

REQUEST FOR SMALL PROJECT OVERRUN

PAGE _____ of _____

(COMPLETE EACH CELL - ATTACH A SEPARATE SPREADSHEET TO ITEMIZE EACH PROJECT AND ANY ADDITIONAL VERSIONS. SPREADSHEET MUST SHOW CATEGORY OF WORK, DATE OF COMPLETION, PROJECT WORKSHEET NUMBER, AMOUNT ELIGIBLE, ACTUAL CLAIMED COSTS, AMOUNT OF OVERRUN OR UNDERRUN TOTAL PER PROJECT WITH A SHORT COMMENT EXPLAINING VARIENCES OF 10% OR GREATER, AND THE TOTAL AMOUNT OF OVERRUN OR UNDERRUN BY CATEGORY OF WORK.)

DECLARATION NO. FEMA -DR-	PW NO. SEE ATTACHED	FIPS NO.	DATE:	CATEGORY
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APPLICANT:	COUNTY:	DAMAGED FACILITY:
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DATE OF DECLARATION:	DATE SMALL PROJECTS COMPLETED:	DATE SMALLPROJECTS APPROVED THROUGH:
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1. TOTAL CLAIMED ELIGIBLE COST FOR ALL AUTHORIZED SMALL PROJECTS:	\$
2. TOTAL ELIGIBLE AMOUNT APPROVED FOR ALL SMALL PROJECTS:	\$
3. TOTAL AMOUNT OF SMALL PROJECT NET OVER-RUN (LINE1 MINUS LINE 2):	\$

CHECKLIST - GENERIC TO ALL PROJECTS:	YES OR NO:
1. A SUMMARY OF DOCUMENTATION OF EXPENSES CLAIMED FOR ALL WORK IS ATTACHED:	
2. ALL WORK FOR CLAIMED COSTS WAS COMPLETED WITHIN THE ALLOWED TIME PARAMETERS:	
3. ALL WORK FOR CLAIMED COSTS WAS WITHIN THE PROJECT'S ELIGIBLE SCOPE OF WORK:	
4. ALL DOCUMENTATION FOR CLAIMED COSTS IS AVAILABLE AT ONE LOCATION:	
5. THERE ARE NO FURTHER CLAIMS OR ACTIONS PENDING FOR THESE PROJECTS:	
6. THERE ARE NO OUTSTANDING APPEALS OR UNRESOLVED ISSUES:	
7. AVAILABLE INSURANCE RECOVERY FOR REPAIRED OR REPLACED FACILITIES HAS BEEN OBTAINED:	
8. CERTIFICATE OF COMPLETION AND PROJECT APPROVAL HAS BEEN FORMALIZED:	

PROVIDE A DETAILED DESCRIPTION WITH DOCUMENTED JUSTIFICATION FOR ANY NO ANSWERS. (This must be provided for approval consideration. Add attachments as necessary for a complete request description):

Applicant confirms that: 1) the Small Project Netting Report is based on the information provided with this request; 2) subsequent inspection of documentation and/or the site(s) of the projects; 3) any changed conditions should immediately be brought to the attention of the Governor's Authorized Representative; and, 4) approved projects remain subject to all previous requirements for accountability, completion, and closure.

SIGNATURE OF APPLICANT'S AUTHORIZED REPRESENTATIVE:	DATE:
PRINT NAME and POSITION:	CONTACT NUMBER: