



**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: \$** \_\_\_\_\_



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

\_\_\_\_\_  
 Cal OES  
 DAPS Initials

\_\_\_\_\_  
 PNP Authorized  
 Agent Initials

\_\_\_\_\_  
 Cal OES PM  
 Reviewer Initials