

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

DATE COMPLETED: \_\_\_\_\_

CONTACT NAME AND PHONE NUMBER: \_\_\_\_\_

IS THIS AN AMENDED LIST OF PROJECTS? \_\_\_\_\_

ITEM #	LOCATION	DESCRIPTION OF DAMAGE AND SCOPE OF WORK	COST ESTIMATE	CATEGORY*	WAS WORK COMPLETED BY FORCE ACCT. (FA), CONTRACT (C) OR BOTH (F/C)?	ENTER "ENV" IF THERE ARE ENVIRONMENTAL ISSUES OR "HIST" FOR HISTORIC ISSUES, OR BOTH	WAS THERE INSURANCE COVERAGE? IF YES, ENTER DEDUCTIBLE AMOUNT	WAS THE FACILITY DAMAGED IN A PRIOR DISASTER(S)? IF YES, ENTER DISASTER NAME(S) OR NUMBER(S)	ARE THERE COST EFFECTIVE HAZARD MITIGATION MEASURES THAT MAY PREVENT FUTURE DAMAGE?
			\$				\$		
			\$				\$		
			\$				\$		
			\$				\$		
			\$				\$		
			\$				\$		
			\$				\$		
			\$				\$		

\*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.)