is the total net cost? *Please enter the total net cost from Schedule B, C or EZ.*

\$

If the total net cost is greater than or equal to \$131,100 and the Applicant is not requesting expedited funding, please complete Schedule D and return to Section IV – Project Certifications.

If the total net cost is less than \$131,100 or the Applicant is requesting expedited funding, please continue to Section IV – Project Certifications.