

Appendix B - Forms

Table of Contents	IA Street Sheet	Page 1
	Public Assistance Damage Assessment Form	Page 3
	Damage Inventory Form (Blank)	Page 5
	Site Estimate Form (multiple sites) (Blank)	Page 7
	Site Estimate Form (single site) (Blank)	Page 9
	HMGP Pre-application (Blank)	Page 11

Appendix B - Forms

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INDIVIDUAL ASSISTANCE STREET SHEET

County Area		Assessor's Name/Phone Number		Date			
Location (Street Address, Apt/Condo, Complex, MH Park)		Type of Structure	Status	Depth of Water	Insurance	Local Preliminary Determination	State Use Only
		SF ___ MH ___ Apt ___ Condo ___ Business ___	Own ___ Rent ___	Basement ___ ft ___ in First Floor ___ ft ___ in Crawl Spc ___ ft ___ in	Flood ___ Homeowners ___ Renter ___ Sewer B/U Rider ___	D Maj Min A	
Comments:							
		SF ___ MH ___ Apt ___ Condo ___ Business ___	Own ___ Rent ___	Basement ___ ft ___ in First Floor ___ ft ___ in Crawl Spc ___ ft ___ in	Flood ___ Homeowners ___ Renter ___ Sewer B/U Rider ___		
Comments:							
		SF ___ MH ___ Apt ___ Condo ___ Business ___	Own ___ Rent ___	Basement ___ ft ___ in First Floor ___ ft ___ in Crawl Spc ___ ft ___ in	Flood ___ Homeowners ___ Renter ___ Sewer B/U Rider ___		
Comments:							
		SF ___ MH ___ Apt ___ Condo ___ Business ___	Own ___ Rent ___	Basement ___ ft ___ in First Floor ___ ft ___ in Crawl Spc ___ ft ___ in	Flood ___ Homeowners ___ Renter ___ Sewer B/U Rider ___		
Comments:							
Total for page:							

**OHIO EMERGENCY MANAGEMENT AGENCY
PUBLIC ASSISTANCE DAMAGE ASSESSMENT FORM (Rev. May 2016)**

* COUNTIES CAN CONSOLIDATE DATA FOR ALL IMPACTED ENTITIES/JURISDICTIONS OR CAN PROVIDE INDIVIDUAL ASSESSMENTS PROVIDED BY THOSE ENTITIES/JURISDICTIONS

A. Name of Jurisdiction/Non-Profit Organization		B. Name of County	
C. Type of Disaster & Date of Occurrence		D. Area Primarily Affected (East, N.E., All)	
E. Contact Information			
Name: _____		Title: _____	
Email: _____		Phone: _____	
A. DEBRIS REMOVAL		E. BUILDINGS AND EQUIPMENT	
Public Roads	\$ _____	Public Buildings	\$ _____
Public Property	\$ _____	Building Contents	\$ _____
Other	\$ _____	Vehicles/Equipment	\$ _____
TOTAL		Insurance Yes or No (circle one); if Yes, Deductible Amount \$ _____	
\$ _____		TOTAL LESS INSURANCE COVERAGE \$ _____	
B. EMERGENCY PROTECTIVE MEASURES		F. UTILITIES	
Response (Fire/Police)	\$ _____	Power transmission/distribution	\$ _____
Protective Measures (sandbagging, etc)	\$ _____	Water/Sewer Treatment Plants	\$ _____
Public Works (barricades, temporary repairs)	\$ _____	Sewers	\$ _____
Emergency Power (e.g. generators)	\$ _____	Other	\$ _____
Other	\$ _____	Insurance Yes or No (circle one); if Yes, Deductible Amount \$ _____	
TOTAL		TOTAL LESS INSURANCE COVERAGE	
\$ _____		\$ _____	
C. ROADS AND BRIDGES		G. PARKS, RECREATIONAL AND OTHER	
Roads (surfaces, signals, embankment failures, etc)	\$ _____	Parks (shelter houses, playgrounds, etc.)	\$ _____
Bridges (damaged and destroyed)	\$ _____	Recreational (marinas, athletic facilities, etc.)	\$ _____
Culverts (damaged and destroyed)	\$ _____	Other	\$ _____
Access Problems YES or NO		Insurance Yes or No (circle one); if Yes, Deductible Amount \$ _____	
TOTAL		TOTAL LESS INSURANCE COVERAGE	
\$ _____		\$ _____	
D. WATER CONTROL FACILITIES		H. CURRENT COMMUNITY BUDGET INFORMATION	
Dikes/Levees	\$ _____	1) Total Annual Budget	
Dams	\$ _____	2) Public Works/Road and Bridge Budget	
Drainage Channels	\$ _____	3) Date Fiscal Year Begins	
Other	\$ _____		
TOTAL			
\$ _____			

GRAND TOTAL PUBLIC: \$ _____

- * If "Other" is used, please provide brief explanation of the damage
 - * Category B - For your own labor, only overtime/comp time should be claimed
 - * Category C - Do not include roads that are on a federal aid route. Federal aid routes can be found at:
<http://www.dot.state.oh.us/Divisions/Planning/ProgramManagement/MajorPrograms/Pages/MapRoom.aspx>
 - * Category D - Do not include facilities under the responsibility of another federal agency such as the US Army Corp of Engineers or Natural Resources Conservation Service (NRCS)
 - * Categories E-G - Please indicated if there is insurance to cover the peril that caused the disaster damage and only claim up to a deductible if there will be insurance proceeds.
- Tools for Determining Cost, both for work completed and work to be completed**
- * Track and claim the cost of using your own employees
 - * Utilize the FEMA Schedule of Equipment Rates to calculate cost for using your own equipment
 - * Track and claim the cost of using materials purchase or used from stock
 - * Track and claim use of rented equipment
 - * Track and claim use of contracts. PLEASE NOTE: The federal government has very specific procurement regulations. Although this disaster not result in a federal disaster declaration, please review the federal regulations to ensure compliance. 2 CFR 200.317-200.332

A. Name of Jurisdiction/Non-Profit Organization

B. Name of County

I. GENERAL SECTION:

Explain road closures/detours.

Explain continued disruption of utility service.

What critical facilities are impacted and how? Critical facilities can include, water/wastewater facilities, power transmission/distribution, police, fire, etc.

Due to the estimated cost of the disaster, explain how the financial impact with impact scheduled maintenance and capital improvement projects.

Explain the work and costs related to other disasters you have had in the past 12 month period and the funding source that addressed the repairs.
Are any repairs still ongoing?

Explain any mitigation measures undertaken that reduced the impact of this disaster. As examples, prior installation of a larger culvert lessened the damage to a road that is normally damaged during a flood or right of way tree maintenance reduced the damage to transmission/distribution lines, etc.

Have any essential governmental facilities been impacted that resulted in their temporary relocation? If yes, please provide what was relocated, where and for how long?

Please provide any other information that addresses the impact of the disaster on your community.

Damage Inventory

NOTE: THIS FORM IS AVAILABLE FOR DOWNLOAD IN EXCEL FORMAT HERE: http://ema.ohio.gov/Recovery_DAToolbox.aspx

County:														
Applicant Name:														
Applicant Point of Contact Name:														
Applicant Point of Contact Phone:														
Applicant Point of Contact Email:														
Site #	Category	Name of damage/facility	Address 1	City	Zip	Describe Damage	Primary Cause of Damage	Scope of Work to be Performed	Approx. Cost (show math)	% Work Complete	IS the Facility Insured?	Has received PA grant(s) on this facility in a past?	Is there a potential mitigation opportunity?	Applicant priority

Labor Key: MAA - Mutual Aid Agreement; MOU - Memorandum of Understanding; FA - Force Account; C - Contract; FA/C - Both FA and C; DR - Donated Resources

SITE ESTIMATE SHEET

Sheet

of

Sheets

PART I - APPLICANT INFORMATION

COUNTY	NAME OF APPLICANT	NAME OF LOCAL CONTACT	PHONE NUMBER
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PART II - SITE INFORMATION

KEY FOR DAMAGE CATEGORY (Use appropriate letters in the "category" blocks below)

- | | | |
|------------------------|----------------------------------|----------------------|
| a. DEBRIS REMOVAL | d. WATER CONTROL FACILITIES | g. PUBLIC RECREATION |
| b. PROTECTIVE MEASURES | e. BUILDINGS, CONTENTS, VEHICLES | |
| c. ROADS AND BRIDGES | f. UTILITIES | |

SITE NO.	CATEGORY	LOCATION (Use map location, address, etc.)
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DESCRIPTION OF DAMAGE AND SCOPE OF WORK TO BE COMPLETED, IF APPLICABLE

IMPACT	% COMPLETE	COST ESTIMATE
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SITE NO.	CATEGORY	LOCATION (Use map location, address, etc.)
----------	----------	--

DESCRIPTION OF DAMAGE AND SCOPE OF WORK TO BE COMPLETED, IF APPLICABLE

IMPACT	% COMPLETE	COST ESTIMATE
--------	------------	---------------

SITE NO.	CATEGORY	LOCATION (Use map location, address, etc.)
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DESCRIPTION OF DAMAGE AND SCOPE OF WORK TO BE COMPLETED, IF APPLICABLE

IMPACT	% COMPLETE	COST ESTIMATE
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Site Estimate Form

DATE FORM COMPLETED:

Sheet _____ of _____ Sheets

PART I - APPLICANT INFORMATION			
COUNTY	NAME OF APPLICANT	LOCAL CONTACT	PHONE NUMBER
PART II - SITE INFORMATION			
KEY FOR DAMAGE CATEGORY (Use appropriate letters in the "category" blocks below) a. DEBRIS REMOVAL d. WATER CONTROL FACILITIES g. PUBLIC RECREATION b. PROTECTIVE MEASURES e. BUILDINGS, CONTENTS, VEHICLES c. ROADS AND BRIDGES f. UTILITIES			
SITE NO.	CATE- GORY	LOCATION	
DESCRIPTION OF DAMAGE (INCLUDING DIMENSIONS)			
SCOPE OF WORK TO BE COMPLETED (INCLUDING DIMENSIONS)			
IMPACT:		% COMPLETE	COST ESTIMATE

**STATE OF OHIO
OHIO EMERGENCY MANAGEMENT AGENCY
Pre-Application Form
Section 404-Hazard Mitigation Grant Program
FEMA-DR-XXXX-OH**

1. NAME OF APPLICANT: _____ COUNTY: _____

2. PRIMARY CONTACT PERSON: _____
TITLE: _____
ADDRESS: _____
ZIP: _____ PHONE: _____ FAX: _____
E-MAIL ADDRESS: _____

3. ALTERNATE CONTACT PERSON: _____
TITLE: _____
ADDRESS: _____
ZIP: _____ PHONE: _____ FAX: _____
E-MAIL ADDRESS: _____

4. LOCATION OF PROJECT: (Road or street address, geographic landmarks, legal description, etc. Include legible maps/drawings of the location. Provide a map showing the range and section for the project area.)

5. IS PROJECT LOCATED IN THE SPECIAL HAZARD FLOOD AREA (100 yr. Floodplain)? ___ Yes ___ No
(If yes, attach a map with the location)

6. BRIEF DESCRIPTION OF THE PROJECT:

7. BRIEF DESCRIPTION OF THE PROBLEM:

(continued on back)

8. BRIEF DESCRIPTION OF DAMAGES AND THE REDUCTION IN FUTURE DAMAGES (include damages to improved property, infrastructure, public safety costs, economic impact, area protected, etc.):

9. FREQUENCY THAT DAMAGES OCCUR (Number of times or the years that the event has occurred causing damages, etc.):

10. HOW DOES THE PROPOSED PROJECT ELIMINATE OR REDUCE FUTURE DAMAGES? ALSO INCLUDE FUTURE LAND USE PLANS:

11. LIST STRUCTURES WITH FLOOD INSURANCE COVERAGE (if the project is related to flood mitigation):

12. OTHER ALTERNATIVES CONSIDERED FOR SOLVING THE PROBLEM (List at least two):

13. TOTAL ESTIMATED COST OF THE PROJECT: **MANDATORY**

14. SOURCE OF FUNDING FOR APPLICANT SHARE (25% Non-Federal): **MANDATORY**

ATTACH ANY ADDITIONAL INFORMATION THAT IS PERTINENT TO THE PROPOSED PROJECT AND WILL SUPPORT THE APPLICATION.

**RETURN COMPLETED PRE-APPLICATION FORM BY [DATE] TO:
OHIO DEPARTMENT OF PUBLIC SAFETY
EMERGENCY MANAGEMENT AGENCY, MITIGATION & RECOVERY BRANCH
2855 WEST DUBLIN-GRANVILLE ROAD
COLUMBUS, OH 43235**