

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.:
(5) Project Worksheet No:			(6) Category

(7) Alternate Project Improved Project

(8) CERTIFICATION

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 as identified in the approved scope of work, and all costs claimed have been paid in full. I also assure and certify that all work performed by our own forces, consultants or by other contracting procedures, complies with all applicable state and federal laws and regulations, including but not limited to the provisions of 44 CFR, Emergency Management and Assistance; Public Law 93-288, The Robert T. Stafford Disaster Relief and Emergency Assistance Act; and the Washington State Public Assistance Applicant Manual, as they apply to performing the repair required for this PW.

Date Work Physically Completed: _____

Signature of Applicant Agent: _____ Date: _____

Phone No.: _____

(9) Description of work	(10) Approved PW amount	(11) Claimed costs	(12) Eligible cost incurred For EMD Use Only
Labor:			
Equipment:			
Materials:			
Rented Equipment:			
Contract:			
Engineering Services:			
Direct Administrative Costs:			
Other:			
Total	\$	\$	\$

Applicant Comments:

CERTIFICATION

The financial records for the above referenced PW have been inspected and certification is hereby made that the work has been completed according to the approved PW scope of the work.

State Inspector (signature and Title)	Date
Applicant Agent Concurrence with Deviations (signature)	Date

This is a summary of the documentation on file in the Applicant's Offices for all the costs being claimed.

COMPLETION OF FORM

Use this form to report the final claimed costs for completed work under large projects approved by the Regional Administrator under Public Law 91-606, as amended, or Public Law 93-288.

The applicant is to complete the form, retaining a copy for their records and submitting the **original** form to the State Public Assistance Coordinator (PAC). If you have any questions, please call the PAC.

Block (1) – Enter the name of applicant as it appears on the Project Worksheet, i.e. King County, City of Richland, Columbia Irrigation District, Chehalis Indian Tribe, etc.

Block (2) – Enter the Disaster Number, i.e. 1817-DR-WA.

Block (3) – Enter the Federal I.D. number from the appropriate block on the Project Worksheet, i.e. 000-00000-00.

Block (4) – Enter the assigned State Agreement Number, i.e. D09-000.

Block (5) – Enter the appropriate Project Worksheet number.

Block (6) – Enter the category of work.

Block (7) – Indicate whether project was approved as an alternate or improved project.

Block (8) -- Certification: Enter the date the actual physical work is completed, including the punch list items. Either the Applicant Agent or the Alternate must sign in this section and include the date the SOD is signed.

Block (9) – This block lists the various descriptions of work. It is used for reference for the next three blocks.

Block (10) – For each item listed in Block (9), list the approved eligible costs from the Project Worksheet.

Block (11) – For each item listed in Block (9), list the claimed costs incurred. **Supporting documents for all costs claimed in Block 11 need to be available for immediate review in the applicant's files.**

Block (12) – State Emergency Management Division personnel will complete this block.

If work as outlined on a Project Worksheet was not accomplished, complete Blocks (1) through (7) in the manner outlined above and explain in the Comments Section why the work was not done.

Be certain the jurisdiction's Applicant Agent or alternate signs and dates the Certification in Block (8).

MAILING INSTRUCTIONS:

Mail the **ORIGINAL** of the completed form to the State Public Assistance Coordinator at the following address:

ATTN: State Public Assistance Coordinator
Washington Military Department
Emergency Management Division
Building 20B, M/S: TA-20
Camp Murray, WA 98430-5122

Make sure to keep a copy of this form for your records.