

DEPARTMENT OF HOMELAND SECURITY
 FEDERAL EMERGENCY MANAGEMENT AGENCY
CONTRACT WORK SUMMARY RECORD

PAGE _____ OF _____

*O.M.B. No. 1660-0017
 Expires December 31, 2011*

APPLICANT	PAID NO.	PROJECT NO.	DISASTER
LOCATIOJN/SITE	CATEGORY		PERIOD COVERING

DESCRIPTION OF WORK PERFORMED

DATES WORKED	CONTRACTOR	BILLING/INVOICE NUMBER	AMOUNT	COMMENTS- SCOPE

GRAND TOTAL _____		
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I CERTIFY THAT THE INFORMATION WAS OBTAINED FROM PAYROLL, INVOICES, OR OTHER DOCUMENT THAT ARE AVAILABLE FOR AUDIT.

CERTIFIED	TITLE	DATE
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**DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY
FORCE ACCOUNT LABOR SUMMARY RECORD**

PAGE _____ OF _____

*O.M.B. No. 1660-0017
Expires December 31, 2011*

APPLICANT	PA ID NO.	PROJECT NO.	DISASTER
LOCATION/SITE	CATEGORY		PERIOD COVERING

DESCRIPTION OF WORK PERFORMED

NAME	JOB TITLE	DATES AND HOURS WORKED EACH WEEK							COSTS				
		DATE							TOTAL HOURS	HOURLY RATE	BENEFIT RATE/HR	TOTAL HOURLY RATE	TOTAL COSTS
NAME		REG.											
JOB TITLE		O.T.											
NAME		REG.											
JOB TITLE		O.T.											
NAME		REG.											
JOB TITLE		O.T.											
NAME		REG.											
JOB TITLE		O.T.											
NAME		REG.											
JOB TITLE		O.T.											

TOTAL COSTS FOR FORCE ACCOUNT LABOR REGULAR TIME _____ \$

TOTAL COST FOR FORCE ACCOUNT LABOR OVERTIME _____ \$

I CERTIFY THAT THE INFORMATION ABOVE WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.

CERTIFIED	TITLE	DATE
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DEPARTMENT OF HOMELAND SECURITY
 FEDERAL EMERGENCY MANAGEMENT AGENCY
FORCE ACCOUNT EQUIPMENT SUMMARY RECORD

PAGE ____ OF ____

O.M.B. No. 1660-0017
 Expires April 30, 2013

APPLICANT	PA ID NO.	PROJECT NO.	DISASTER
LOCATION/SITE		CATEGORY	PERIOD COVERING

DESCRIPTION OF WORK PERFORMED

TYPE OF EQUIPMENT		OPERATOR'S NAME	DATES AND HOURS USED EACH DAY							COSTS		
INDICATE SIZE, CAPACITY, HORSEPOWER, MAKE AND MODEL AS APPROPRIATE	EQUIPMENT CODE NUMBER		DATE							TOTAL HOURS	EQUIPMENT RATE	TOTAL COST
			HOURS									
			HOURS									
			HOURS									
			HOURS									
			HOURS									
			HOURS									
			HOURS									
			HOURS									
GRAND TOTAL												

I CERTIFY THAT THE ABOVE INFORMATION WAS OBTAINED FROM PAYROL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.

CERTIFIED	TITLE	DATE
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U.S. DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY
PROJECT WORKSHEET - Maps and Sketches Sheet

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

DISASTER FEMA: _____ -DR: _____	PROJECT NO.	PA ID NO.	DATE	CATEGORY
APPLICANT		COUNTY		

U.S. DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY
PROJECT WORKSHEET - Photo Sheet

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

DISASTER FEMA _____ -DR- _____	PROJECT NO.	PA ID NO.	DATE	CATEGORY
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APPLICANT	COUNTY
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PHOTO

PHOTO

DESCRIPTION	DESCRIPTION
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