

U.S. DEPARTMENT OF HOMELAND SECURITY  
 FEDERAL EMERGENCY MANAGEMENT AGENCY  
**PROJECT WORKSHEET**

O.M.B. No. 1660-0017  
 Expires October 31, 2008

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DISASTER FEMA- _____ -DR- _____	PROJECT NO.	PA ID NO.	DATE	CATEGORY
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DAMAGED FACILITY	WORK COMPLETE AS OF _____ : _____ %
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APPLICANT	COUNTY
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LOCATION	LATITUDE	LONGITUDE
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DAMAGE DESCRIPTION AND DIMENSIONS

  
  
  
  

SCOPE OF WORK

  
  
  
  
  
  
  

Does the Scope of Work change the pre-disaster conditions at the site?     Yes     No

Special Considerations issues included?     Yes     No    Hazard Mitigation proposal included?     Yes     No

Is there insurance coverage on this facility?     Yes     No

**PROJECT COST**

ITEM	CODE	NARRATIVE	QUANTITY/UNIT	UNIT PRICE	COST
<b>TOTAL COST</b> ▶					

PREPARED BY	TITLE	SIGNATURE
APPLICANT REP.	TITLE	SIGNATURE