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**
    **1310 Elmerton Avenue**
    **Harrisburg, PA 17110**
I Certify:

That all expenditures listed below are correct and cover only services performed or materials used exclusively in the completion of work as authorized in the approved Project Worksheets.

That all work authorized in the approved Project Worksheets was completed and all essential services resumed within the time limits established by the Governor’s Authorized Representative.

Those salaries, wages and overtime payments claimed are in accordance with the applicant’s policy as established prior to the disaster.

That the actual cost incurred and claimed is the net cost after deduction for insurance proceeds, salvage value, donations, and other outside sources.

That all obligations incurred by the applicant, as listed below, have been paid in full.

<table>
<thead>
<tr>
<th>Category</th>
<th>Project Worksheet (PW) No.</th>
<th>Description of Work/Documentation</th>
<th>Breakout of Costs</th>
<th>PW Approved Amount</th>
<th>Net Actual Cost Incurred (Claim) PW Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
<td>11</td>
<td>12</td>
</tr>
</tbody>
</table>

Signature of Applicant’s Agent  Date
<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>Project Worksheet (PW) No.</th>
<th>Description of Work/Documentation</th>
<th>Breakout of Costs</th>
<th>PW Approved Amount</th>
<th>Actual Cost Incurred (Claim)</th>
<th>PW Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Show work location and completion date. Provide a detailed breakout of labor, equipment, materials, and outside contract/vendor services</td>
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</tr>
</tbody>
</table>

Page _____ of _____ Pages
### COMPLETED PROJECT LISTING and CLAIM FOR REIMBURSEMENT
- CONTINUATION SHEET and FINAL SUMMARY -

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>PW APPROVED AMOUNT</th>
<th>CLAIMED AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>B</td>
<td>$</td>
<td>$</td>
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<tr>
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<td>F</td>
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<td>G</td>
<td>$</td>
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</tr>
<tr>
<td>TOTAL</td>
<td>$</td>
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</tbody>
</table>

**FINAL SUMMARY**
(By Category)

- Total received for the above PW’s is $_________________________.
- The amount received is satisfactory and no additional funding is requested. Please close out this subgrant.
- 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