

**SAMPLE**

**COMMONWEALTH OF PENNSYLVANIA  
PENNSYLVANIA EMERGENCY MANAGEMENT AGENCY  
PUBLIC ASSISTANCE GRANT PROGRAM AGREEMENT**

Name of Township, Borough,  
Municipal Authority, School  
District, etc....

NAME OF APPLICANT: \_\_\_\_\_

COMPLETE MAILING ADDRESS: \_\_\_\_\_

Information of the Applicant  
(Not the Agent)

\_\_\_\_\_, Pennsylvania, ZIP - \_\_\_\_\_ COUNTY: \_\_\_\_\_

TELEPHONE No: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ FEDERAL EIN: \_\_\_\_\_

APPLICANT'S AGENT NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_

FEMA APPLICANT PA ID NUMBER: FEMA - DR- \_\_\_\_\_ PA - \_\_\_\_\_

Name of person appointed  
as the Agent on the DAP-01

(Assigned by PMA)

Office email address of the  
Agent

This Public Assistance Grant Program Agreement ("Agreement") is entered by and between the Commonwealth of Pennsylvania ("Commonwealth"), acting through the Pennsylvania Emergency Management Agency ("PEMA") and the above-named Applicant. This Agreement shall apply to the grant of all Public Assistance funds provided by, or through, the Commonwealth, to the Applicant.

The parties, intending to be legally bound, agree as follows:

**PERIOD OF PERFORMANCE**

1. The Applicant shall complete all approved work items within the time limits that are established by the Governor's Authorized Representative or the federal government. Time limits for project completion begin with the date of the disaster declaration, unless appropriate time extensions are requested and granted by PEMA and the Federal Emergency Management Agency ("FEMA").
  - a. **Debris Removal (Category A) and Emergency Protective Measures (Category B)** shall be completed within six months from the date of the disaster declaration.
  - b. **Permanent Work (Categories C through G)** shall be completed within 18 months from the date of the disaster declaration.
2. The term of this Agreement and any time extensions to the Period of Performance shall be deemed extended upon written notice to the Applicant by PEMA without the need to amend this Agreement.

**PROJECT WORKSHEET AND FUNDING**

3. The Applicant shall be responsible to provide the data required for the development of the **Project Worksheet**, which provides the basis for the scope and funding of this Agreement and is subject to approval by both PEMA and FEMA. Once executed by the Applicant and FEMA, the completed Project Worksheet shall be incorporated into this Agreement as **Attachment A**. The scope of the Project Worksheet may be amended through a revised



APPLICANT NAME: \_\_\_\_\_

COUNTY: \_\_\_\_\_

# Federal Funding Accountability and Transparency Act Sub-recipient Data Sheet

*Applicant must provide information along with Applicant's return of the signed grant agreement. The Commonwealth will not process the grant until such time that Applicant provides such information.*

## DUNS NUMBER

DUNS Number:   
DUNS Number + 4 (if applicable):

← DUNS Number  
Required Entry

[INSTRUCTIONS: Applicant must provide its assigned DUNS number, and DUNS + 4 number if applicable. Applicant must maintain current registration in the Central Contractor Registration ([www.ccr.gov](http://www.ccr.gov)) at all times during which they have active federal awards funded pursuant to their sub-grant agreement. A Dun and Bradstreet Data Universal Numbering System (DUNS) Number ([www.dnb.com](http://www.dnb.com)) is one of the requirements for registration in the Central Contractor Registration.]

## PRIMARY LOCATION

City:   
State:   
Zip+4:

← You must enter the City  
State and Zip

[INSTRUCTIONS: Applicant must provide to the Commonwealth the primary location of performance under the award, including the city, State, and zip code including 4-digit extension. If performance is to occur in multiple locations, then Applicant must list the location where the most amount of the grant award is to be expended pursuant to the grant agreement.]

## Compensation of Officers

Officer 1 Name:	<input type="text"/>
Officer 1 Compensation:	<input type="text"/>
Officer 2 Name:	<input type="text"/>
Officer 2 Compensation:	<input type="text"/>
Officer 3 Name:	<input type="text"/>
Officer 3 Compensation:	<input type="text"/>
Officer 4 Name:	<input type="text"/>
Officer 4 Compensation:	<input type="text"/>
Officer 5 Name:	<input type="text"/>
Officer 5 Compensation:	<input type="text"/>

← You must enter the names  
or check the box

By marking the following box  
Applicant affirms they do not meet  
the conditions for reporting highly  
compensated officials

[INSTRUCTIONS: Applicant must provide to the Commonwealth the names and total compensation of the five most highly compensated officers of the entity if--

- (i) the entity in the preceding fiscal year received—
  - (I) 80 percent or more of its annual gross revenues in Federal awards; and
  - (II) \$25,000,000 or more in annual gross revenues from Federal awards: and

(ii) the public does not have access to information about the compensation of the senior executives of the entity through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986.

If the Applicant does not meet the conditions listed above, then it must specifically affirm to the Commonwealth that the requirements of this clause are inapplicable to the Applicant.