

PUBLIC ASSISTANCE – CONTRACT WORK

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. CONTRACT WORK RECORDS								
Dates Worked Start End	Contractor Name	Invoice Number	Invoice Amount	Invoice Date	P.O. Number	Claimed Amount	Description of Activities Claimed	Proof of Payment
-								
-								
-								
-								
-								
-								
-								
-								
-								
-								
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: Be sure to 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 Contract Work forms submitted. Include one form per site.

II. CONTRACT WORK RECORDS

Dates Worked (Start, End): Select the starting and ending dates from the dropdown calendar for the period when work was completed.

Contractor Name: Enter the name of the contractor hired to perform the work (i.e., John Smith, Gallagher & Sons).

Invoice Number: Enter the invoice number associated with the purchase. The invoice number should match the number appearing on the supporting documentation.

Invoice Amount: Enter the total amount as it appears on the invoice.

Invoice Date: Select the date appearing on the invoice.

P.O. Number: Enter the purchase order number associated with the purchase, if applicable.

Claimed Amount: Enter the amount being requested. This may or may not be the invoice total. Providing written notes on invoices is encouraged to identify and explain only those costs claimed for this reimbursement request.

Description of Activities Claimed: Describe the activities. The information appearing on the invoice and any other supporting documentation should clearly explain the contract work provided for reimbursement.

Proof of Payment: Proof of payment must be submitted. (i.e., front and back copy of a cancelled check, a credit card statement or receipt, or a bank statement). Proof of payment box must be checked, or total quantity, unit price, and total cost will not calculate. These fields are required.

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.