**APPLICATION**

State of California  
California Emergency Management Agency  
List of Projects  

**Disaster Number**

**APPLICANT:**

**DATE COMPLETED:**

**CONTACT NAME AND PHONE NUMBER:**

**IS THIS AN AMENDED LIST OF PROJECTS?**

<table>
<thead>
<tr>
<th>ITEM #</th>
<th>LOCATION</th>
<th>DESCRIPTION OF DAMAGE AND SCOPE OF WORK</th>
<th>COST ESTIMATE</th>
<th>CATEGORY*</th>
<th>WAS WORK COMPLETED BY FORCE ACT (FA), CONTRACT (C) OR BOTH (F/C)?</th>
<th>WAS THERE INSURANCE COVERAGE? IF YES, ENTER DEDUCTIBLE AMOUNT</th>
<th>WAS THE FACILITY DAMAGED IN A PRIOR DISASTER(S)? IF YES, ENTER DISASTER NAME(S) OR NUMBER(S)</th>
<th>ARE THERE COST EFFECTIVE HAZARD MITIGATION MEASURES THAT MAY PREVENT FUTURE DAMAGE?</th>
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*CATEGORY:  A) Debris Clearance; B) Protective Measures; C) Road System; D) Water Control Facility; E) Buildings and Equipment;  
F) Public Utility System; G) Other. (Note: if a single site has more than one category, indicate the category that represents the majority of damage.)

Cal EMA 95, (Rev.12/09)