REQUEST FOR ALTERNATE PROJECT
KENTUCKY DIVISION OF EMERGENCY MANAGEMENT

Applicant Name	**PA ID #** __ __ __ - __ __ __ __ __	**Date**

Disaster Number FEMA- **-DR-KY**	**DSR/PW #** (original project)	**Category**	**Approved Amount**

All alternate projects must be approved by FEMA. Such projects are only eligible for 90% of the Federal share of the costs that would be associated with the repairing of the damage facility to its predisaster condition or the actual costs of completing the alternate project whichever is less. The State does not share the cost with the applicant on Alternate projects. Funding may not be used for operating costs or to meet the State or local share requirement on other projects.

Location (Alternate Project)	**County**

1. DESCRIPTION OF THE ALTERNATE/PROJECT TO BE REPAIRED OR CONSTRUCTED (DIMENSIONS AND TYPE OF MATERIALS, ETC).

Latitude **Longitude**

2. SCOPE OF WORK.

SPECIAL CONSIDERATIONS ISSUES INCLUDED:

The grantee has the authority to approve an "Alternate Project". The subgrantee must receive approval before beginning the project. However, if the Alternate project involves a new site, as might be the case in the event of total replacement of the facility, an Environmental Assessment may be required. This type of an Alternate project proposal is required to undergo an EA because the project will not meet the criteria for an exception from an EA in Section 316 of the Stafford Act. An EA must be obtained before the start of construction.

FEMA Form 90-120, Nov 98 YES ☐ NO ☐

3. Work to be performed by:
☐ a. Contract ☐ b. Force Account (Own employees and equipment) ☐ c. Combination of a. and b.

4. a. Estimated date the above work will be completed Date

b. Estimated cost of the above project $

c. Engineering estimate of the cost of repair or replacement as shown on the Damage Survey Report (DSR)/Project Worksheet (PW)

$

Approval of this request is based on above information. Any changed conditions should immediately be brought to the attention of the State Public Assistance Officer.

Authorized Applicant Agent (Representative) Signature: _____

Official Use Only:

5. Amount Recommended $ Amount Approved $

Public Assistance Officer
Signature: Date

Governor's Authorized Representative
Signature: Date

FEMA Representative
Signature: Date

KyDEM FORM 511 09/00	References: 44 CFR 206.203 (c) (1) of the Stafford Act 44 CFR 206.203 (d) (2)