

# Florida Recovery Obligation Calculation (F-ROC)

# 2024 Post Disaster Questionnaire (PDQ)





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## FDEM F-ROC Standardized Forms

#### 1. Did the Applicant utilize any of FDEM's standardized form(s)?

- a.  $\Box$  Yes, the Applicant utilized applicable FDEM PA standardized form(s).
- b.  $\Box$  No, the Applicant did not utilize FDEM PA standardized form(s).

## 1a. Please select the forms utilized. Important note: if the form does not apply to the Applicant or work performed, select N/A.

a. Daily Activity Report (inclusive of all Daily Activity Report for	ms) 🗌 Yes 🗌 No 🗌 N/A
b. First Push Activity Log (FROC-LOG-007)	🗆 Yes 🗌 No 🗌 N/A
c. Donated Resources Activity Report - Daily Log (FROC-LOG-01	1) 🗌 Yes 🗌 No 🗌 N/A
d. PA Initial Damage Assessment (FROC-FOR-005)	🗆 Yes 🗌 No 🗌 N/A
e. IA Initial Damage Assessment (FROC-FOR-007)	🗆 Yes 🗌 No 🗌 N/A
f. Alternate Procedures for Debris Removal (F-ROC-LOG-013)	🗆 Yes 🗌 No 🗌 N/A
g. Daily Roving Monitor Log (FROC-LOG-010)	🗆 Yes 🗌 No 🗌 N/A
h. Haul-Out Log (FROC-LOG-003)	□ Yes □ No □ N/A
i. Leaner-Hanger Summary (FROC-SUM-002)	□ Yes □ No □ N/A
j. Load Site Log (FROC-LOG-006)	□ Yes □ No □ N/A
k. Stump Summary (FROC-SUM-004)	□ Yes □ No □ N/A
I. Tower Monitor Summary (FROC-SUM-001)	□ Yes □ No □ N/A
m. Truck Certification Form & Instructions (FROC-GUI-006)	🗆 Yes 🗌 No 🗌 N/A
n. Contract Work Summary Record (FROC-SUM-005)	🗆 Yes 🗆 No 🗆 N/A
o. Crew Time Report (FROC-LOG-013)	□ Yes □ No □ N/A
p. Equipment Inventory Log (FROC-LOG-005)	□ Yes □ No □ N/A
q. Fringe Benefit Calculation Worksheet (FROC-FOR-002)	🗆 Yes 🗌 No 🗆 N/A
r. Labor Backfill Form (FROC-FOR-006)	□ Yes □ No □ N/A
s. Labor Roster (FROC-SUM-003)	🗆 Yes 🗆 No 🖾 N/A
t. On-Hand Materials and Supplies Usage Log (FROC-LOG-004)	🗆 Yes 🗆 No 🗆 N/A
u. Sign-In Sheet (FROC-LOG-009)	🗆 Yes 🗆 No 🗆 N/A
v. Unmanned Equipment Usage Log (FROC-LOG-012)	🗆 Yes 🗌 No 🗌 N/A





**BBOC** 

\*If yes, please upload the following documents:

**Required Documentation:** 

Sample of each form utilized

### FDEM F-ROC Trainings

#### 2. Did an employee(s) from your entity attend any FDEM F-ROC training(s)?

- a.  $\Box$  Yes, the Applicant attended FDEM F-ROC training(s).
- b.  $\Box$  No, the Applicant did not attend any FDEM F-ROC training(s).

#### 2a. If yes, please select all that apply:

a.	A Comprehensive Approach to F-ROC Administration	🗆 Yes 🗆 No
b.	Making F-ROC Work For You	🗆 Yes 🗆 No
c.	Implementing the F-ROC Approach: Project Worksheets Fundamentals	🗆 Yes 🗆 No
d.	F-ROC: Procurement using the F-ROC Approach	🗆 Yes 🗆 No
e.	FL- 603f: Public Assistance 101 & Grants Management (F-ROC)	🗆 Yes 🗆 No
f.	FL- 608f: Emergency Work Eligibility (F-ROC)	🗆 Yes 🗆 No

\*If yes, please upload the following documents:

**Required Documentation:** 

Training Certificate for each training completed

2g. For any trainings indicated as 'yes' in question 2, please provide the training names, and the names and titles of employees who attended the trainings. If no trainings were attended, please respond with "N/A".

Training Name	Employee Name	Title



### Procurement

- 3. Did the Applicant use cooperative or joint-purchasing (piggy-back) contracts?
  - a.  $\Box$  Yes, the Applicant used cooperative or joint-purchasing (piggy-back) contracts.
  - b.  $\Box$  No, the Applicant did not use cooperative or joint-purchasing (piggy-back) contracts.

*\*If yes, please upload the following documents:* 

**Required Documentation:** 

Piggyback Contract

## Contract Administration

- 4. Did the Applicant utilize a contractor for debris removal activities?
  - a.  $\Box$  Yes, the Applicant utilized the contractor submitted during the DRA for debris removal activities.
  - b.  $\Box$  Yes, the Applicant procured a contractor for debris removal activities by utilizing emergency procurement.
  - c.  $\Box$  No, the Applicant did not utilize a contractor for debris removal activities.
  - d. 🛛 N/A, the Applicant did not claim Debris Removal (CAT A) costs.

\*If yes, please upload the following documents:

Required Documentation:
Advertisement
Request for Proposal
Proposal
Scoring Tabulation
Notice of Award
Debris Removal Contract
Amendment

4a. If yes, please list the contractor. (Please list the contractor in textbox)

a.\_\_\_\_\_







- 5. Is the Applicant EMAP (Emergency Management Accreditation Program) accredited?
  - a.  $\Box$  Yes, the applicant is EMAP accredited.
  - b.  $\Box$  No, the applicant is not EMAP accredited.

**Required Documentation:** 

**EMAP** Accreditation Letter

