

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**

COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA EMERGENCY MANAGEMENT AGENCY

COMPLETED PROJECT LISTING and CLAIM FOR REIMBURSEMENT

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



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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