U.S. DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY

PROJECT WORKSHEET PAPERWORK BURDEN DISCLOSURE NOTICE

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O.M.B. No. 1660-0017

Expires October 31, 2008

1660-0017). You are not required to respond to this collection of information unless a valid OMB number appears in the upper right corner of this form. NOTE: Do not send your completed questionnaire to this address. DISASTER PROJECT NO. DATE PA ID NO. **CATEGORY** FEMA-DAMAGED FACILITY WORK COMPLETE AS OF % COUNTY APPLICANT LOCATION LATITUDE LONGITUDE DAMAGE DESCRIPTION AND DIMENSIONS SCOPE OF WORK Does the Scope of Work change the pre-disaster conditions at the site? Yes No Hazard Mitigation proposal included? Yes Special Considerations issues included? No Is there insurance coverage on this facility? No PROJECT COST ITEM CODE **NARRATIVE** QUANTITY/UNIT **UNIT PRICE** COST TOTAL COST ▶ PREPARED BY TITLE SIGNATURE APPLICANT REP. TITLE SIGNATURE

DEPARTMENT OF HOMELAND SECURITY O.M.B. No. 1660-0017 FEDERAL EMERGENCY MANAGEMENT AGENCY Expires October 31, 2008 SPECIAL CONSIDERATIONS QUESTIONS APPLICANT PA ID NO. DATE PROJECT NAME PROJECT NO. LOCATION Form must be filled out - for each project. 1. Does the damaged facility or item of work have insurance and/or is it an insurable risk? (e.g., buildings, equipment, vehicles, etc.) Yes No Unsure Comments 2. Is the damaged facility located within a floodplain or coastal high hazard area/or does it have an impact on a floodplain or wetland? Yes No Unsure Comments 3. Is the damaged facility or item of work located within or adjacent to a Coastal Barrier Resource System Unit or an Otherwise Protected Area? Yes No Unsure Comments 4. Will the proposed facility repairs/reconstruction change the pre-disaster condition? (e.g., footprint, material, location, capacity, use or function) Yes No Unsure Comments 5. Does the applicant have a hazard mitigation proposal or would the applicant like technical assistance for a hazard mitigation 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 other, 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 environmental or controversial issues associated with the damaged facility and/or item of work? ☐ Yes ☐ No ☐ Unsure Comments

PROJECT	O.M.B. No. 1660-0017 Expires October 31, 2008				
DISASTER		PROJECT NO.	PA ID NO.	DATE	CATEGORY
FEMA	DR				
APPLICANT			COUNTY		
PREPARED BY:				TITLE:	

U.S. DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY PROJECT WORKSHEET - Cost Estimate Continuation Sheet								O.M.B. No. 1660-0017 Expires October 31, 2008	
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