



LIST OF PROJECTS

OES-PA-095 (Rev. 10-2022)

LIST OF PROJECTS

Page ____ of ____

Disaster Number _____

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.)