

PUBLIC ASSISTANCE – FORCE ACCOUNT LABOR

I. GENERAL INFORMATION				
Subrecipient Name:		Contact Name:	Contact Phone:	Contact email:
Event Number:	Project Number:	Project Worksheet (PW) Number:	Site Name (if multiple sites):	Page _____ of _____ (Submit as many pages of this form as needed)

II. LABOR RECORDS										Total Hour Breakdown					
Employee Name (Last, First)	Employee Title	Date / Hours Worked Each Day								Total Hours Worked	Regular Hours Worked	OT Hours Worked	Regular Rate	OT Rate	Total Pay
		Date:													
		Hours:													
		Hours:													
		Hours:													
		Hours:													
		Hours:													

III. FRINGES AND TOTALS		
Regular Fringe Rate:	Regular Fringe Amount:	** Note - Fringe Rates must be entered as a decimal. **
OT Fringe Rate:	OT Fringe Amount:	I.E.: 6.35% = 0.635, 10% = .1, 43% = .43, etc.
Total Regular Wages (w/ Fringes):		
Total OT Wages (w/ Fringes):		
Total Wages:		

I certify that the above information is true and accurate, that payments have been made, and documentation for these transactions is available for audit.		
Subrecipient's Authorized Representative		MSP/EMHSD USE ONLY
Signature:	Date:	This form has been reviewed and found correct with the exceptions as noted.
		Reviewer Initials: _____ Date: _____

IMPORTANT: Attach documentation to support ALL costs claimed. Failure to do so could cause delays in processing reimbursements. See Documentation to Support Costs Claimed for supporting documentation examples or see the FEMA Public Assistance Program and Policy Guide (PAPPG) for more information.

Instructions

I. GENERAL INFORMATION

Subrecipient Name: The Public Assistance applicant seeking reimbursement. It should appear as it does in the FEMA Grants Portal (<https://grantee.fema.gov/>).

Contact Name: The primary contact with knowledge of the project and reimbursement request. **Contact Phone:** Phone number (including area code) for the primary contact.

Contact Email: Email address for the primary contact.

Event Number: Found at the top of the grant agreement (i.e., “4494” FEMA-4494-DR-MI). Also referred to as the disaster number Found at the top of the grant agreement (i.e., “4494” FEMA-4494-DR-MI)

Project Number: Found in the grant agreement, Section III. Award Amount and Restrictions.

Project Worksheet (PW) Number: Found in grant agreement, Section III. Award Amount and Restrictions.

Site Name (If multiple sites): Enter the site where the work was completed for this request for reimbursement. For example, Mid-Michigan Regional Hospitals – Alpena General Hospital, or Bliss Road, Cedar Creek culvert, intersection of Fourth and Main streets. (Note: Submit one form per site)

Page _ of _: Click dropdown to choose the number of Force Account Labor forms submitted. Include one form per site if applicable.

II. LABOR RECORDS

Employee Name (Last, First): The employee who performed the work.

Employee Title: Enter the employee’s job title or duty (i.e., nurse, laborer, driver, administrative).

Date/Hours Worked Each Day: This section allows for a seven-day (one week) period. Select consecutive dates (i.e., 3/01/2020, 3/02/2020, 3/03/2020, etc.) in the “Date” row from the dropdown calendar. Enter the total number of hours worked under each respective date for the “Hours” rows. If no hours were worked for a specific date, enter “0”.

Date:	3/01/2020	3/02/2020	3/03/2020	3/04/2020	3/05/2020	3/06/2020	3/07/2020
Hours:	8.00	8.00	4.00	12.00	0.00	0.00	8.00

Total Hours Worked: This column automatically calculates the total hours worked based on the data.

Regular Hours Worked: Enter the number of regular hours worked.

OT (Overtime) Hours Worked: Enter the number of overtime hours worked.

Regular Rate: Enter the regular pay rate for the employee.

OT Rate: Enter the overtime pay rate for the employee.

Total Pay: Automatically calculates the total pay.

III. FRINGES AND TOTALS

Regular Fringe Rate: Enter the regular pay rate fringe rate. The rate must be entered as a decimal (i.e., for 6.35% enter 0.635, for 28% enter .28, etc.).

OT Fringe Rate: Enter the OT pay rate fringe rate. The rate must be entered as a decimal (i.e., for 6.35% enter 0.635, for 28% enter .28, etc.).

Regular Fringe Amount: Automatically calculates regular fringe benefits.

OT Fringe Amount: Automatically calculates overtime fringe benefits.

Total Regular Wages (w/Fringes): Automatically calculates regular wages with fringe benefits.

Total OT Wages (w/Fringes): Automatically calculates overtime wages with fringe benefits. **Total Wages:** Automatically calculates the total wages.

Signature of Subrecipient's Authorized Representative: The authorized representative for the applicant signs here. The name of the authorized representative should match the one listed in the FEMA Grants Portal. (Please contact msp-emhsd-disasterpa@michigan.gov for assistance with updating Grants Portal contact information.)

Date: Enter the date signed.