

**REQUEST FOR IMPROVED PROJECT
KENTUCKY DIVISION OF EMERGENCY MANAGEMENT**

Applicant Name		PA ID #		Date
Disaster Number FEMA- - DR-KY		DSR/PW #	Category	Approved Amount
An Improved project may be requested for both small and large projects, but must be approved by the state and FEMA prior to construction. Federal and State funding for improved projects are limited to the share of the estimated costs that would be associated with repairing the damaged facility/project to its predisaster condition.				
Location		County		
1. DESCRIPTION OF THE HIGHER GRADE FACILITY/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 and "Improved project". The subgrantee must receive approval before beginning the project. However if the improved project involves a new site, as might be the case in the event of total replacement of the facility, and Environmental Assessment may be required. This type of an improvement 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 <input type="checkbox"/>	NO <input type="checkbox"/>	
3. Work to be performed by:				
<input type="checkbox"/> a. Contract <input type="checkbox"/> b. Force Account (Own employees and equipment) <input type="checkbox"/> 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 _____		