

PUBLIC ASSISTANCE – FORCE ACCOUNT EQUIPMENT

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

| II. EQUIPMENT RENTAL RECORD(S) | | | | | | |
|--------------------------------|------------------------------|------------------|-------------|-------|---------------|------------|
| Operator Name (Last, First) | Equipment Type / Description | Equipment Number | Date Rented | Hours | Rate Per Hour | Total Cost |
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| TOTAL: | | | | | | |

| 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.

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 Equipment Labor forms submitted. Include one form per site.

II. EQUIPMENT RENTAL RECORD(S)

Operator Name (Last, First): Enter the name of the equipment operator.

Equipment Type/Description: Enter the equipment type and description. The equipment type/description should match the information on the invoice and any other supporting documentation.

Equipment Number: Enter the equipment number. The equipment number should match the information on the invoice and any other supporting documentation.

Date Rented: Select the rental date. A separate line for each date the equipment was rented is required.

Hours: Enter the total number of hours for which the equipment was rented.

Rate Per Hour: Enter the hourly rate charged for renting the equipment.

Total Cost: Automatically calculates the total cost.

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.