



DISASTER #: _____ **CAL OES ID #:** _____ **UEI #:** _____

TYPE OF DISASTER:

Earthquake
 Flood/Water Storm
 Fire
 Other (Please Specify): _____

INCIDENT PERIOD: _____ **TO** _____

SUPPLEMENT TO CDAAPNPACF#: _____

PNP APPLICANT NAME: _____

ACTIVITY SITE ADDRESS OR DIRECTIONS (Include City and County of Site):

GPS Coordinates: _____

DESCRIBE ACTIVITY PROVIDED AND COMPLETE THE ATTACHED PNP COST WORKSHEET:

Activities Start Date: _____ Activities End Date: _____

IF Intermediary PNP, is a copy of Agreement with Local Agency Attached? Yes No

Is this claim part of an Intermediary PNP claim? Yes No

Is the written request for assistance attached? Yes No

Is this claim a part of sustained operations? Yes No

Total from Cost Worksheet: _____ **TOTAL COSTS: \$** _____



| | | |
|--|--|---|
| Name of PNP/Intermediary Authorized Agent | PNP/Intermediary Authorized Agent Signature | Concur with Activities Described? <input type="checkbox"/> Yes <input type="checkbox"/> No Contact Telephone Number: <hr/> Activities Described Herein are 100% Complete? _____ (PNP initials) |
| Name of Local Agency Representative | Representative's Signature | Concur with Activities Described? <input type="checkbox"/> Yes <input type="checkbox"/> No Contact Telephone Number: <hr/> Activities Described Herein are 100% Complete? _____ (Local Rep Initials) |
| Name of Cal OES DAPS | Cal OES DAPS Signature | Documentation Inspection Date: <hr/> Date of PNP ACF Submission to AC: <hr/> Recommend Eligible? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Name of Cal OES Program Manager | Cal OES Program Manager Signature | Date Reviewed: _____ Recommend Eligible? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Name of Cal OES Public Assistance Officer (PAO) | Cal OES PAO Signature | Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No Amount: \$ _____ See attachment explaining changes or denial? <input type="checkbox"/> Yes <input type="checkbox"/> No |



PNP COST WORKSHEET

| DESCRIPTION OF LABOR | QTY | UNIT OF MEASURE | UNIT PRICE | COST (\$) |
|----------------------------|-----|-----------------|------------|-----------|
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| DESCRIPTION OF EQUIPMENT | QTY | UNIT OF MEASURE | UNIT PRICE | COST (\$) |
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| | | | | |
| | | | | |
| | | | | |
| DESCRIPTION OF MATERIAL(S) | QTY | UNIT OF MEASURE | UNIT PRICE | COST (\$) |
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| DESCRIPTION OF CONTRACT(S) | QTY | UNIT OF MEASURE | UNIT PRICE | COST (\$) |
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| DESCRIPTION OF DONATED RESOURCES (include only those defined in Section 2995(b)) | QTY | UNIT OF MEASURE | UNIT PRICE | COST (\$) |
|---|--------------------|------------------------|-------------------|------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| OTHER COMMENTS: | TOTAL COST: | | | |

Cal OES
DAPS Initials

PNP Authorized
Agent Initials

Cal OES PM
Reviewer Initials