



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

TYPE OF DISASTER:

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

INCIDENT PERIOD: _____ **TO** _____

SUPPLEMENT TO CDAA PNP ACF#: _____

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: _____ 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: _____ Activities Described Herein are 100% Complete? _____ (Local Rep Initials)
Name of Cal OES DAPS	Cal OES DAPS Signature	Documentation Inspection Date: _____ Date of PNP ACF Submission to AC: _____ 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 (\$)
DESCRIPTION OF EQUIPMENT	QTY	UNIT OF MEASURE	UNIT PRICE	COST (\$)
DESCRIPTION OF MATERIAL(S)	QTY	UNIT OF MEASURE	UNIT PRICE	COST (\$)
DESCRIPTION OF CONTRACT(S)	QTY	UNIT OF MEASURE	UNIT PRICE	COST (\$)



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