

INSTRUCTIONS TO COMPLETE THE DAP-12 COMPLETED PROJECT LISTING and CLAIM FOR REIMBURSEMENT

1. **APPLICANT-** The name of the municipal body or organization that is filing this claim.
2. **COUNTY** – The name of the County this municipal body or organization is located in.
3. **FEMA I.D. No.** – Enter the FIPS number found on the Project Worksheet.
4. **DECLARATION No.** – Enter the FEMA disaster number found on the Project Worksheet
5. **SIGNATURE OF APPLICANT'S AGENT** – This must be the same name found on the DAP-1
6. **DATE** – Enter the date this document is signed.

All Small Projects shall be included on one DAP-12.

Large Projects shall be on a separate DAP-12

7. **CATEGORY** – Enter the damage category found on the Project Worksheet A,B,C,D,E,F,or G
8. **PROJECT WORKSHEET (PW) No.** – Found on the Project Worksheet.
9. **DESCRIPTION OF WORK/DOCUMENTATION** –
10. **BREAKOUT OF COST** – Total project cost from your records (invoices, payroll, ETC)
11. **PW AMOUNT APPROVED** – Total amount listed on the Project Worksheet.
12. **NET ACTUAL COST INCURRED** – Itemized costs for totals over the project worksheet total.
13. **ENTER THE AMOUNT RECEIVED** – The payment(s) you received equal the total claimed amount.
14. **CHECK THIS BOX IF** - The actual cost to complete the approved work is satisfactory and no additional funding is required.
15. **CHECK THIS BOX IF** - The actual cost to complete the approved work exceeded the approved amount and you wish to file an appeal for the additional funds..

Mail the completed document(s) to:

**PEMA, Public Assistance Office
2605 Interstate Drive,
Harrisburg PA 17110**

**COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA EMERGENCY MANAGEMENT AGENCY**

**COMPLETED PROJECT LISTING and CLAIM FOR REIMBURSEMENT
- CONTINUATION SHEET and FINAL SUMMARY-**

APPLICANT:  _____	FEMA I. D. No.:  _____
COUNTY:  _____	DECLARATION No.:  _____

**FINAL SUMMARY
(By Category)**

CATEGORY	PW APPROVED AMOUNT	CLAIMED AMOUNT
A	\$ 	\$ 
B	\$	\$
C	\$	\$
D	\$	\$
E	\$	\$
F	\$	\$
G	\$	\$
TOTAL	\$	\$

APPLICANT'S AGENT – Please check the appropriate blocks below.



Total received for the above PW's is \$ _____.



The amount received is satisfactory and no additional funding is requested. Please close out this subgrant.

OR



Actual costs to complete the approved work exceeded the approved amount and additional funding is requested. An appeal letter and supporting documentation are attached.



Signature of Applicant's Agent



Date