



**Washington Military Department
Emergency Management Division**

*A How-to-Guide for Completing
Public Assistance Documents*

Public Assistance Contacts

To locate form in this document, click on the page number.

Request for Public Assistance	2
Disaster Assistance Application	4
Contract (Grant Agreement)	5
Contract Amendment	7
Designation of Applicant’s Agent Resolution	8
Designation of Applicant’s Agent Letter	9
Signature Authorization Form	10
Debarment Certification	11
W-9	12
Electronic Transfer Form (Direct Deposit)	13
Payment Request	14
Example Large Payment Request Letter	15
Example of Spreadsheet Documenting Costs	16
Example of Statement of Documentation	17
Example of Small Project Certification	18
Indirect Administrative Funds Certification for Disasters 1817 and 1825	19
Insurance Commitment	20
Amended Applicant Agent Form	21
Quarterly Report	22

Request for Public Assistance

The Request for Public Assistance is the initial FEMA form required to start the reimbursement process, when a disaster is declared. It must be completed to initiate the request for assistance, even if you participated in the PDA process.

DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY REQUEST FOR PUBLIC ASSISTANCE		O.M.B. 1660-0017 Expires October 31, 2008		
PAPERWORK BURDEN DISCLOSURE NOTICE				
Complete the top portion with the name of your jurisdiction or organization and the counties damages are located. Also, enter your physical and mailing addresses.		The burden estimate includes the time, effort and financial information to us. You may send comments regarding the burden to: Information Collections Management, Agency, 500 C Street, SW, Washington, D.C. 20472, not required to respond to this collection of information unless NOTE: Do not send your completed questionnaire to this		
APPLICANT (Political subdivision of eligible applicant) _____		DATE SUBMITTED _____		
COUNTY (Location of Damages. If located in multiple counties, please indicate.) _____				
APPLICANT PHYSICAL LOCATION				
STREET ADDRESS _____				
CITY _____		COUNTY _____	STATE _____	ZIP CODE _____
MAILING ADDRESS (If different from Physical Location)				
STREET ADDRESS _____				
POST OFFICE BOX _____		CITY _____	STATE _____	ZIP CODE _____
Primary Contact/Applicant's Authorized Agent		Alternate Contact		
NAME _____		NAME _____		
TITLE _____		TITLE _____		
BUSINESS PHONE _____		BUSINESS PHONE _____		
FAX NUMBER _____		FAX NUMBER _____		
HOME PHONE (optional) _____		HOME PHONE (optional) _____		
CELL PHONE _____		CELL PHONE _____		
E-MAIL ADDRESS _____		E-MAIL ADDRESS _____		
PAGER & PIN NUMBER _____		PAGER & PIN NUMBER _____		
Did you participate in the Federal/State Preliminary Damage Assessment (PDA)? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Private Non-Profit Organization? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which of the facilities identified in Title 44 CFR Part 206.221(e) defined as a private non-profit organization?				
Title 44 CFR Part 206.221(e) defines a private non-profit organization as a facility, including medical or custodial care facility, including services to the general public, and such as zoos, community centers, libraries, and facilities which provide health and safety services of		a private non-profit educational, utility, emergency, or shelter workshop and facilities which provide essential governmental type mental service facility means museums, libraries, zoos, community centers, and facilities which are open to the general public."		
Private Non-Profit Organizations must attach information on accreditation or certification		Organization Charter or By-Laws.		
If your organization is a school or educational facility, please attach information on accreditation or certification				
Official Use Only: FEMA-____-DR-____-____		FIPS# _____	Date Received: _____	

Then fill in the information for the primary and alternate contacts. You can change these later if you desire.

If you participated in the PDA process, check yes. Otherwise, check no.

Private non-profit organizations need to complete this bottom section.

Disaster Assistance Application

The first State of Washington contracting document required is the Disaster Assistance Application (DAA form) and must be have **original signatures, no copies**.

DISASTER ASSISTANCE APPLICATION		DEM - 131
Application Identifier: _____	State Number: _____	
	Federal Disaster Number: _____	
Federal Catalog (CFDA) Number: 97.036		
Declaration Date: (insert date)		
Applicant's FEMA Project Application Number: _____		
Legal Applicant Recipient:		
Applicant's Name: _____		
Street Address: _____		
Mailing Address: _____	County: _____	
City: _____	State: _____	Zip Code: _____
Applicant Agent:		
Name: _____		
Title: _____		
Signature: _____		
Alternate Applicant Agent:		
Name: _____		Phone: _____
Title: _____		Fax: _____
Signature: _____		E-mail: _____
		Date: _____
Type of Applicant:		
A - State		F - Higher Educational Institution
B - County		G - Indian Tribe
C - City		H - Private NonProfit
D - School District		I - Other (Specify) _____
E - Special Purpose District		
Enter Appropriate Letter _____		
Congressional District Number: _____		
State Legislative District Number: _____		
		Date: _____

State PA will complete the top section.

Enter your organization's name and address.

The applicant agent and alternate's information goes in this section. The names need to match the designation letter (or resolution). The applicant agent and alternate both need to sign this form.

Enter your congressional and legislative districts. If you don't know them, check out <http://apps.leg.wa.gov/DistrictFinder/Default.aspx> or by map at: <http://www.sos.wa.gov/elections/redistricting/maps.aspx>.

Enter the letter that corresponds to your organization. If residents are taxed for your services (such as Hospital, Fire, Sewer Districts), you are E. Special Purpose Districts.

[Return to Index](#)

[Continue to Grant Agreement](#)

Contract (Grant Agreement)

This is an agreement between your organization and the State of Washington to obtain Federal (FEMA) funding. You will receive two copies. We need **original signatures** on both. Every disaster is different so this form may be slightly different. **DO NOT GIVE ANY OF THESE FORMS TO A FEMA REPRESENTATIVE OR PROJECT OFFICER. Submit these documents to State Public Assistance ~ [Contacts](#).** (follow link)



Washington State Military Department PUBLIC ASSISTANCE GRANT AGREEMENT FACE SHEET

1. Applicant Name and Address: <div style="border: 1px solid black; padding: 5px; width: fit-content;">Enter applicant agent and phone number.</div>	2. Total Project Amount: ed upon sheets	3. Grant Number:
4. Applicant Agent, phone number: <div style="border: 1px solid black; padding: 5px; width: fit-content;">Enter your state revenue number (UBI #).</div>	5. Grant Start Date: March 2, 2009	
7. MD Program Manager/phone number: Gerard Urbas, (253) 512-7402	8. Data Universal Numbering System (DUNS): <div style="border: 1px solid black; padding: 5px; width: fit-content;">Enter your Data Universal Numbering System (DUNS #).</div>	9. UBI # (state revenue):
10. Funding Authority: Washington State Military Department	Management Agency (FEMA)	
11. Funding Source Agreement #: FEMA-1825-DR-WA	13. CFDA Assistance	14. TIN or SSN: 91-
15. Service Districts: (BY LEGISLATIVE DISTRICT): th (BY CONGRESSIONAL DISTRICT): th	16. Service Area by County(ies):	17. Women/Minority-Owned, State Certified?: <input checked="" type="checkbox"/> N/A <input type="checkbox"/> NO <input type="checkbox"/> YES, OMWBE # _____

Enter your congressional and legislative districts.

Enter your Tax Identification Number (TIN or EIN) .

3. Other provisions of the contract incorporated by reference.

This Grant Agreement, including all attachments, contains all the terms and conditions agreed upon by the parties. No other understandings, oral or otherwise, regarding the subject matter of this Grant Agreement shall be deemed to exist or to bind any of the parties hereto.

WHEREAS, the parties hereto have executed this Grant Agreement on the day and year last specified below.

FOR THE DEPARTMENT:	FOR THE APPLICANT:
<div style="border: 1px solid black; padding: 5px; width: fit-content;"> Sign and date here, this person must also sign in Block 2 of the Signature Authorization Form. </div>	Signature _____ Date _____ print or type name: _____
	APPROVED AS TO FORM:
Sara J. Finlay (signature on file) 2/6/2009 Assistant Attorney General	Applicant's Legal Review _____ Date _____

This line is provided for your legal review signature, if needed. We do not require you to conduct a legal review

On page 3, State Agencies need to enter their agency number and accounting fund number as funds will be transferred via journal voucher.

- D. Final Payment: Final Payment on a large project will be made following submission by the APPLICANT of a certification of completion on the STATEMENT OF DOCUMENTATION/FINAL INSPECTION REPORT form upon completion of project(s), completion of all final inspections by the DEPARTMENT, and final approval by FEMA. Final payment on a large project will include any retainage withheld during progress payments. Final payments may also be conditional upon financial review, if determined necessary by the DEPARTMENT or FEMA. Adjustments to the final payment may be made following any audits conducted by the Washington State Auditor's Office, the United States Inspector General or other federal or state agency.
- E. The APPLICANT is eligible to receive \$100 for federal indirect costs, upon completion and closure of the disaster grant. Documentation of costs involved with attending applicant briefing, kick off meeting, and the exit meeting should be retained in the APPLICANT's files to support federal indirect cost reimbursement.
- F. All payment requests shall be made on an A19-1A form, State of Washington, Invoice Voucher. Payments will be made by electronic fund transfer to the APPLICANT's account.
- G. Federal funding shall not exceed the total federal contribution eligible for Public Assistance costs under Presidential Disaster Declaration number FEMA 1825-DR-WA.
- H. For state agencies, the DEPARTMENT will, through interagency reimbursement procedures, transfer payment to the APPLICANT. Payment will be transferred by journal voucher to Agency No. [REDACTED] Accounting Fund No. [REDACTED].

ARTICLE II – DOCUMENTATION

The APPLICANT is required to retain all documentation which adequately identifies the source and application of Public Assistance funds, including the federal indirect cost reimbursement, for six years following the closure of this disaster grant. For all funds received, source documentation includes adequate accounting of actual costs and recoveries incurred.

On page 4, all applicants need to fill in the applicant agent information. This should match the disaster assistance application.

ARTICLE VI – KEY PERSONNEL

The individuals listed below shall be considered key personnel and point of contact. Any substitution by either party must be submitted in writing.

APPLICANT:

Name: [REDACTED]
Title: [REDACTED]

E-mail address: [REDACTED]
Phone Number: [REDACTED]

DEPARTMENT:

Staff name: **Gerard Urbas**
Title: Deputy State Coordinating Officer
Public Assistance
E-Mail: g.urbas@emd.wa.gov
Phone Number: **(253) 512-7402**

ARTICLE VII - ADMINISTRATIVE REQUIREMENTS

[Return to Index](#)

[Return to top of Grant Agreement](#)

[Continue to Amendment to Grant Agreement](#)

Contract Amendment

If an amendment is needed, two copies will be sent to you. We need original signatures on both.

Washington State Military Department		AMENDMENT	
<p>1. APPLICANT NUMBER:</p>	<p>3. AMENDMENT NUMBER: A - Local</p>		
<p>4. APPLICANT CONTACT PERSON, NAME/TITLE:</p>	<p>5. MD STAFF CONTACT, NAME/TELEPHONE: Gary Urbas, (253) 512-7402</p>		
<p>6. TIN or SSN:</p>	<p>7. SOURCE NAME/AGREEMENT #: 1825-DR-WA</p>		
<p>9. FUNDING AUTHORITY: Washington State Military Department (Department) and Federal Emergency Management Agency (FEMA)</p>			
<p>10. DESCRIPTION/JUSTIFICATION OF AMENDMENT, MODIFICATION, OR CHANGE ORDER: Under the authority of Presidential Major Disaster Declaration FEMA 1825-DR-WA, the Department through its Public Assistance Program, is reimbursing the Applicant for those eligible costs and activities necessary for the repair and restoration of public facilities damaged during this disaster. As the program has progressed, the need to modify and redefine certain agreement language has become necessary. <ul style="list-style-type: none"> • Recognize change in non-federal share of funding due to legislative appropriations of the state share. </p>			
<p>11. AMENDMENT TERMS AND CONDITIONS:</p> <p>1. The grant expiration date of March 1, 2013 remains unchanged.</p> <p>2. In the Special Terms and Conditions, Article I-Compensation Schedule, replace in its entirety 1. FUNDING with the language found in Attachment A, Article I – Compensation Schedule, 1 FUNDING of this amendment.</p> <p>No other changes are required. All other terms and conditions of the original grant and any previous amendments thereto remain in full force and effect.</p>			
<p>IN WITNESS WHEREOF, the Department and Applicant acknowledge and accept the terms of this grant amendment and attachments hereto and in witness whereof have executed this amendment as of the date and year written below. The rights and obligations of both parties to this grant are governed by this Grant Amendment Face Sheet and other documents incorporated herein by reference or attached and identified in the original grant agreement document. A copy of this grant agreement amendment shall be attached to and incorporated into the original agreement between the Department and the Applicant. Any reference in such grant agreement to the "grant agreement" shall mean "grant agreement as amended."</p>			
<p>IN WITNESS WHEREOF, the parties hereto have executed this amendment as of the date and year last written below:</p>			
<p>FOR THE DEPARTMENT:</p> <p>Washington State Military Department</p> <p>APPROVED AS TO FORM:</p> <p>Sara J. Finlay (signature on file) June 2, 2009 Assistant Attorney General</p> <p>Form Date: 10/27/00</p>	<p>FOR THE APPLICANT:</p> <p>_____ Signature Date</p> <p>print or type name: _____</p> <p>APPROVED AS TO FORM:</p> <p>_____ Applicant's Legal Review Date</p>		

Enter applicant agent and phone number.

Enter your Tax Identification Number (TIN or EIN)

Sign and date here, this person must also sign in Block 2 of the Signature Authorization Form.

This line is provided for your legal review signature, if needed. We do not require you to conduct a legal review.

[Return to Index](#)

[Continue to Resolution/Designation Letter](#)

Designation of Applicant's Agent Resolution

Here is an example of a resolution designating the applicant agent. You will need either a letter or a resolution. If the highest elected official is to be the applicant agent or alternate, a resolution must be used.

Be it resolved by _____ of _____
(Governing Body – (City Council, Board of Commissioners etc.)) (Public Agency)

_____, _____ is hereby designated the authorized
(Name of New Agent) (Title)

representative and _____, _____ is designated
(Name of Alternate) (Title)

the alternate for and in behalf of _____, a public
(Public Agency Name)

agency established under the laws of the state of Washington.

The purpose of this designation as the authorized representative is to obtain federal and/or state emergency or disaster assistance funds. These representatives are authorized on behalf of the _____ to execute all contracts, certify completion of projects, request (Governing Body – (City Council, Board of Commissioners etc.)) payments, and prepare all required documentation for funding requirements.

Passed and approved this _____ day of _____, 20_____.

_____, _____, _____, _____, _____, _____
(Signature) (Title) (Signature) (Title)
_____, _____, _____, _____, _____, _____
(Signature) (Title) (Signature) (Title)

The majority of board members must sign.

Certification

I, _____, duly appointed and _____ of _____,
(Name) (Title) (Public Agency)

do hereby certify that the above is a true and correct copy of a resolution passed and approved by the _____ of _____ on the _____ day of _____, 20_____.

(Governing Body) (Public Agency)

Date: _____

(Official Position)

(Signature)

The copy sent to the State must be **certified with an original signature.**

Designation of Applicant's Agent Letter

Use either a letter or resolution to designate your applicant agent and alternate. You cannot designate yourself. If you are to be the agent or alternate, you will need to do a resolution signed by your governing body. The duties of an applicant agent may be split between two or more individuals. The duties of each must be specified in the letter.

Date

Gerard Urbas
Washington Military Department
Emergency Management Division
MS: TA-20 Building 20-B
Camp Murray, WA 98430-5122

Re: Designated Applicant Agent

Dear Mr. Urbas:

The purpose of this letter is to designate (insert name and title) as the Applicant Agent and (insert name and title) as the Alternate authorized representatives for (insert name of agency/jurisdiction) for the (name of event) Declaration. The purpose of this designation as the authorized representatives is to obtain federal and/or state emergency or major disaster assistance funds.

These representatives are authorized on behalf of (insert name of agency/jurisdiction) to execute all contracts, certify completion of projects, request payments, and prepare all required documentation for funding requirements.

Sincerely,

Name
State Agency Department Director or Elected Official (Mayor, Chairman of the Commissioners)

The person signing must be the highest elected official or State Agency Department Director. You cannot sign for someone else. Again you cannot designate yourself.

[Return to Index](#)

[Return to top of Resolution/Designation Letter](#)

[Continue to Signature Authorization Form](#)

Signature Authorization Form

SIGNATURE AUTHORIZATION FORM

WASHINGTON STATE MILITARY DEPARTMENT
Camp Murray, Washington 98430-5122

Please read instructions on reverse side before completing this form.

NAME OF ORGANIZATION ← Enter name of organization	DATE SUBMITTED ← Enter Date
PROJECT DESCRIPTION Public Assistance Program ↑ The specific disaster number is in this box	CONTRACT NUMBER

1. AUTHORIZING AUTHORITY		
SIGNATURE	PRINT OR TYPE NAME	TITLE/TERM OF OFFICE
↑		

2. OTHER INDIVIDUALS AUTHORIZED TO SIGN CONTRACTS/CONTRACT AMENDMENTS		
SIGNATURE	PRINT OR TYPE NAME	TITLE
	←	

Block 1. "Authorizing Authority" needs to be signed by the Board Chairman, Mayor, or the appointed head of your organization. As the authorizing authority, this individual has the authority to sign contracts, contract amendments, and any other documents required for the Public Assistance program. It is usually the same person who signed the designation letter.

Block 2 identifies other individuals authorized to sign contracts or contract amendments. Many times, the authority to sign contracts is limited to one or two individuals, besides the authorizing authority. Those individuals with this authority should sign in this block. If the applicant agent is given this authority by the designation letter or resolution, then they should also sign in this block.

Disasters 1817 and 1825 have a third block, the applicant agent and alternate need to sign in this block.

[Return to Index](#)

[Continue to Debarment Certification](#)

Debarment Certification

This is a required form as you are contracting with the Military Department to receive Federal funds.

NAME		Doing business as (DBA)	
ADDRESS	Applicable Procurement or Solicitation #, if any:	WA Uniform Business Identifier (UBI)	Federal Employer Tax Identification #:

This certification is submitted as part of a request to contract.

Enter name of organization

If your organization goes by another name (such as a Hospital District that is known by the name of the hospital) enter the doing business as (dba).

Enter your address.

You can leave this field blank.

Enter your Washington State Universal Business Identifier (UBI)

Enter your Federal Tax Identification Number

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of fact. If it is later determined that the prospective participant's certification is erroneous, the department or agency with which this transaction originated may pursue available remedies.
3. The prospective lower tier participant shall provide immediate written notification to the department or agency with which this proposal is submitted if at any time the prospective participant's certification is determined to be erroneous when submitted or had become erroneous by reason of a change in facts.
4. The terms covered transaction, debarred, suspended, ineligible, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12813.
5. The prospective lower tier participant agrees by submitting this proposal that, if a covered transaction is entered into, it shall not knowingly enter into any lower tier covered transaction proposed for debarment under the applicable CFR, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this proposal that it shall not knowingly enter into any lower tier covered transaction proposed for debarment under the applicable CFR, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under applicable CFR, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Non-procurement Programs.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business activity.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under applicable CFR, debarred, suspended, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transactions

The prospective lower tier participant certifies, by submission of this proposal or contract, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this form.

Bidder or Contractor Signature: _____ Date: _____

Print Name and Title: _____

The applicant agent or alternate need to sign the debarment form.

We require **an original signature. No copies.**

[Return to Index](#)

[Continue to W-9](#)

Example Large Payment Request Letter

May 25, 2007

Mr. Gerard Urbas
Washington Military Department
Emergency Management Division
MS: TA-20 Building 20-B
Camp Murray, Washington 98430-5122

RE: State No. D10-???
Disaster No. 18XX-DR-WA
FEMA No. 033-U3SLQ-00

Dear Mr. Urbas:

Please accept this letter in request for payment on the Applicant's Project Worksheet #336. The Applicant is requesting payment for the amount of \$?????? as the work outlined in the project worksheet is ??% complete. Enclosed is a summary of the costs for work complete to date.

Sincerely,

Applicant Agent Name
Applicant Agent Title
Agency

Amount of request should include Federal, State, and Local Shares. It usually matches your spreadsheet documenting costs.

The applicant agent or alternate must sign the letter.

[Continue to Example of a Large Project Documentation Spreadsheet](#)

Example of Spreadsheet Documenting Costs

Example of a Large project Worksheet Documentation Spreadsheet

City of Disasterville
 Contract No.: D10-???
 Project Worksheet No. 965

In this column enter type of work completed. This usually corresponds with the Project Worksheet.

Time Period	Contractor	Services For	Amount
4/11/2007	W.G.E.P.	Materials	\$ 90.00
4/3/2007	Queen Pump company	Materials	\$ 20,809.63
2/12/07 - 3/1/07	CH2MHill	Engineering Services	\$ 33,772.00
3/2/07 - 3/29/07	CH2MHill	Engineering Services	\$ 89,611.26
4/11/07 - 6/30/07	City Staff	Salaries/benefits	\$ 65,866.93
4/11/07 - 6/30/07	City Equipment		\$ 11,530.03
TOTAL			\$ 221,679.85

In this column enter time period.

In this column Enter name of contractor, forced labor, or forced equipment.

In this column, enter actual amount paid.

[Return to Index](#)

[Return to top of Payment Request](#)

[Continue to Statement of Documentation/Final Inspection Report](#)

Example of Statement of Documentation/ Final Inspection Report

When a large project is completed, a Statement of Documentation must be submitted to start the Final Inspection process.

**STATE OF WASHINGTON
MILITARY DEPARTMENT - EMERGENCY MANAGEMENT DIVISION
STATEMENT OF DOCUMENTATION AND FINAL INSPECTION REPORT (SOD/FIR)**

(1) Applicant	(2) Disaster No. -DR-WA	(3) FEMA ID No.:	(4) State Agreement No.: D10-
(5) Project Worksheet No:		(6) Category	
(7) Alternate Project <input type="checkbox"/>			
(8) CERTIFICATION			
<p>I hereby certify that to the best of my knowledge and belief, all work claimed has been completed as identified in the Project Worksheet. I also assure and certify that all work performed by our own force and means, including but not limited to, applicable state and federal laws and regulations, including but not limited to, the Robert T. Stafford Disaster Relief and Assistance Act, Public Law 93-288, The Robert T. Stafford Disaster Relief and Assistance Act, as they apply to performing the project.</p> <p>Date Work Physically Completed: _____</p> <p>Signature of Applicant Agent: _____</p> <p>Phone No.: _____</p>			
(9) Description of work	(10) Approved PW amount	(11) Other	(12) Total
Labor:			
Equipment:			
Materials:			
Rented Equipment:			
Contract:			
Engineering:			
Direct Administration:			
Other:			
Total			\$
Applicant Comments:			
CERTIFICATION			
<p>_____ have been inspected and certification is hereby given that all work claimed has been completed according to the approved PW scope of the work.</p> <p>Local Inspector (signature and Title) _____ Date _____</p> <p>State Inspector (signature and Title) _____ Date _____</p> <p>Applicant Agent Concurrence with Deviations (signature) _____ Date _____</p>			

Complete top portion

Enter date work was physically completed, not date all invoices paid or date this form was completed.

The applicant agent or alternate needs to sign and date, please include a contact number so a project officer can contact you.

This section is for the costs you are claiming.

This section is for the amounts indicated on the Project Worksheet.

Leave these sections blank at this point.

Enter any comments here.

[Return to Index](#)

[Continue to Small Project Certification](#)

Example of Small Project Certification

This form is used to certify a small project as complete. All projects must be certified before your file can be closed. Each small project should be listed separately.

WASHINGTON STATE EMERGENCY MANAGEMENT SMALL PROJECT COMPLETION CERTIFICATION			
APPLICANT:	STATE NO.: D10-_____	DISASTER NO.: 18XX-DR-WA	FEMA NO.:
I hereby certify that to the best of my knowledge and belief, all work and costs claimed are eligible in accordance with the grant conditions, all work claimed has been completed and all costs claimed have been paid in full for the following project(s):			
PW Number	Date of Total Completion (month / day / year)	Total Amount Claimed* (total eligible amount of PW)	
		<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> Enter amount of project worksheet. </div>	
		<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> Enter date work was physically completed, not the date all invoices paid or date this form was completed. </div>	
		<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> The applicant agent or alternate needs to sign and date, we require an original signature. </div>	
CERTIFIED BY:	TITLE:	DATE:	

Disasters 1817 and 1825 have an additional certification. Please see the following page.

Indirect Administrative Funds Certification for Disasters 1817 and 1825

For disasters 1817 and 1825 only, the indirect administrative funds (\$100) must be certified. This can be done on the small project certification form or in a letter format. If a letter is used, the wording needs to be the same. The applicant agent or alternate must sign and date the form or letter. We need an original.

Indirect Administrative Costs Certification

For the 1825-DR-WA disaster, the Washington State Public Assistance Program will pass through \$100.00 in Indirect Administrative funds (federal funds). I certify that the (Enter name of jurisdiction or organization) expended \$ [redacted] in indirect administrative funds to attend the Public Assistance applicant briefing, Kick-Off meeting, and exit briefing for the purpose of meeting with FEMA and/or State officials on the Public Assistance Program and its application to our entity. In addition, time was spent establishing files, making copies, and tracking documentation for the Public Assistance grant.

Documentation has been maintained that will verify the expenditures covered under the indirect administrative allowance.

The amount should be at least \$100 and is the amount you spent establishing files, making copies, and tracking documentation. Basically anything not related to a specific project. Many applicants enter \$100, which is acceptable.

[Return to Index](#)

[Return to top of Certification](#)

[Continue to Insurance Commitment](#)

Insurance Commitment

If an insurance condition is placed on project funding, this form will be sent to you. The top section will be pre-filled.

This form must be completed in full, signed by the applicant agent or alternate, and returned before a payment can be made on the project.

WASHINGTON STATE EMERGENCY MANAGEMENT DIVISION PUBLIC ASSISTANCE PROGRAM INSURANCE COMMITMENT			
Applicant			
Name _____	Type of Major Disaster <u>Severe Winter Storm / Record & Near Record Snow</u>		
Address _____	State No. <u>D10-</u>		
City _____	Disaster No. <u>18XX-DR-WA</u>		
State <u>Washington</u> County _____	Project Worksheet _____		
Telephone No. _____	Zip _____		
Location of Property: _____			
Description of Damage: _____			
Estimated Replacement Cost \$ _____			
This is the amount of insurance required.		Required	In Effect
		If you have insurance on the facility complete this section in full.	
Type: <u>GENERAL - Peritor</u>			
Extent: - Buildings \$ _____		\$ _____	
- Contents \$ _____		\$ _____	
Deductible (\$ or %) _____		This is the amount of insurance you currently have.	
Policy Number: _____		Effective Date: <u>Current Policy From: _____ To: _____</u>	
Company: _____			
Address: _____			
Applicant's Commitment			
The applicant hereby assures the Governor's Authorized Representative and the FEMA Regional Director that it:			
<input checked="" type="checkbox"/> has obtained and will maintain the required insurance for 25 years as a condition for obtaining federal disaster assistance under PL 93-288.			
<input checked="" type="checkbox"/> will obtain and will maintain the required insurance for 25 years as a condition for obtaining federal disaster assistance under PL 93-288.			
The applicant agent or alternate should sign and date. We need an original.			
Applicant's Authorized Representative			
Signature _____		Date _____	
Title _____			
State Review			
Date _____			
Leave this section blank.		Check one box indicating that you have insurance and will maintain it for the life of the facility or you will obtain it and maintain it for the life of the facility	

[Return to Index](#)

[Continue to Amended Applicant Agent Form](#)

Amended Applicant Agent Form

Sometimes an applicant needs to change its agent or alternate before the file is closed. In that case, an amended applicant agent designation form and new designation letter or resolution must be completed before we can accept new signatures. The new applicant agent or alternate should sign this form and send in the original with the new designation letter or resolution.

AMENDED APPLICANT AGENT DESIGNATION	
Application Identifier: State Number: _____ Disaster Number: _____ FEMA Application Number: _____	
Legal Applicant Recipient: Applicant's Name: _____ Street Address: _____ Mailing Address: _____ County: _____ City: _____ State: _____ Zip Code: _____	
<input type="checkbox"/> Applicant Agent <input type="checkbox"/> Alternate	Phone Numbers:
Name: _____	Work () _____
Title: _____	Fax () _____
E-Mail Address _____	
Signature: _____	Date: _____

[Return to Index](#)

[Continue to Quarterly Report](#)

