

PUBLIC ASSISTANCE PROJECT RECORD – MANAGEMENT COSTS

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. LABOR RECORDS		Date / Hours Worked Each Day								Total Hour Breakdown				
Employee Name (Last, First)	Description Code of Activity	Sun	Mon	Tues	Weds	Thurs	Fri	Sat	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.
Description of Activity for Other, listed above:	
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:

Instructions

I. GENERAL INFORMATION

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

Contact Name: First and last name of 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 Management Costs forms submitted.

II. LABOR RECORDS

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

Description Code of Activity: Choose from the following list (not an all-inclusive list of eligible activities; see the FEMA Public Assistance Program and Policy Guide for more):

1. Preliminary damage assessments
2. Meetings regarding the PA program or overall PA damage claim
3. Organizing PA sites into logical groups
4. Preparing correspondence
5. Site inspections
6. Travel expenses
7. Developing the detailed site inspection damage description
8. Evaluating Section 406 Hazard Mitigation measures
9. Preparing small and large projects
10. Reviewing PW's
11. Collecting, copying, filing, or submitting documents to support a claim
12. Requesting disbursements of PA funds
13. Training, or
14. Other (Enter description of other activities performed in the “Description of Activity for Other” box below.)

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 calculate overtime wages with fringe benefits.

Total Wages: Automatically calculates the total wages.

Description of Activity for Other, listed above: Enter the description for any other eligible activities performed not listed in the Description Code of Activity field (not an all-inclusive list; refer to the PAPPG).

Signature of Subrecipient's Authorized Representative: 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.