

## Schedule A – Expedited Funding Request

### Schedule A – Expedited Funding

Instructions: The Applicant must complete this schedule if requesting expedited funding in Section III of the project application. Expedited funding is only available if the total net cost for the request is greater than or equal to the Large Project Threshold (\$1,000,000.00) as of August 3, 2022.

#### 1. GENERAL ELIGIBILITY

Please explain why there is an immediate need for funding:

Please provide the project start date: \_\_\_\_\_ (MM/DD/YY)

Please select the time period for which the Applicant is requesting expedited funding for the activities reported in Section II:

*Because expedited funding is awarded based on reduced documentation requirements, FEMA funds these projects for specific time periods.*

Start date: \_\_\_\_\_ (MM/DD/YY)

Designated Time Period:

- 30 days
- 60 days
- 90 days
- Another time period:

Please describe how the activities reported in Section II address an immediate threat to life, public health, or safety:

*If it is not clear that a direct threat to life, public health, or safety exists, or that the activity is necessary to cope with the threat, FEMA may request documentation to demonstrate that the Applicant conducted the activities at the direction or guidance of public health officials. See the Public Assistance Program and Policy Guide for detailed requirements on Emergency Work Eligibility.*

#### 2. PROJECT COST & COST ELIGIBILITY

Please select the resources necessary to complete the activities reported in Section II of the project application. For each resource selected, please provide the cost and/or other information requested to enable FEMA to develop or validate a cost estimate.

**Contracts**

Cost  
\$

Please enter the total cost of contracts and upload copies of the request for proposals, bid documents, or signed contracts with the application. If contracts are not available, please provide a unit price estimate and the basis for the unit prices (for example, historic price documentation, or vendor quotes).

*FEMA provides funding for contract costs based on the terms of the contract if the Applicant meets federal procurement and contracting requirements. See the Public Assistance Program and Policy Guide for detailed requirements on Procurement and Contracting Requirements. The federal procurement under grant rules are found at [2 C.F.R. §§ 200.317-200.326](#). Different sets of procurement rules apply depending on whether you are a state or a non-state entity. For additional information see FEMA's [Procurement Under Grants Public Assistance Policy](#).*

**Labor**

Cost  
\$

*Including the Applicant's own staff (Force Account labor), mutual aid, prison labor, or National Guard.*

**Which of the following types of labor is the Applicant claiming for the activities claimed on this project?**

- Applicant's own staff. Please provide labor pay policy (documentation must cover each employee type used, for example, part time, full time, temporary).
  - Budgeted Employee Labor. If checked, please include itemization of eligible overtime hours.

*Budgeted employees are permanent employee or part-time or seasonal employee working during normal hours or*

season of employment. See the Public Assistance Program and Policy Guide for more information on Eligibility Criteria Based on Type of Employee and Work Performed.

Overtime. Please enter the total overtime cost here: \$

Unbudgeted Employee Labor. Please include itemization of eligible straight and overtime hours.

*FEMA defines unbudgeted employees as employees who are: reassigned from external source, essential employee called back from furlough, temporary employee to hire work, or part-time or seasonal employee working outside normal hours of season of employment. See the Public Assistance Program and Policy Guide for more information on Eligibility Criteria Based on Type of Employee and Work Performed.*

Straight time. Please enter the total straight time cost here: \$

Overtime. Please enter the total overtime cost here: \$

Please enter the Straight time and Overtime costs of labor and provide a copy of the calculation. If not available, please provide the following (attach a list if necessary):

- Number of personnel
- Average hours per day
- Average days per week
- Average pay rate
- Lodging and per diem

Please refer to the table below for more information on the definitions and eligibility of labor costs for Emergency Work.

Budgeted Employee Hours	Overtime	Straight Time
Permanent employee	<input checked="" type="checkbox"/>	
Part-time or seasonal employee working during normal hours or season of employment	<input checked="" type="checkbox"/>	
Unbudgeted Employee Hours	Overtime	Straight Time
Reassigned employee funded from external source	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Essential employee called back from furlough	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Temporary employee hired to perform eligible work	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Part-time or season employee working outside normal hours or season of employment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

*FEMA reimburses force account labor costs based on actual hourly rates plus the cost of the employee's actual fringe benefits. FEMA determines the eligibility of overtime, premium pay, and compensatory time costs based on the Applicant's pre-disaster written labor policy. For Emergency Work activities conducted by budgeted employees, FEMA will only reimburse overtime salary costs. See the Public Assistance Program and Policy Guide for detailed requirements on Applicant (Force Account) Labor.*

Mutual aid. Please provide written mutual aid agreement. Cost \$

Prison labor. Please provide prison labor pay policy and pay rate. Cost \$

National Guard. Please provide National Guard pay policy. Cost \$

*The Governor may activate National Guard personnel to State Active Duty in response to an incident. Labor costs and per diem, if applicable, are eligible for State Active Duty personnel performing eligible work. Both straight-time and overtime are eligible, including fringe benefits.*

*The U.S. Department of Defense funds National Guard personnel activated under Full-Time National Guard Duty (Title 32) or Active Duty (Title 10). Therefore, Title 32 and Title 10 personnel costs, and any other costs funded by the U.S. Department of Defense, such as training, are ineligible.*

Other. Please describe: \_\_\_\_\_ Cost \$

**Equipment**

*Including Applicant-owned, purchased, or rented equipment.*

**Cost**  
**\$**

Owned	\$
Purchased	\$
Rented	\$

Please enter the total cost of equipment. If Applicant's own equipment, provide the following (attach a list if necessary):

- Number and types of equipment used
- Average hours used per day
- Average days per week
- Average hourly rate

If purchased, enter the purchase price. If rented, provide the rental agreement and enter the rental price.

*FEMA provides funding for the use of Applicant-owned equipment based on hourly rates. If an Applicant does not have sufficient equipment to effectively respond to an incident, FEMA may provide funding for purchased or leased equipment. Costs are eligible if the Applicant performed an analysis of the cost of leasing versus purchasing the equipment. FEMA funds the least costly option. See the Public Assistance Program and Policy Guide for detailed requirements on Cost Eligibility.*

<input type="checkbox"/> <b>Materials and Supplies</b>	<b>Cost</b> \$
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Please enter the total cost of materials and supplies and provide the following (attach a list if necessary):

- Inventory records / Amount of materials and supplies, by type
- Purchase or stock replenishment cost

*The cost of materials and supplies is eligible if (1) the materials or supplies were purchased and justifiably needed to effectively address the described threats or (2) the materials or supplies were taken from an Applicant's stock and used to address threats caused by the specified hazard or threat. The Applicant needs to track items taken from stock with inventory withdrawal and usage records. FEMA will also consider escalation of costs (such as due to shortages) or exigent circumstances in evaluating cost reasonableness. See the Public Assistance Program and Policy Guide for detailed requirements.*

<input type="checkbox"/> <b>Other Costs</b>	<b>Cost</b> \$
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*Including other eligible expenses not listed above.*

Please enter the total cost and provide any additional documentation to substantiate these costs.

**Please provide high-level information to substantiate costs:**

*Other costs must be directly tied to the performance of eligible work. Not all costs incurred as a result of the incident are eligible. See the Public Assistance Program and Policy Guide for detailed requirements.*

<b>GROSS COST</b>	<b>\$</b>
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*Please add together costs of contracts, labor, equipment, materials and other costs (note: this will be automated in the Grants Portal system).*

**3. DEDUCTIONS**

*Please select the credits available to offset costs of activities reported in Section II. For each selected, please provide the deduction or other information FEMA can use to estimate the deduction.*

<input type="checkbox"/> <b>Insurance Proceeds</b>	<b>Deduction</b> \$
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Please enter the actual or anticipated insurance proceeds covered under the Applicant's insurance policy.

*FEMA cannot provide funding that duplicates insurance proceeds. FEMA requires the Applicant to take reasonable efforts to pursue claims to recover insurance proceeds that the Applicant is entitled to receive from its insurer(s). See FEMA's Public Assistance Policy on Insurance.*

<input type="checkbox"/> <b>Medical Payments</b>	<b>Deduction</b> \$
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Please enter the total amount of medical payments received or expected from for-profit entities, Medicare, Medicaid, or a pre-existing private payment agreement.

*FEMA cannot provide funding for emergency medical care costs if they are covered by another source, including private insurance, Medicare, Medicaid, or a pre-existing private payment agreement. It is important that private non-profit and government medical care providers, as well as any other Applicant completing emergency medical care activities, take caution to capture and document these cost deductions. If clear documentation is not available to show how medical payments are deducted and not duplicated, the Applicant may not receive funding for otherwise eligible activities.*

**Other Funding Sources**

**Deduction**  
**\$**

Please enter the total amount of proceeds or payments received or expected from another source for the same work claimed in this project application.

**Which of the following additional funding sources is the Applicant reporting?**

- Non-Federal funding sources. *Please describe:*
- Federal funding sources. *Please describe:*

*See the Public Assistance Program and Policy Guide for detailed requirements for Federal, Non-Federal and Other Funding Sources.*

**NET COST**

*Please subtract all proceed deductions from the Gross Cost (note: this will be automated in the Grants Portal system).*

**\$**

***You have completed this schedule. Return to the project application summary.***

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