FEMA PUBLIC ASSISTANCE SUMMER SERIES

MEMA STATE WORKBOOK 2020 V4

JULY 15, 2021

MASSACHUSETTS EMERGENCY MANAGEMENT AGENCY

DISASTER RECOVERY UNIT

AGENDA

- Difference between FEMA and MEMA delivery models
- COVID-19 Declaration
- Navigating MEMA State Workbook v4
- Completing the MEMA State Workbook v4

OBJECTIVES & GOALS

- Familiarity with MEMA State Workbook v4
- How to Complete the MEMA State Workbook v4

MAJOR DECLARATION
FEMA-4496-DR-MA

DECLARATION DATE: March 27, 2020

INCIDENT DATE: January 20, 2020 and continuing

DECLARED COUNTIES: All Massachusetts Counties

AUTHORIZED DISASTER ASSISTANCE: FEMA Public Assistance Program

Category B - FEMA Public Assistance Program

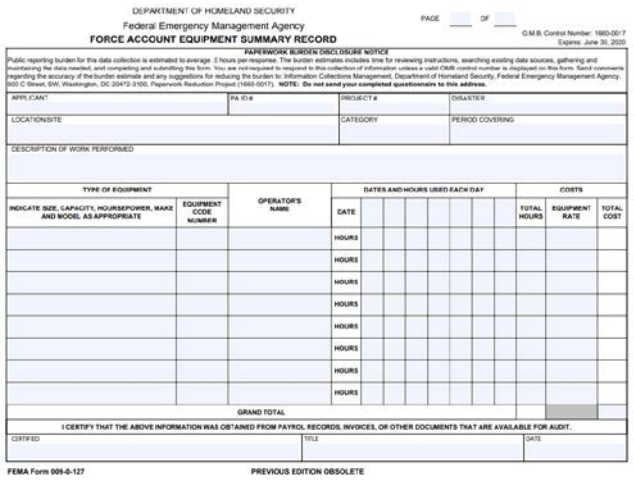
Want to review previous training?

Visit our website here to view our training!

FEMA COST SUMMARY WORKSHEETS

Need the most current version of the MEMA Workbook?

Visit our website here to download MEMA Resources for Public Assistance Projects!



DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
FORCE ACCOUNT EQUIPMENT SUMMARY RECORD

PAGE ___ OF ___

O.M.B. Control Number: 1660-0017
Expires: June 30, 2020

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this data collection is estimated to average .5 hours per response. The burden estimates includes time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472-3100, Paperwork Reduction Project (1660-0017). **NOTE: Do not send your completed questionnaire to this address.**

APPLICANT	PA ID #	PROJECT #	DISASTER
LOCATION/SITE		CATEGORY	PERIOD COVERING

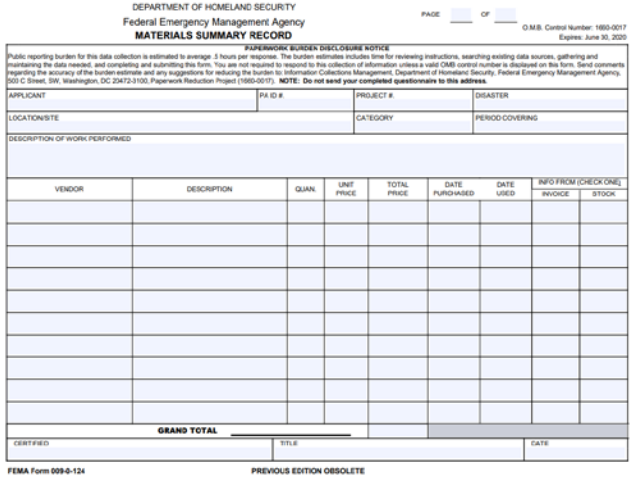
DESCRIPTION OF WORK PERFORMED

TYPE OF EQUIPMENT			DATES AND HOURS USED EACH DAY								COSTS		
INDICATE SIZE, CAPACITY, HOURSEPOWER, MAKE AND MODEL AS APPROPRIATE	EQUIPMENT CODE NUMBER	OPERATOR'S NAME	DATE								TOTAL HOURS	EQUIPMENT RATE	TOTAL COST
			HOURS										
			HOURS										
			HOURS										
			HOURS										
			HOURS										
			HOURS										
			HOURS										
			HOURS										
GRAND TOTAL													

I CERTIFY THAT THE ABOVE INFORMATION WAS OBTAINED FROM PAYROL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.

CERTIFIED	TITLE	DATE

FEMA Form 009-0-127 PREVIOUS EDITION OBSOLETE



DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
MATERIALS SUMMARY RECORD

PAGE ___ OF ___

O.M.B. Control Number: 1660-0017
Expires: June 30, 2020

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APPLICANT	PA ID #.	PROJECT #.	DISASTER
LOCATION/SITE		CATEGORY	PERIOD COVERING

DESCRIPTION OF WORK PERFORMED

VENDOR	DESCRIPTION	QUAN.	UNIT PRICE	TOTAL PRICE	DATE PURCHASED	DATE USED	INFO FROM (CHECK ONE)	
							INVOICE	STOCK
GRAND TOTAL								

CERTIFIED	TITLE	DATE

FEMA Form 009-0-124 PREVIOUS EDITION OBSOLETE

FEMA COST SUMMARY WORKSHEETS (CONT.)

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
FORCE ACCOUNT LABOR SUMMARY

PAGE ____ OF ____
O.M.B. Control Number: 1660-0017
Expires: June 30, 2020

PAPERWORK BURDEN DISCLOSURE NOTICE
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APPLICANT	PW ID #	PROJECT #	DISASTER
LOCATION/SITE		CATEGORY	PERIOD COVERING

DESCRIPTION OF WORK PERFORMED

NAME / JOB TITLE	DATE	DATES AND HOURS WORKED EACH WEEK							COSTS: TOTAL HOURS	HOURLY RATE	BENEFIT RATE/HR	TOTAL HOURLY RATE	TOTAL COSTS
NAME / JOB TITLE	REG.												
	O.T.												
NAME / JOB TITLE	REG.												
	O.T.												
NAME / JOB TITLE	REG.												
	O.T.												
NAME / JOB TITLE	REG.												
	O.T.												

TOTAL COSTS FOR FORCE ACCOUNT LABOR REGULAR TIME _____ $
TOTAL COST FOR FORCE ACCOUNT LABOR OVERTIME _____ $

I CERTIFY THAT THE INFORMATION ABOVE WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.

CERTIFIED	TITLE	DATE

FEMA Form 009-0-123 PREVIOUS EDITION OBSOLETE

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
RENTED EQUIPMENT SUMMARY RECORD

PAGE ____ OF ____
O.M.B. Control Number: 1660-0017
Expires: June 30, 2020

PAPERWORK BURDEN DISCLOSURE NOTICE
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APPLICANT	PW ID #.	PROJECT #.	DISASTER
LOCATION/SITE		CATEGORY	PERIOD COVERING

DESCRIPTION OF WORK PERFORMED

TYPE OF EQUIPMENT Indicate size, Capacity, Horsepower Make and Model as Appropriate	DATES AND HOURS USED	RATE PER HOUR W/OPR	RATE PER HOUR W/OUT OPR	TOTAL COST	VENDOR	INVOICE NO.	DATE AND AMOUNT PAID	CHECK NO.

GRAND TOTAL _____

I CERTIFY THAT THE ABOVE INFORMATION WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.

CERTIFIED	TITLE	DATE

FEMA Form 009-0-125 PREVIOUS EDITION OBSOLETE

FEMA SUPPLEMENTARY SCHEDULES

Search the 2019 Schedule of Equipment Rates

Show 10 entries

Search:

Cost Code	Equipment	Specifications	Capacity or Size	HP	Notes	Unit
8010	Air Compressor	Air Delivery	41 CFM	to 10	Hoses included.	hour
8011	Air Compressor	Air Delivery	103 CFM	to 30	Hoses included.	hour
8012	Air Compressor	Air Delivery	130 CFM	to 50	Hoses included.	hour
8013	Air Compressor	Air Delivery	175 CFM	to 90	Hoses included.	hour
8014	Air Compressor	Air Delivery	400 CFM	to 145	Hoses included.	hour
8015	Air Compressor	Air Delivery	575 CFM	to 230	Hoses included.	hour
8016	Air Compressor	Air Delivery	1100 CFM	to 355	Hoses included.	hour
8017	Air Compressor	Air Delivery	1600 CFM	to 500	Hoses included.	hour
8040	Ambulance			to 150		hour
8041	Ambulance			to 210		hour

Showing 1 to 10 of 494 entries

DEPARTMENT OF HOMELAND SECURITY

O.M.B. Control

Federal Emergency Management Agency

Ex

APPLICANT'S BENEFITS CALCULATION WORKSHEET

PAPERWORK BURDEN DISCLOSURE NOTICE

ublic reporting burden for this data collection is estimated to average .5 hours per response. The burden estimate includes the time for review
earching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. This collection of inform
equired to obtain or retain benefits. You are not required to respond to this collection of information unless a valid OMB control number is disp
ght corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Infor
lanagement, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW., Washington, DC 20472, Pape
roject (1660-0017) **NOTE: Do not send your completed form to this address.**

PPLICANT	PA ID #

ISASTER	PROJECT #

FRINGE BENEFITS (by %)	REGULAR TIME	OVERTIME
OLIDAYS		
ACATION LEAVE		
ICK LEAVE		
OCIAL SECURITY		
IEDICARE		
NEMPLOYMENT		
VORKER'S COMP.		
ETIREMENT		
IEALTH BENEFITS		
IFE INS. BENEFITS		
THER		
TOTAL IN % ANNUAL SALARY		

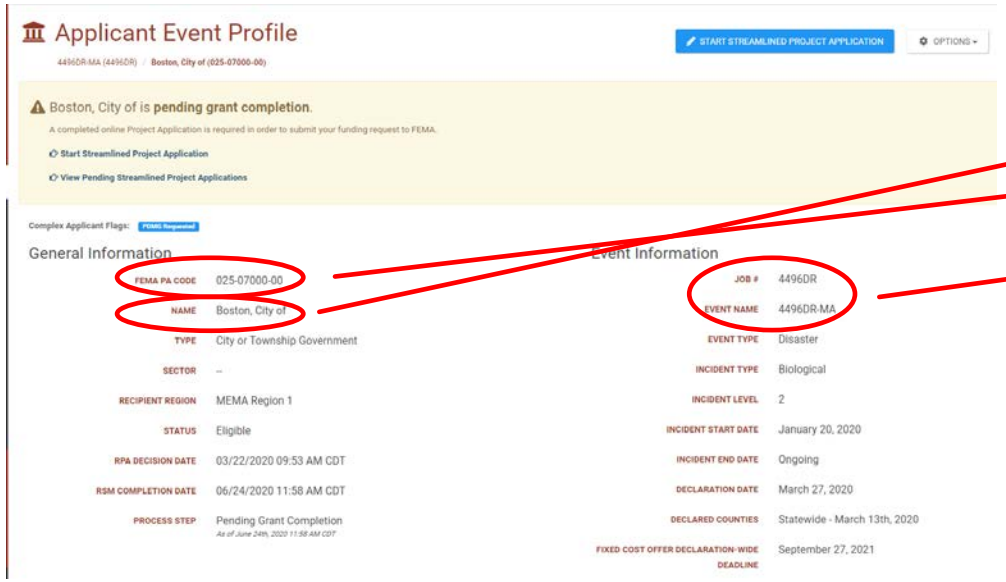
OMMENTS

CERTIFY THAT THE INFORMATION ABOVE WAS TRANSCRIBED FROM PAYROLL RECORDS OR OTHER DOCUMENTS WHICH AR

AME	TITLE	DATE

EMA FORM 009-0-128 PREVIOUS EDITION OBSOLETE

1



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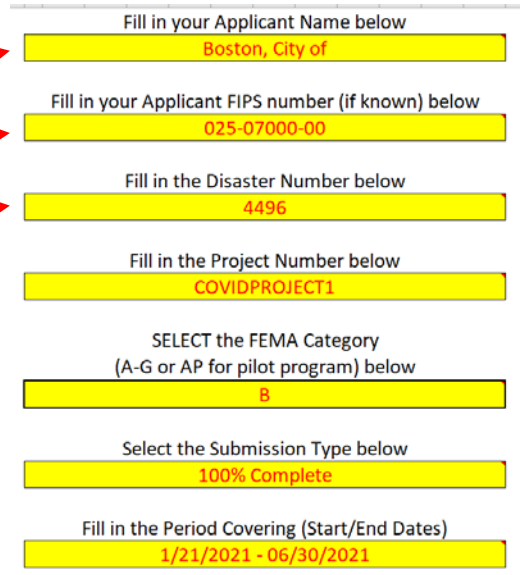
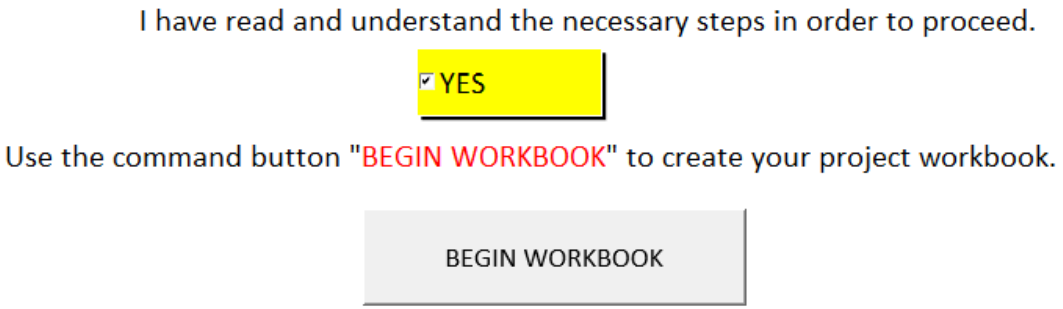


START HERE

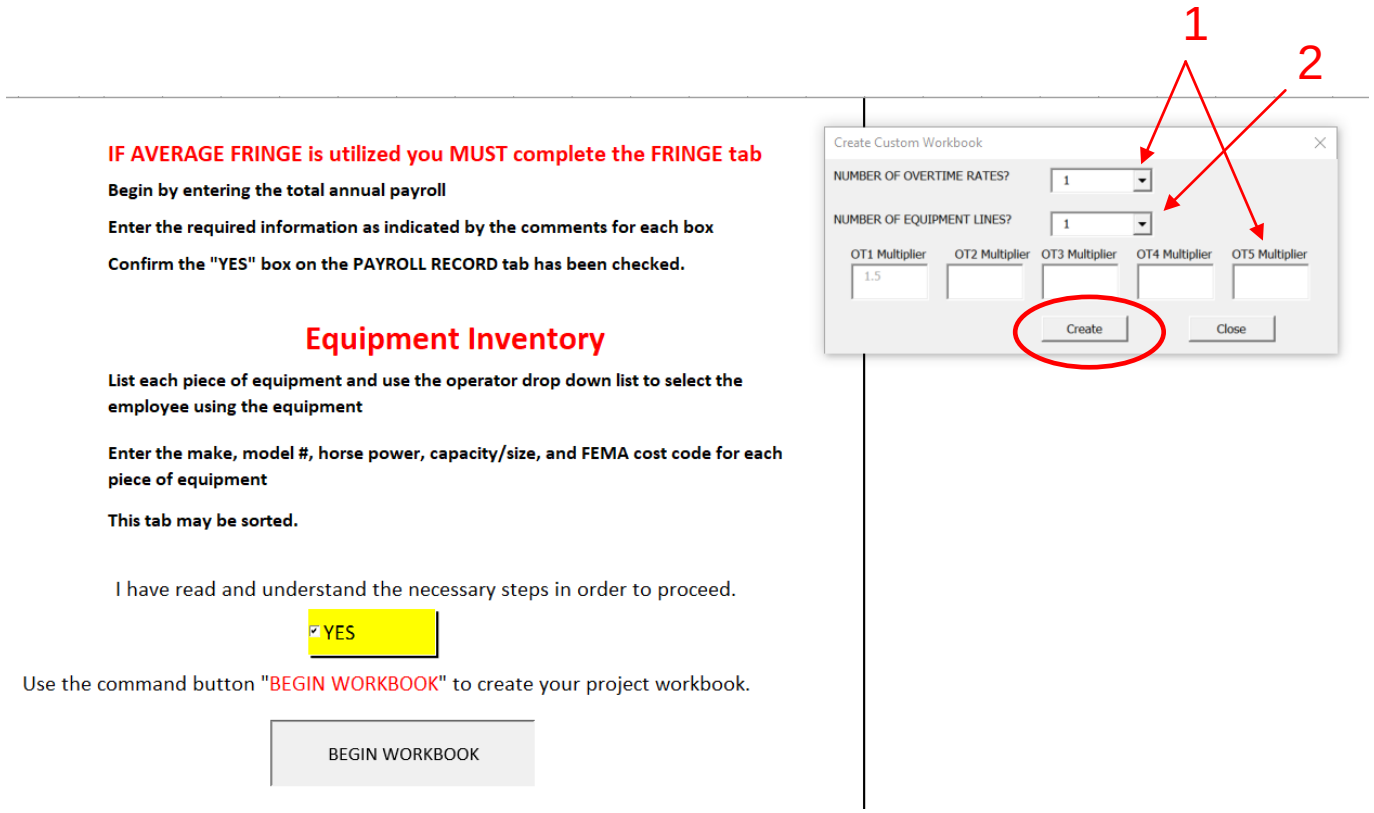
- Workbook Tips
  - Hot Keys
  - Sharing
- 1- Applicant Event Profile
- 2 – Enter Workbook Details
- 3 – Begin Workbook

3



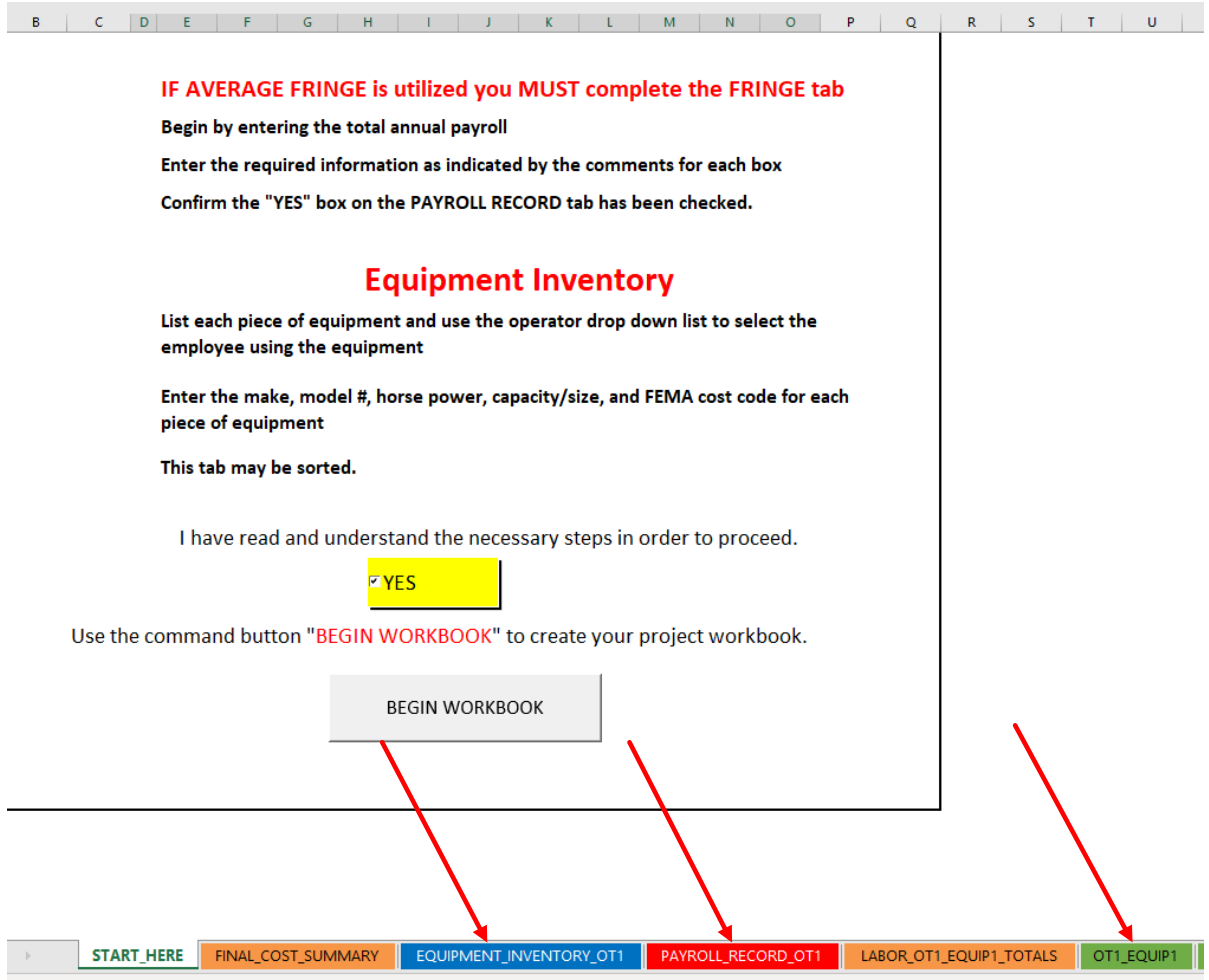
OT RATES & EQUIPMENT LINES

- 1 - REVIEW YOUR PAYROLL POLICY to determine OT rates and multipliers
- 2 - REVIEW TIME SHEETS and EQUIPMENT LOGS to determine the number of pieces will be entered



MACRO WILL POPULATE ADDITIONAL WORKSHEETS

- Equipment Inventory OT1
- Payroll Record OT1
- OT1 Equip1



A

FEMA COST CODES EFFECTIVE DATE 2019

Cost Code	Equipment	Specifications	Capacity or Size	HP	Notes	Unit	2019 Updated Rate
8010	Air Compressor	Air Delivery	41 CFM	to 10	Hoses included.	hour	$ 1.62
8011	Air Compressor	Air Delivery	103 CFM	to 30	Hoses included.	hour	$ 9.86
8012	Air Compressor	Air Delivery	130 CFM	to 50	Hoses included.	hour	$ 12.49
8013	Air Compressor	Air Delivery	175 CFM	to 90	Hoses included.	hour	$ 20.98
8014	Air Compressor	Air Delivery	400 CFM	to 145	Hoses included.	hour	$ 32.13
8015	Air Compressor	Air Delivery	575 CFM	to 230	Hoses included.	hour	$ 57.05
8016	Air Compressor	Air Delivery	1100 CFM	to 355	Hoses included.	hour	$ 95.60
8017	Air Compressor	Air Delivery	1600 CFM	to 500	Hoses included.	hour	$ 98.55
8040	Ambulance			to 150		hour	$ 28.09
8041	Ambulance			to 210		hour	$ 41.18
8050	Board, Arrow			to 9	Trailer Mounted.	hour	$ 4.53
8051	Board, Message			to 5	Trailer Mounted.	hour	$ 11.60
8060	Auger, Portable	Hole Diameter	18 In	to 6		hour	$ 2.34

START_HERE | FINAL_COST_SUMMARY | EQUIPMENT_INVENTORY_OT1 | PAYROLL_RECORD_OT1 | LABOR_OT1_EQUIP1_TOTALS | OT1_EQUIP1 | FRINGE | FEMA_COST_CODE

1

B

Boston, City of

E

ADD 20 LINES

CREATE PDF

EQUIPMENT INVENTORY

C

APPLICANT - FIPS#	DISASTER #:	PROJECT #:	FEMA CAT	SUBMISSION TYPE	PERIOD COVERING
025-07000-00	4496	COVIDPROJECT1	B	Partial	1/21/2021 - 6/30/2021

EQUIPMENT	OPERATOR	MAKE	MODEL	HP	CAPACITY SIZE	FEMA COST CODE	ADJUSTED COST CODE UNIT PRICE	COMMENT
Fire Truck		Hotwheel	Heavy	600	3000gpm/1 000 gal Water or Foam	8680	$ 198.30	
Ambulance		Matchbox	20	150		8040	$ 28.09	

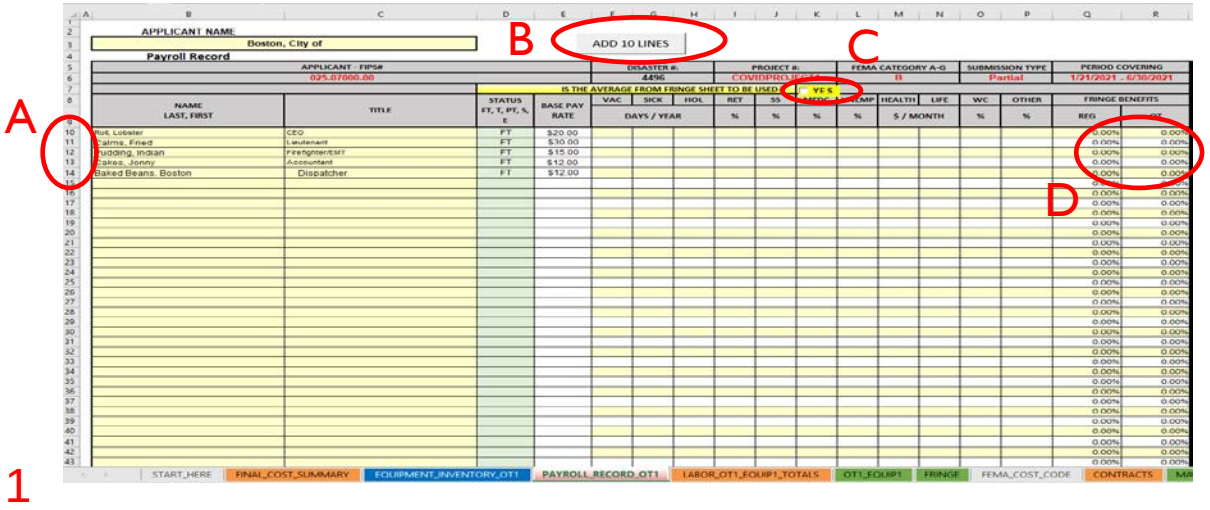
D

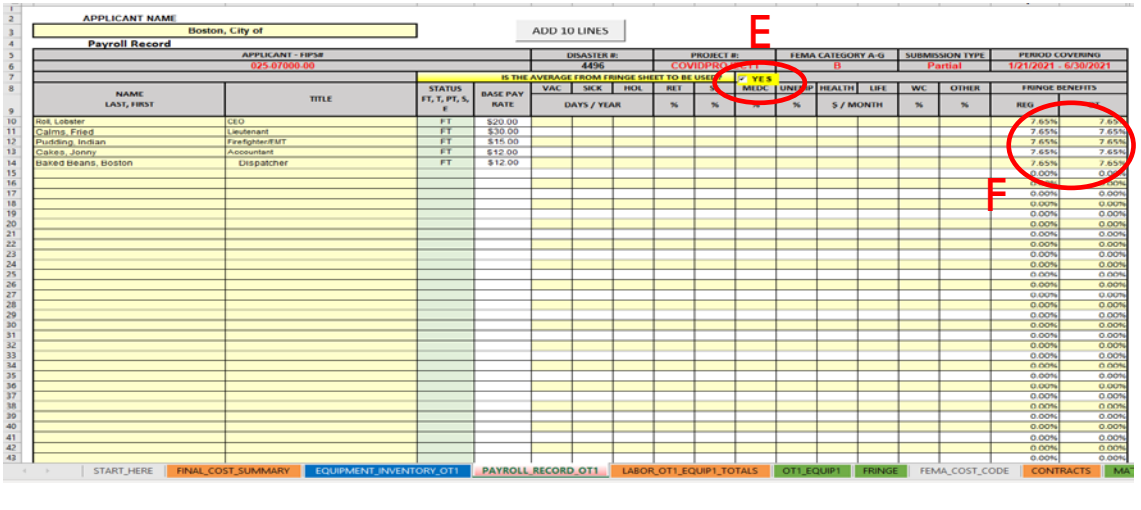
F

START_HERE | FINAL_COST_SUMMARY | EQUIPMENT_INVENTORY_OT1 | PAYROLL_RECORD_OT1 | LABOR_OT1_EQUIP1_TOTALS | OT1_EQUIP1 | FRINGE | FEMA_COST_CODE | CONTRA

2

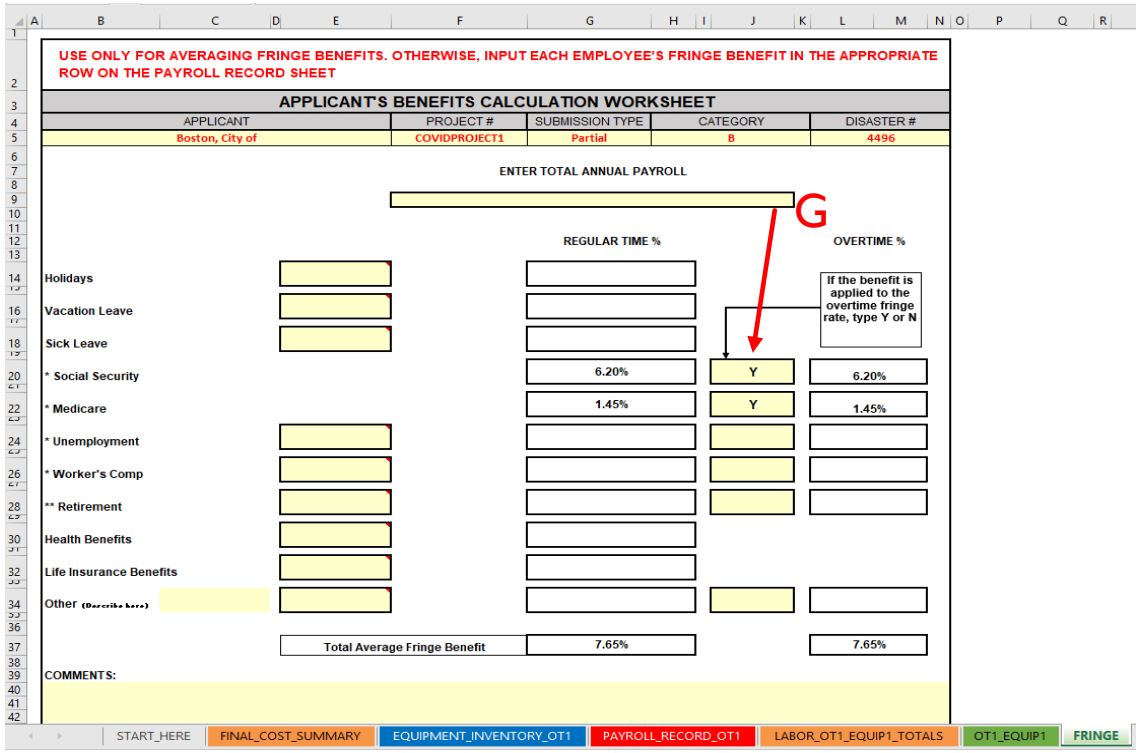
FEMA COSTS CODES AND EQUIPMENT INVENTORY

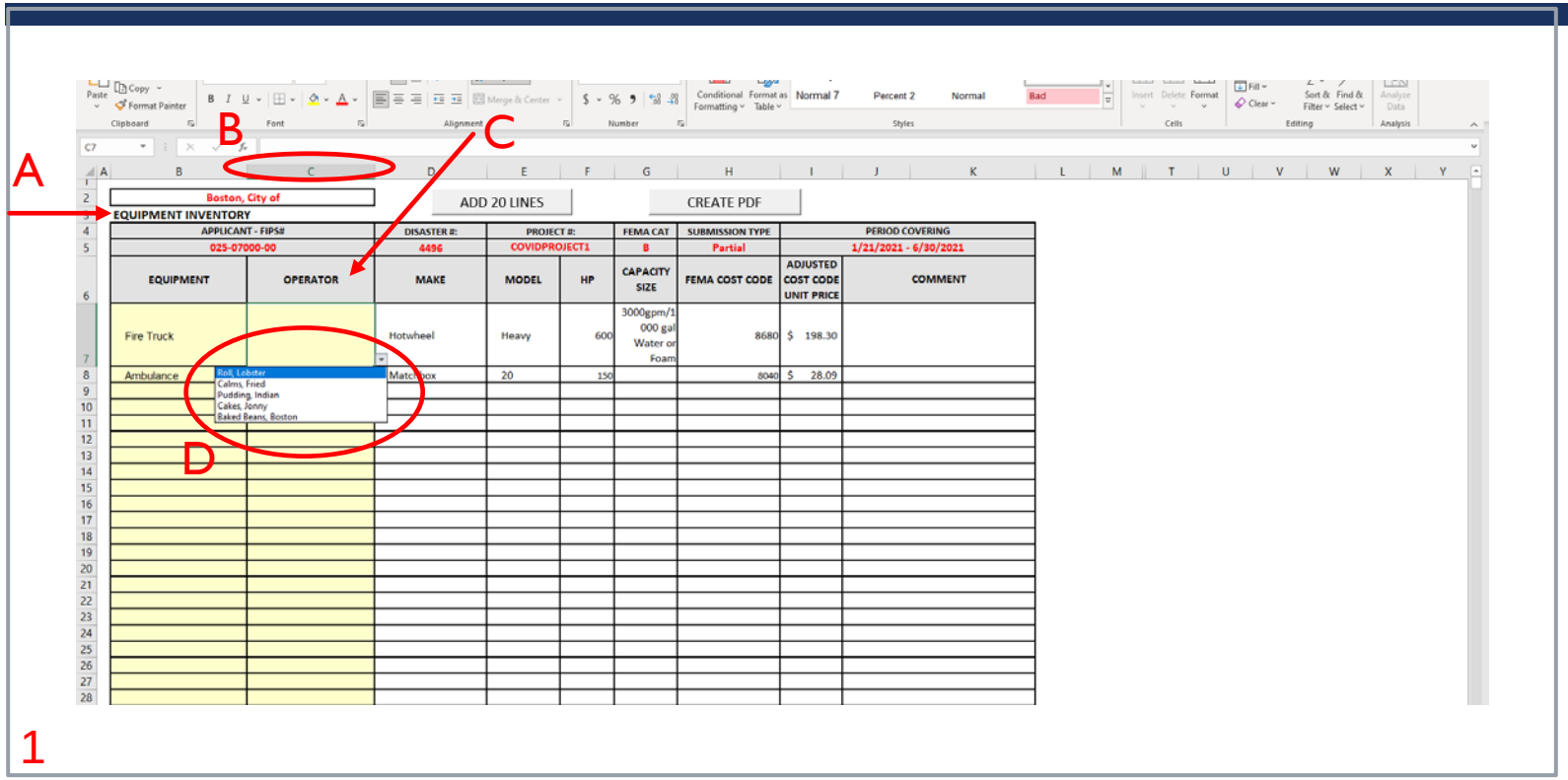


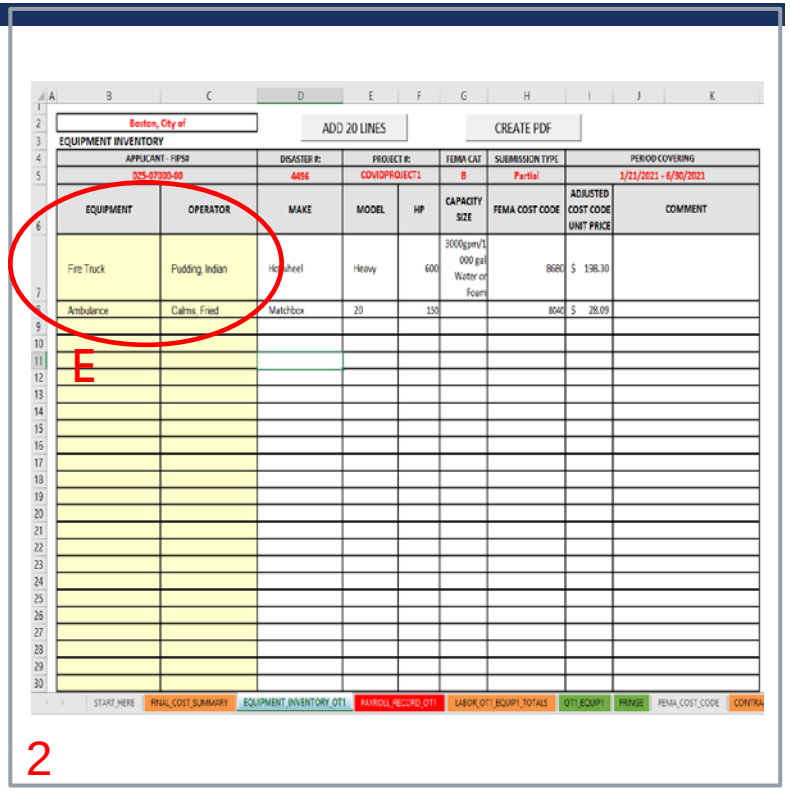


PAYROLL RECORD AND FRINGE BENEFITS

- Individual Fringe Data
- Average Fringe Data
- Apply Fringe to Overtime

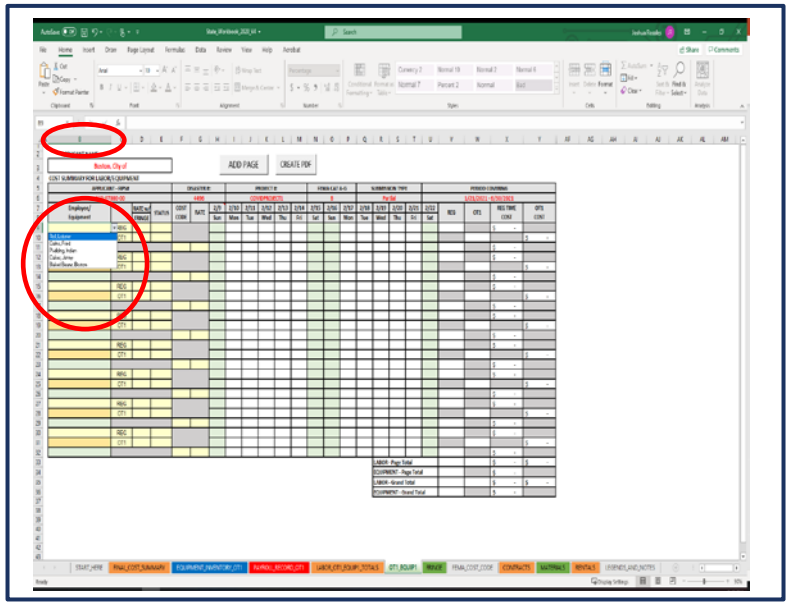


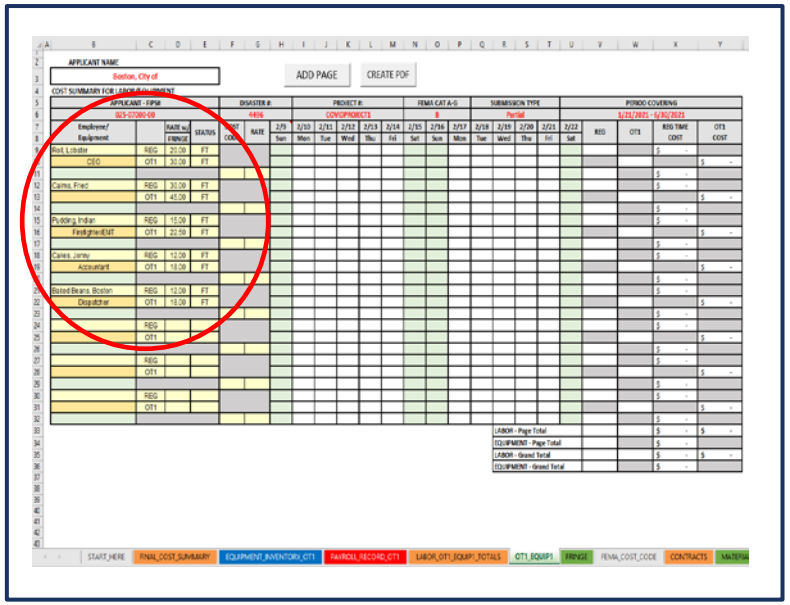




ADDING AN OPERATOR TO THE EQUIPMENT INVENTORY

- EACH PIECE OF EQUIPMENT MUST BE TIED TO AN EMPLOYEE



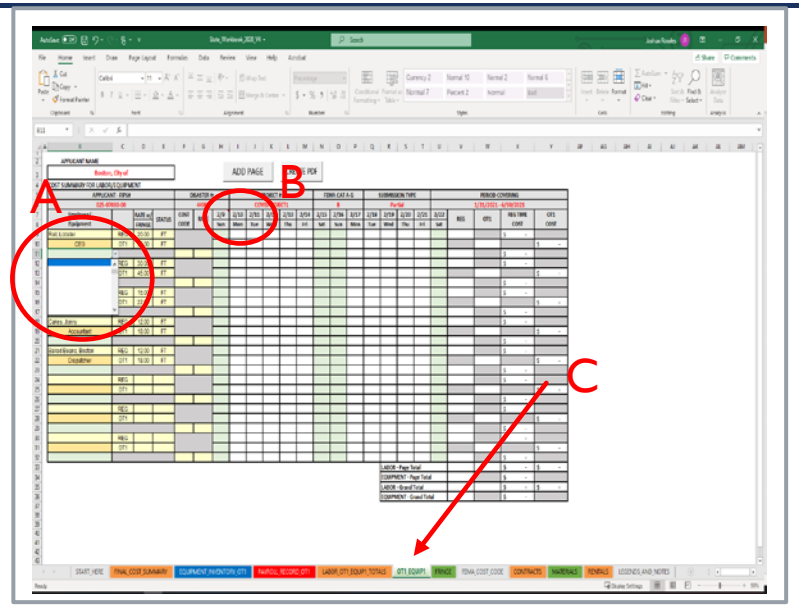


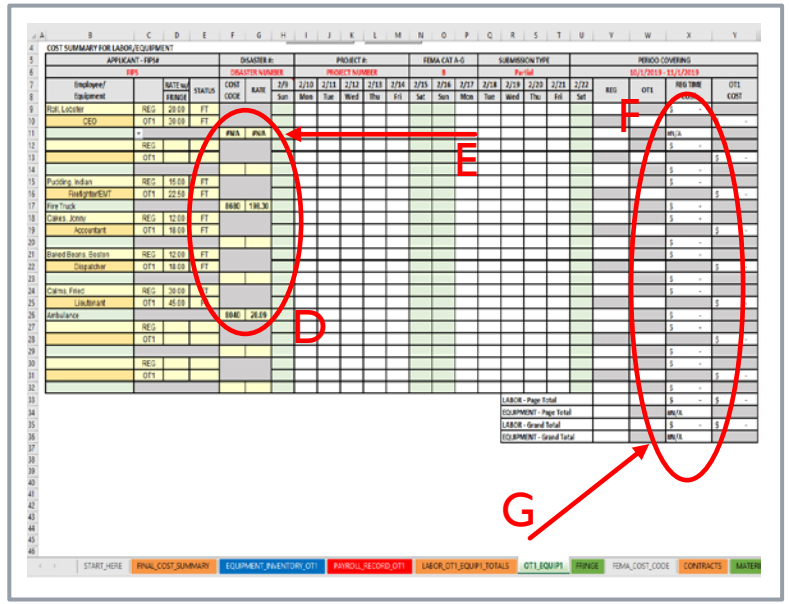
LABOR SUMMARY AND INPUTTING DATA

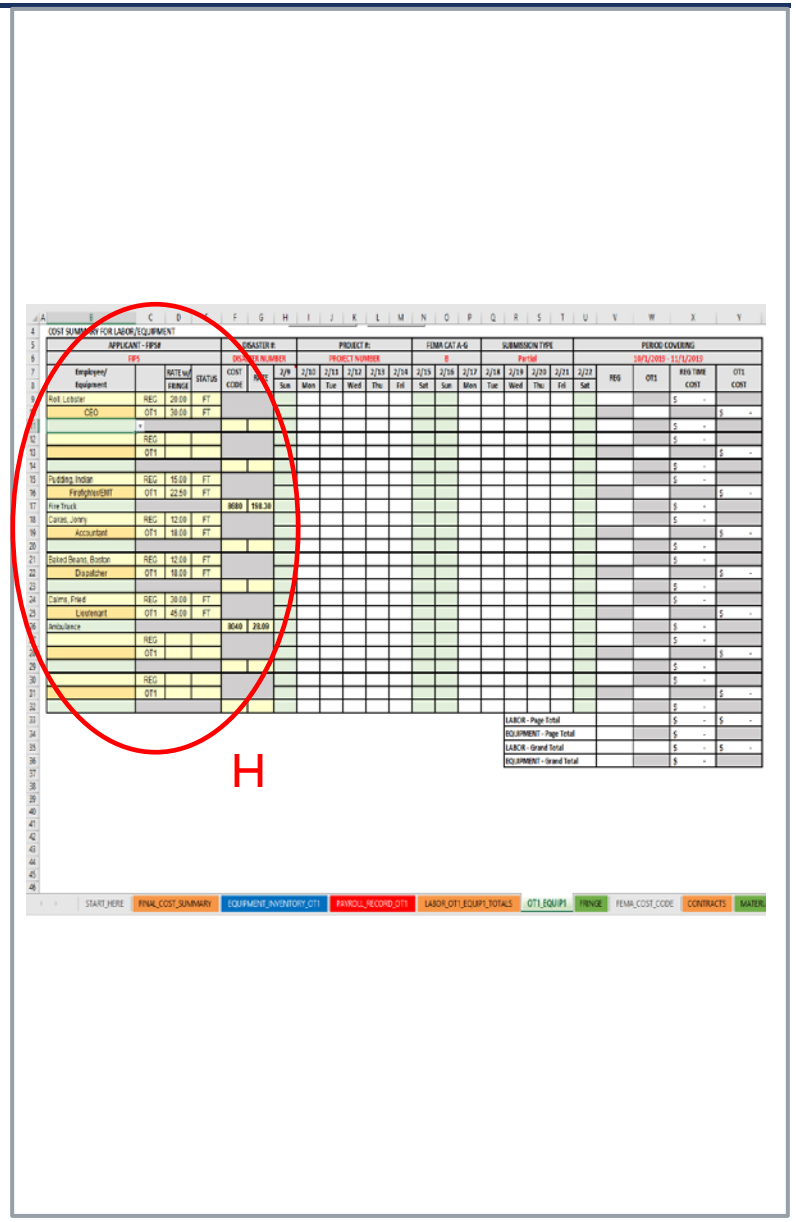
- Selecting the employee will auto-fill and auto-calculate date entered in the Payroll Record
- No fringe has been included in rates so all rates will be reflective of what had been inputted into the Payroll record.

LABOR SUMMARY AND INPUTTING DATA - EQUIPMENT

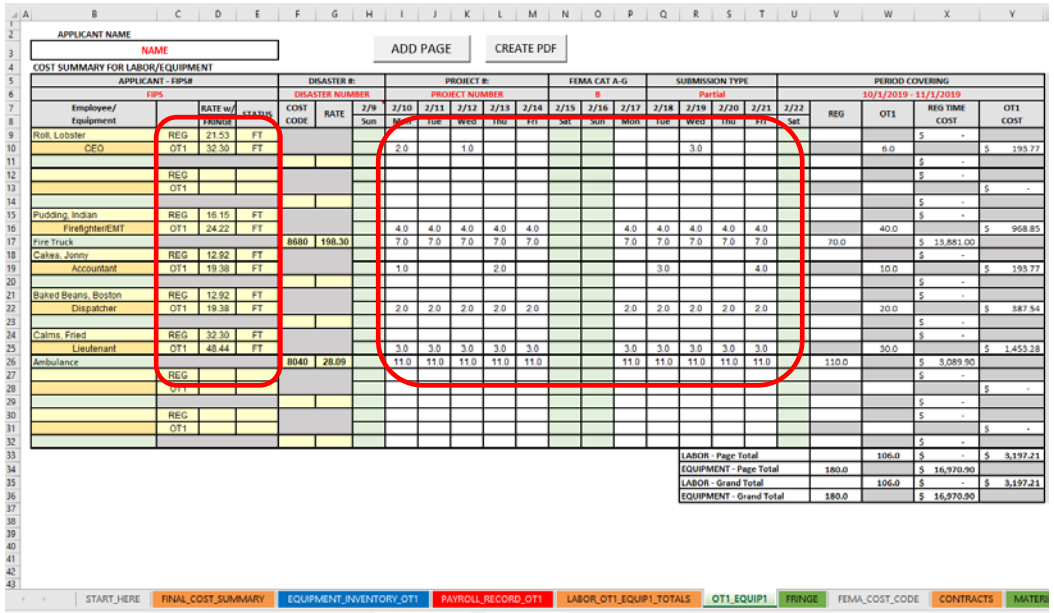
- **A** - REMEMBER IF THE DROPDOWN IS EMPTY USE THE SCROLL BAR TO MOVE UP
- **B** - TO CHANGE THE DATE RANGE ONLY CHANGE THE MONTH/DAY IN CELL H7. THE REMAINING DATES AND TIME
- **E & G** - IF THERE IS A "N/A" ERROR, IT IS LIKELY THERE IS A CELL WITH DATA THAT IS NOT RECOGNIZED, EVEN IF IT IS A BLANK CELL. CLICK THE OFFENDING CELL AND DELETE
- **H** - NO FRINGE HAS BEEN INCLUDED IN RATES SO ALL RATES WILL BE REFLECTIVE OF WHAT HAD BEEN INPUTTED INTO THE PAYROLL RECORD.
- IF YOU REQUIRE MORE THAN 2 WEEKS OF RECORDS, CLICK "ADD PAGE"







LABOR SUMMARY AND INPUTTING DATA – HOURS WORKED



APPLICANT NAME

NAME

ADD PAGE | CREATE PDF

COST SUMMARY FOR LABOR/EQUIPMENT

APPLICANT - FIPS#	DISASTER #:	PROJECT #:	FEMA CAT A-G	SUBMISSION TYPE	PERIOD COVERING
FIPS	DISASTER NUMBER	PROJECT NUMBER	B	Partial	10/1/2019 - 11/1/2019

Employee/ Equipment		RATE w/ FRINGE	STATUS	COST CODE	RATE	2/9 Sun	2/10 Mon	2/11 Tue	2/12 Wed	2/13 Thu	2/14 Fri	2/15 Sat	2/16 Sun	2/17 Mon	2/18 Tue	2/19 Wed	2/20 Thu	2/21 Fri	2/22 Sat	REG	OT1	REG TIME COST	OT1 COST
Roll, Lobster	REG	21.53	FT																			$ -	
CEO	OT1	32.30	FT				2.0		1.0							3.0					6.0		$ 193.77
																						$ -	
	REG																					$ -	
	OT1																						$ -
																						$ -	
Pudding, Indian	REG	16.15	FT																			$ -	
Firefighter/EMT	OT1	24.22	FT				4.0	4.0	4.0	4.0	4.0			4.0	4.0	4.0	4.0	4.0			40.0		$ 968.85
Fire Truck				8680	198.30		7.0	7.0	7.0	7.0	7.0			7.0	7.0	7.0	7.0	7.0		70.0		$ 15,881.00	
Cakes, Jonny	REG	12.92	FT																			$ -	
Accountant	OT1	19.38	FT				1.0			2.0					3.0			4.0			10.0		$ 193.77
																						$ -	
Baked Beans, Boston	REG	12.92	FT																			$ -	
Dispatcher	OT1	19.38	FT				2.0	2.0	2.0	2.0	2.0			2.0	2.0	2.0	2.0	2.0			20.0		$ 387.54
																						$ -	
Calms, Fried	REG	32.30	FT																			$ -	
Lieutenant	OT1	48.44	FT				3.0	3.0	3.0	3.0	3.0			3.0	3.0	3.0	3.0	3.0			30.0		$ 1,453.28
Ambulance				8040	28.09		11.0	11.0	11.0	11.0	11.0			11.0	11.0	11.0	11.0	11.0		110.0		$ 3,089.90	
	REG																					$ -	
	OT1																						$ -
																						$ -	
	REG																					$ -	
	OT1																						$ -
																						$ -	

LABOR - Page Total		106.0	$ -	$ 3,197.21
EQUIPMENT - Page Total	180.0		$ 16,970.90	
LABOR - Grand Total		106.0	$ -	$ 3,197.21
EQUIPMENT - Grand Total	180.0		$ 16,970.90	

START_HERE | FINAL_COST_SUMMARY | EQUIPMENT_INVENTORY_OT1 | PAYROLL_RECORD_OT1 | LABOR_OT1_EQUIP1_TOTALS | OT1_EQUIP1 | FRINGE | FEMA_COST_CODE | CONTRACTS | MATERI

- In this example the "average fringe" benefit has been selected in the payroll record. Note that the workbook has auto-calculated the change in the hourly rates.
- Only enter the hours that you will be claiming for reimbursement. MEMA, FEMA, or external auditors will verify time was incurred by reviewing approved timesheets.

CONTRACTS

- Each column MUST be filled
- Invoice amount and Claim amount do not have to match.
- Use comments, as necessary. It may be important for MEMA and FEMA to understand where and why the vendors provided the services.
- Contracts, Invoices, and Proof of Payment will support costs.

NAME

CONTRACTS

ADD PAGE

CREATE PDF

APPLICANT - FIPS#		PROJECT #	DISASTER #	CATEGORY	SUBMISSION TYPE	PERIOD COVERING
FIPS		PROJECT NUMBER	DISASTER NUMBER	B	Partial	10/1/2019 - 11/1/2019
Vendor	Description of work performed	Invoice No:	Dates Worked:	Total Invoice Amount	Total Claim Amount	Comments
ServPro	Bio-remediation Cleaning	PO 123	03/21/20	$125,000.00	$125,000.00	Location 1, COVID infected individuals
ServPro	Bio-remediation Cleaning	PO 234	04/24/20	$10,500.00	$10,500.00	Location2, COVID infected individuals
ServPro	Bio-remediation Cleaning	PO 345	05/27/20	$13,250.00	$13,250.00	Location 3, COVID infected individuals
ServPro	Bio-remediation Cleaning	PO 456	05/23/20	$200,668.32	$195,668.32	Location 4, COVID infected individuals
ServPro	Bio-remediation Cleaning	PO 567	04/01/20	$49,520.00	$45,520.00	Location 5, COVID infected individuals
				Total Cost	$ 389,938.32	

START_HERE | FINAL_COST_SUMMARY | EQUIPMENT_INVENTORY_OT1 | PAYROLL_RECORD_OT1 | LABOR_OT1_EQUIP1_TOTALS | OT1_EQUIP1 | FRINGE | FEMA_COST_CODE | CONTRACTS

MATERIALS AND SUPPLIES

NAME

Materials

ADD PAGE | CREATE PDF

APPLICANT - FIPS#		PROJECT #			DISASTER #	CATEGORY	SUBMISSION TYPE	PERIOD COVERING
FIPS		PROJECT NUMBER			DISASTER NUMBER	B	Partial	10/1/2019 - 11/1/2019
VENDOR	DESCRIPTION	INVOICE #	QUANT	UNIT	UNIT PRICE	TOTAL PRICE	PURCHASE DATE	DATE USED
ALL-BRAND NEW ENGLAND	Gloves Vinyl Med & Large	273286	2.0	Case (1000)	$52.47	$ 104.94	7/3/2020	8/31/2020
ALL-BRAND NEW ENGLAND	Sanitizer Hand Gel	273286	12.0	Each	$ 8.34	$ 100.08	7/3/2020	8/31/2020
ALL-BRAND NEW ENGLAND	Wipes Sanitizing	273286	1.0	Each	$ 9.18	$ 9.18	7/3/2020	8/31/2020
ALL-BRAND NEW ENGLAND	Cleaner Disinfect Spray	273286	1.0	Case (12)	$ 99.54	$ 99.54	7/3/2020	8/31/2020
ALL-BRAND NEW ENGLAND	Disinfect Wipes	273303	30	TUB	$17.75	$ 532.50	7/3/2020	8/31/2020
ALL-BRAND NEW ENGLAND	AntiBacterial Hand Soap	273303	20	Case (20)	$58.43	$ 1,168.60	7/3/2020	8/31/2020
ALL-BRAND NEW ENGLAND	Dust Pan Heavy Duty Black	273303	4	Each	$7.01	$ 28.04	7/3/2020	8/31/2020
ALL-BRAND NEW ENGLAND	Bleach Gernicidal Clorox	273303	20	Case (9)	$23.65	$ 473.00	7/3/2020	8/31/2020
ALL-BRAND NEW ENGLAND	Cleaning Supplies	273303	4	Each	$25.72	$ 102.88	7/3/2020	8/31/2020
ALL-BRAND NEW ENGLAND	Shipping & Handling	273303	1	Each	$5.00	$ 5.00	7/3/2020	8/31/2020
ALL-BRAND NEW ENGLAND	Disinfecting Wipes	273324	10	PKG	$7.14	$ 71.40	7/1/2020	7/31/2020
ALL-BRAND NEW ENGLAND	Disinfecting Wipes	273468	6	TUB	$17.75	$ 106.50	7/3/2020	7/31/2020
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					TOTAL	$ 2,801.66		
					Grand Total	$ 2,801.66		

START_HERE | FINAL_COST_SUMMARY | EQUIPMENT_INVENTORY_OT1 | PAYROLL_RECORD_OT1 | LABOR_OT1_EQUIP1_TOTALS | OT1_EQUIP1 | FRIN

- Each column MUST be filled
- Be clear with description
- Detail the quantities in each case
- Purchased and Used Date are necessary to proceed with eligibility review.
- The project application "details of activities or narrative" should provide details to support the need to incur costs.
- Consult with your assigned project coordinator if you have questions.

RENTALS

- Each column MUST be filled
- Be clear in equipment description
- If rates are based on something other than hours, enter those details and leave a comment for reference
- Contracts, Invoices, and Proof of Payment will support costs.

NAME

RENTED EQUIPMENT RECORD

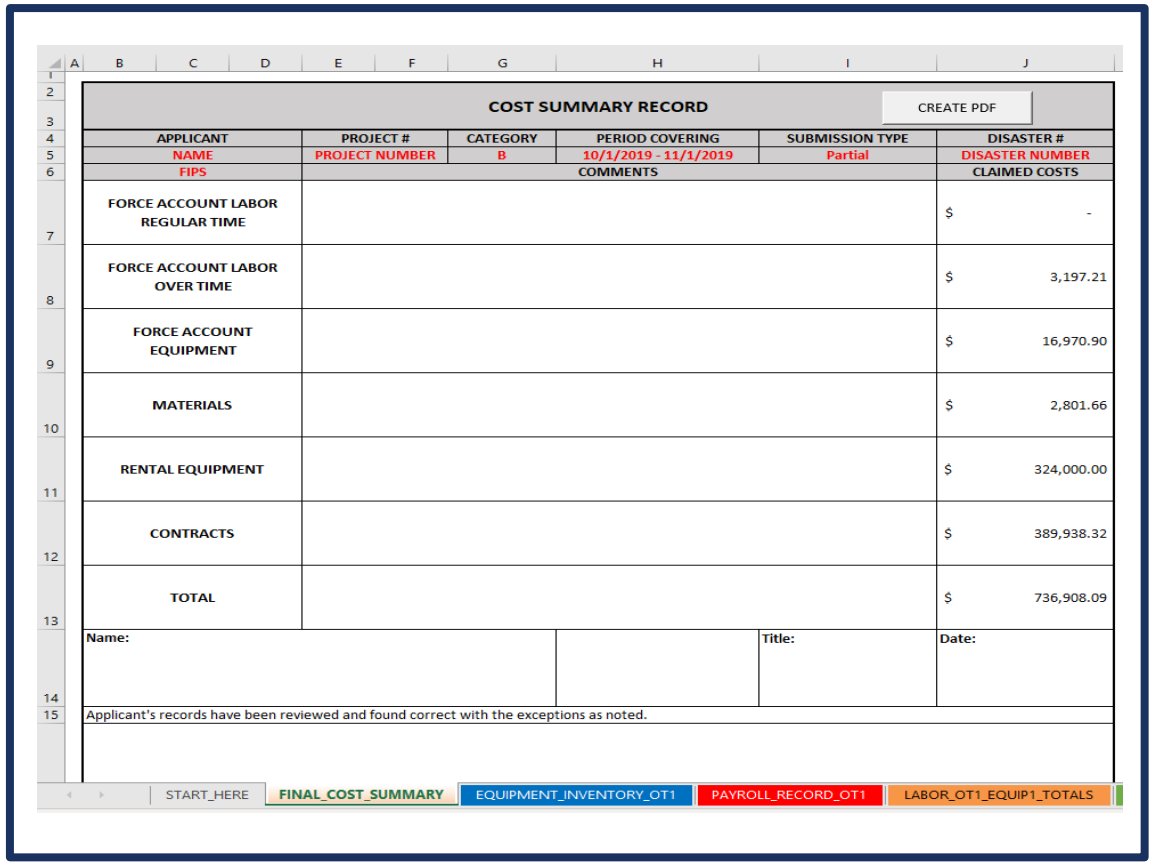
ADD PAGE | CREATE PDF

APPLICANT - FIPS	PROJECT #	CATEGORY	SUBMISSION TYPE	DISASTER
FIPS	PROJECT NUMBER	B	Partial	DISASTER NUMBER

Equipment Type	Date & hours used	Rate Per Hour W/ Operator	Rate Per Hour W/O Operator	Total Cost	Vendor	Invoice Number	Check Number	Comments
Solar Message Board x5	1/21/2021 - 6/30/2021 900		$360.00	$324,000.00	Flashing Lights	123	321	Costs are per day
			Total Cost	$ 324,000.00				
			Total From All Pages	$ 324,000.00				

START_HERE | FINAL_COST_SUMMARY | EQUIPMENT_INVENTORY_OT1 | PAYROLL_RECORD_OT1 | LABOR_OT1_EQUIP1_TOTALS | OT1_EQUIP1 | FRINGE

FINAL COST SUMMARY



COST SUMMARY RECORD

CREATE PDF

APPLICANT	PROJECT #	CATEGORY	PERIOD COVERING	SUBMISSION TYPE	DISASTER #
NAME	PROJECT NUMBER	B	10/1/2019 - 11/1/2019	Partial	DISASTER NUMBER
FIPS	COMMENTS				CLAIMED COSTS
FORCE ACCOUNT LABOR REGULAR TIME					$ -
FORCE ACCOUNT LABOR OVER TIME					$ 3,197.21
FORCE ACCOUNT EQUIPMENT					$ 16,970.90
MATERIALS					$ 2,801.66
RENTAL EQUIPMENT					$ 324,000.00
CONTRACTS					$ 389,938.32
TOTAL					$ 736,908.09
Name:				Title:	Date:

Applicant's records have been reviewed and found correct with the exceptions as noted.

START_HERE | FINAL_COST_SUMMARY | EQUIPMENT_INVENTORY_OT1 | PAYROLL_RECORD_OT1 | LABOR_OT1_EQUIP1_TOTALS

- Review the cost summary with your records
- Consult with your team
- Upload the workbook into the Grants Portal as supporting documentation
- Submit your project application

Conclusion

- Documentation
  - Make sure documents are labeled and categorized correctly
  - Make sure all the numbers in your provided documentation matches your Grants Portal Application

- Activity Detail
  - All activities described and justified
- MEMA YouTube Walkthroughs
  - MEMA Workbook 2020
  - MEMA Cat Z Workbook

Was that a lot of information in a short period of time?

Visit our website here to view our Summer Series and other training any time!

STATE PUBLIC ASSISTANCE CONTACTS

- MA Public Assistance Officer

  Erica.Heidelberg@mass.gov
- MA Public Assistance Program Coordinator – Complex Lane Projects

  Lorraine.Eddy@mass.gov

  MA Public Assistance Program Coordinator – Standard Lane Projects

  Amanda.Campen@mass.gov

- Questions?

  https://www.mass.gov/info-details/covid-19-federal-disaster-declaration#questions-

  Disaster.Recovery@mass.gov