

DEPARTMENT OF HOMELAND SECURITY  
Federal Emergency Management Agency

OMB Control Number: 1660-0058  
Expiration Date: 03/31/2027

**PROJECT APPLICATION FOR ADMINISTRATIVE ACTIVITIES**

**PAPERWORK BURDEN DISCLOSURE NOTICE**

Public reporting burden for this data collection is estimated to average 1 hour per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. This collection of information is required to obtain or retain benefits. You are not required to respond to this collection of information unless a valid OMB control number is displayed in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW., Washington, DC 20472, Paperwork Reduction Project (1660-0058). **NOTE:** Do not send your completed form to this address.

**PRIVACY ACT STATEMENT**

The collection of this information is authorized by the Robert T. Stafford Disaster Relief and Emergency Assistance Act, §§ 403 and 420; 42 U.S.C. 5187; Title 44 Code of Federal Regulations (C.F.R.) § 204; and 2 C.F.R. § 200. This information is being collected to provide assistance to eligible jurisdictions to facilitate the response to and recovery from a Fire Management Assistance Grant declaration. The disclosure of information on this form is voluntary; however, failure to provide the requested information may delay or prevent the agency from receiving funds from FEMA's Fire Management Assistance Program.

**PRIVACY ACT STATEMENT**

Administrative costs include indirect and direct costs associated with the Fire Management Assistance Grant Program and projects. FEMA uses this form to collect information necessary to support administrative cost claims. For more information, please see Chapter or contact the State, local, Tribal, or Territorial emergency management office for additional information.

For more information, please see *Chapter 5: Grant Management* in the the Fire Management Assistance Grant Program and Policy Guide or contact the State, local, Tribal, or Territorial emergency management office for additional information. Questions are displayed in an intuitive manner to show the information and documentation needed based on answers provided. All signatures are official and legally binding.

The following information is needed to complete this form:

- The specific activities conducted
- When, where, and by whom the activities were completed
- Actual cost information
- Negotiated Indirect Cost Rate, if applicable

**SECTION 1 - APPLICANT INFORMATION**

Declaration Number:	Legal Name of Applicant:	FEMA PA ID:
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**SECTION 2 - PROJECT INFORMATION**

Project Number:	Applicant-Assigned Project Number (Optional):	Project Title:
Project Amendment Number:	Period of Performance Deadline:	<b>Work Type:</b> Grant Management Administrative Costs

Which of the following funding options is the *Recipient* requesting?

- ☐ Direct Administrative Costs
- ☐ Indirect Administrative Costs: Do you have an approved Negotiated Indirect Cost Rate (NICR)?
- ☐ Yes: Provide percentage \_\_\_\_\_ (Please upload documentation)
- ☐ No

Which of the following funding options is the *Applicant* requesting?

- ☐ Direct Administrative Costs

Please provide work start and end dates (MM/DD/YYYY)-(MM/DD/YYYY): \_\_\_\_\_ - \_\_\_\_\_

What resources did the Applicant use to complete the work? (Please select all that apply) <input type="checkbox"/> Contracts <input type="checkbox"/> Equipment: ( <input type="checkbox"/> Force Account <input type="checkbox"/> Rented ) Was this pre-approved by FEMA? <input type="checkbox"/> Yes (Please upload FEMA pre-approval documentation) <input type="checkbox"/> No <input type="checkbox"/> Labor: Force Account <input type="checkbox"/> Materials and Supplies: Force Account. Was this pre-approved by FEMA? <input type="checkbox"/> Yes (Please upload FEMA pre-approval documentation) <input type="checkbox"/> No <input type="checkbox"/> Additional Costs: Travel, Meals, and/or Miscellaneous Costs			
<b>CONTRACTED COSTS</b>			
Contract Description and Source:			
Does the Applicant wish to input its Contracts into FEMA's Summary Record? <input type="checkbox"/> Yes <input type="checkbox"/> No: Provide Total Costs Claimed: _____ (Please upload a summary sheet with the pertinent information) (Please upload a copy of each awarded contract, bid package, any change orders, and invoices)			
<b>CONTRACT WORK SUMMARY RECORD</b>			
Contractor:		<b><u>TOTAL COST</u></b> _____	
Description of Work Performed:			
Dates Worked:	Invoice Number:		
Amount:	Date Paid:		
<b>EQUIPMENT: FORCE ACCOUNT</b>			
Force Account Equipment Description and Source: <input type="checkbox"/> Applicant-owned <input type="checkbox"/> Purchased			
Is the Applicant claiming mileage or hourly rate? <input type="checkbox"/> Mileage <input type="checkbox"/> FEMA Equipment Rate <input type="checkbox"/> Local Equipment Rate (Please upload supporting documentation)			
Does the Applicant wish to input its Force Account Equipment into FEMA's Summary Template? <input type="checkbox"/> Yes <input type="checkbox"/> No: Provide Total Force Account Equipment Costs Claimed: _____ (Please upload a summary sheet with the pertinent information) (Please upload documentation to support all Force Account Equipment costs and FEMA pre-approval)			
<b>EQUIPMENT: FORCE ACCOUNT SUMMARY RECORD</b>			
Type of Equipment (indicate size, capacity, horsepower, make, and model as appropriate):		<b><u>TOTAL HOURS</u></b> _____	<b><u>TOTAL COST</u></b> _____
Equipment Code Number:	Equipment Rate:		
Operator's Name:			
Date:	Hours:		

<b>EQUIPMENT: RENTED</b>				
Rented Equipment Description:				
Is the Applicant claiming mileage or hourly rate? <input type="checkbox"/> Mileage <input type="checkbox"/> FEMA Equipment Rate <input type="checkbox"/> Local Equipment Rate (Please upload supporting documentation)				
Does the Applicant wish to input its Rented Equipment into FEMA's Summary Template? <input type="checkbox"/> Yes <input type="checkbox"/> No: Provide Total Rented Equipment Costs Claimed: _____ (Please upload a summary sheet with the pertinent information)  (Please upload documentation to support all Rented Equipment costs)				
<b>EQUIPMENT: RENTED SUMMARY RECORD</b>				
Type of Equipment (indicate size, capacity, horsepower, make, and model as appropriate):			<b><u>TOTAL HOURS</u></b>	<b><u>TOTAL COST</u></b>
Vendor:	Invoice Number:			
Amount:	Date Paid:			
Equipment Code Number:	Equipment Rate:			
Operator's Name:				
Date:	Hours:			
<b>LABOR: FORCE ACCOUNT</b>				
Force Account Labor Description and Source:				
Does the Applicant wish to input its Force Account Labor into FEMA's Summary Template? <input type="checkbox"/> Yes <input type="checkbox"/> No: Provide Total Force Account Labor Costs Claimed: _____ (Please upload a summary sheet with the pertinent information)  (Please upload documentation to support all Force Account Labor costs)				
<b>LABOR: FORCE ACCOUNT SUMMARY RECORD</b>				
Type of Individual: <input type="checkbox"/> Donated Labor <input type="checkbox"/> Applicant Employee <input type="checkbox"/> Mutual Aid <input type="checkbox"/> Emergency Management Assistance Compact (EMAC). (Please upload the following documents: • EMAC Resource Support Agreement • R-1 form • R-2 form • Signed Proof of Payment)  <input type="checkbox"/> Other:	Rate Type: <input type="checkbox"/> Straight Time  <input type="checkbox"/> Overtime  <input type="checkbox"/> Premium  <input type="checkbox"/> Hazard  <input type="checkbox"/> Straight Time Fringe Benefits (Percentage)  <input type="checkbox"/> Overtime Fringe Benefits (Percentage)	Date(s):      Hours:	<b><u>TOTAL HOURS</u></b>	<b><u>TOTAL COST</u></b>

**MATERIALS AND SUPPLIES: FORCE ACCOUNT**

Force Account Materials and Supplies Description and Source:

Does the Applicant wish to input its Materials and Supplies into FEMA's Summary Template?

☐ Yes☐ No: Provide Total Materials and Supplies Costs Claimed: \_\_\_\_\_ (Please upload a summary sheet with the pertinent information)

(Please upload documentation to support all Force Account Material and Supply costs)

**MATERIALS AND SUPPLIES: FORCE ACCOUNT SUMMARY RECORD**

Material Description:

How was the material obtained?

☐ Purchased☐ From Stock

Quantity Purchased:

Unit Price:

Purchased Date  
(MM/DD/YYYY):Used Date  
(MM/DD/YYYY):

How did the Applicant ensure the costs were reasonable?

☐ Cost or Price Analysis☐ Compared to Historical Costs for Similar Projects in the Area☐ Obtained Multiple Quotes☐ Other (Specify):

Vendor:

Quantity Used:

Fair Market Value:

Total Cost:

Donated Value:

Total Cost:

**ADDITIONAL COSTS****Travel**

Description:

Total Travel Costs Claimed (Please upload a summary sheet with the pertinent information):

**Meals**

Description:

Total Travel Costs Claimed (Please upload a summary sheet with the pertinent information):

**Miscellaneous**

Description:

Total Travel Costs Claimed (Please upload a summary sheet with the pertinent information):

Please upload documentation to support all costs

**SECTION 3 - SCOPE OF WORK AND COST SUMMARY**

Scope of Work:

**COST BREAKDOWN**

Contract:

**Labor**☐ Applicant's own employees: \_\_\_\_\_☐ Mutual Aid: \_\_\_\_\_**Equipment**☐ Applicant's own equipment: \_\_\_\_\_☐ Purchase equipment: \_\_\_\_\_☐ Rented equipment: \_\_\_\_\_

<b>Materials</b>	<input type="checkbox"/> Stock materials: _____ <input type="checkbox"/> Purchased materials: _____
<b>Additional Costs</b>	<input type="checkbox"/> Travel: _____ <input type="checkbox"/> Meals: _____ <input type="checkbox"/> Miscellaneous: _____
<b>Deductions</b>	<input type="checkbox"/> Insurance: _____ <input type="checkbox"/> Other Sources: _____
<b>Grand Total</b>	_____

#### SECTION 4 - ADDITIONAL INFORMATION AND COMMENTS (Optional)

(If you have any additional information and supporting documentation not previously provided, use this section to help support your claim.  
Please ensure personally identifiable information is redacted on any documentation submitted)

Please provide any additional information, comments, or a brief description of the uploaded documentation, if applicable:

## SECTION 5 - APPLICANT PROJECT ACKNOWLEDGEMENTS AND CERTIFICATIONS

**I acknowledge and certify that I have reviewed and understand the following information regarding overarching requirements to receive Fire Management Assistance Grant assistance. Please initial next to each statement.**

- \_\_\_\_\_ The requirement to comply with applicable Federal, State, local, Tribal, and Territorial laws, regulations, and executive orders. Non-compliance may result in denial or deobligation of funding. This includes but is not limited to laws prohibiting discrimination, complying with the most restrictive of its own documented policies and procedures used for procurements with non-Federal funds, compliance with environmental and historic preservation laws, and inclusion of required provisions as applicable.
- \_\_\_\_\_ The requirement to comply with all Fire Management Assistance Grant Program applicable statutes. The statute that authorizes FEMA to provide assistance through the Public Assistance Program is the Robert T. Stafford Disaster Relief and Emergency Assistance Act, as Amended (Stafford Act), Title 42 of the United States Code (U.S.C.) § 5187 et seq.
- \_\_\_\_\_ The requirement to comply with Fire Management Assistance Grant Program rules and regulations as described in 44 C.F.R. Part 204.
- \_\_\_\_\_ The requirement to comply with applicable administrative requirements, cost principles, and audit requirements in 2 C.F.R. Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.
- \_\_\_\_\_ The requirement to comply with applicable policies which are used to articulate FEMA's intent and direction in applying statutory and regulatory authority to achieve desired outcomes. Compliance with the Fire Management Assistance Grant Program and Policy Guide (FMAG-PPG) is also required. The purpose of the FMAG-PPG is to define FEMA's Public Assistance Program and its policy and procedural requirements. When the FMAG-PAPPG uses the words "must" or "required," it is a legal requirement.
- \_\_\_\_\_ Applicants must maintain all source documentation for each Project for 3 years after the date of transmission of the Closeout Form as certified by the Recipient. Recipients must keep all financial and program documentation for 3 years after the date it submits the final SF-425, in accordance with Title 2 C.F.R. §200.334-337. Longer retention periods may apply to real property and equipment disposition, audits, and litigation. Additionally, State, local, Tribal, or Territorial government laws may require longer retention periods.
- \_\_\_\_\_ The requirement to inform FEMA of all purchased equipment with a fair market value over \$5,000 after it is no longer needed for federally funded programs or projects in accordance with 2 C.F.R. § 200.313. FEMA reduces eligible funding by this amount.
- \_\_\_\_\_ The requirement to inform FEMA if the aggregate fair market value of unused supplies purchased for FEMA projects is over \$5,000 after they are no longer needed for federally funded programs or projects in accordance with 2 C.F.R. § 200.314. FEMA reduces eligible funding by this amount.
- \_\_\_\_\_ As required by Title VI of the Civil Rights Act of 1964, Sections 308 and 309 of the Stafford Act, and applicable provisions of laws and authorities prohibiting discrimination, all work claimed was [will be] delivered in an impartial and equitable manner.
- \_\_\_\_\_ As required by 44 C.F.R. § 206.228 and 2 C.F.R. Part 200, I certify the costs claimed were of a type generally recognized as ordinary and necessary for the type of facility and work.
- \_\_\_\_\_ As required by Stafford Act § 312, I certify that I am not claiming any work or costs that are covered by another source such as revenue, non-federal grants, cash donations, another Federal agency, or another FEMA Program (e.g., Individual Assistance programs or Hazard Mitigation Grant Program). If I receive funding for any work or costs in this project application, I will notify the Recipient and FEMA, and funding will be reconciled to eliminate duplication.
- \_\_\_\_\_ All information provided regarding the project application is true and correct to the best of my knowledge. Upon submittal this project application becomes a legal document. The Recipient or FEMA may use external sources to verify the accuracy of the information entered. It is a violation of Federal law to intentionally make false statements or hide information when applying for Fire Management Assistance Grant assistance. The False Claims Act (31 U.S.C. §§3729-3733) prohibits the submission of false or fraudulent claims for payment to the federal government. Suspicion of fraudulent activities should be reported to the FEMA Disaster Fraud Hotline, the Department of Homeland Security's Office of the Inspector General, or the Department of Justice Fraud Hotline. I understand that, if I intentionally make false statements or conceal any information in an attempt to obtain Fire Management Assistance Grant assistance, it is a violation of Federal laws, which carry severe criminal and civil penalties including a fine of up to \$250,000, imprisonment, or both. (18 U.S.C. §§ 287, 1001, 1040, and 3571).

<p>_____ Projects were completed in accordance with 44 C.F.R. § 206.205 and the FEMA approved scopes of work, all necessary documents have been received, and any appeal for project overruns have been reconciled.</p> <p>_____ The Stafford Act Section 705 imposes a 3-year limit on FEMA's authority to recover payments made to SLTT government Recipients and Applicants unless there is evidence of fraud. Section 705 does not apply to Private Non-profit organizations. I have read and understand FEMA issued Recovery Policy (FP 205-081-2), Stafford Act Section 705, Disaster Grant Closeout Procedures, which describes the limitations and requirements in detail.</p>	
<b>APPLICANT SIGNATURE</b>	
Applicant Authorized Representative:	Title:
Signature:	Date Submitted:
<b>SECTION 6 - RECIPIENT RECOMMENDATION</b>	
<p>Does all work in this project meet the criteria to be eligible for Fire Management Assistance Grant funding?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No (Describe Why): _____</p>	
<p>Has the Applicant completed all of the work associated with the project?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	
<p>Work Completed Date (MM/DD/YYYY) (Please update if changed): _____</p>	
<p><b>I certify that I have reviewed and understand the following information regarding overarching requirements to receive Fire Management Assistance Grant assistance. Please initial next to each statement.</b></p> <p>_____ I certify that all costs were incurred in the performance of eligible work, that the projects were completed in compliance with the provisions of the FEMA-State/Tribe/Territory Agreement in accordance with 44 C.F.R. § 206.205.</p> <p>_____ I certify that the Recipient paid its applicable contribution to the non-Federal share, in accordance with the FEMA-State/Tribe/Territory Agreement.</p>	
<b>RECIPIENT SIGNATURE</b>	
Recipient Authorized Representative:	Title:
Signature:	Date Submitted: