

EMERGENCY

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ASSISTANCE GUIDE



STATE OF ARIZONA
DIVISION OF EMERGENCY MANAGEMENT

1996



FIFE SYMINGTON
GOVERNOR

STATE OF ARIZONA
Department of Emergency And Military Affairs
5636 EAST McDOWELL ROAD
PHOENIX, ARIZONA 85008-3495
(602) 267-2700 DSN: 853-2700



THE ADJUTANT GENERAL
MAJ. GEN. GLEN W. VAN DYKE
DIRECTOR

MEMORANDUM

May 21, 1996

TO: LOCAL GOVERNMENT OFFICIALS AND
USERS OF THE DISASTER ASSISTANCE GUIDE

FROM: MICHAEL P. AUSTIN, DIRECTOR
ARIZONA DIVISION OF EMERGENCY MANAGEMENT

SUBJECT: DISASTER ASSISTANCE GUIDE

The Governor's Emergency Fund provides assistance to local governments and other eligible political subdivisions when there are emergencies and disasters which cannot be handled by local resources. The Fund requires a disaster proclamation by the Governor before help can be made available. I invite you to contact my office should such unfortunate circumstances occur in your area.

The Disaster Assistance Guide is designed to assist you with the effective administration of an emergency response, as well as to expedite the repair and restoration of damage once the declared emergency has passed. So that we may be better able to help you handle future disasters, I encourage you to study these procedures and refer to them when your jurisdiction has an emergency.

The Guide will be provided through a controlled distribution system. Each recipient will sign for his/her copy (see attached form).

The Division will establish and maintain a master file of consignments and forward revisions to each consignee.

Each recipient will incorporate changes as received and be responsible for maintaining the Guide.

Revisions will be distributed as required; please direct any comments, change suggestions, additions or deletions to my office.

DISLTR.REV

PREFACE

The State of Arizona Disaster Assistance Handbook was developed to assist local governments and eligible political subdivisions to obtain and properly manage a Disaster Assistance Grant.

This handbook was prepared by the Arizona Division of Emergency Management, Department of Emergency and Military Affairs. Corrections or suggested changes should be forwarded to:

Arizona Division of Emergency Management
Attn: Operations Section
5636 E. McDowell Road
Phoenix, AZ 85008

This project has been financed in part with Federal funds from the Federal Emergency Management Agency under FEMA Cooperative Agreement number EMS-96-PA0597. The contents do not necessarily reflect the views and policies of the Federal Emergency Management Agency.

CONTENTS/CHECKLIST

EVENT: _____ _____ _____	DISASTER TASK REQUIREMENT CODE A-All Emergencies S-State Funded Recovery F-Federally Funded Recovery CODE ↓	RESPONSE BY L-Local S-State	PAGE NUMBER	COMPLETED BY	DATE COMPLETED
TASK					
01. Response/Recovery Documentation	A	L	1 - 1		
02. Mutual Aid	A	L			
03. County Resources	A	L			
04. Volunteer Resources	A	L			
05. Applicant's Preliminary Damage Assessment	A	L	5 - 1		
06. Emergency Resolution	A	L	6 - 1		
07. Application for Assistance	A	L	7 - 1		
08. Preliminary Damage Assessment Summary	A	S	8 - 1		
09. Governor's Emergency Proclamation	A	S	9 - 1		
10. Applicant's Briefing	F	S	10 - 1		
11. Notice of Interest	F	L	11 - 1		
12A. Designation of Applicant's Agent	F	L	12 - 1		
12B. Applicant's Agreements	F	S/L	12 - 3		
13. Damage Survey Report	S	S	13 - 1		
14A. Mitigation	S	S	14 - 1		
14B. Environmental Review	A	L	14 - 3		
15. Accomplish Eligible Work - DSR Status	A	L	15 - 1		
16. Document Eligible Work	A	L	16 - 1		
17. Submit Claim (Request for Payment)	A	L	17 - 1		
18. Final Inspection	A	S	18 - 1		
19. Audit Claim	A	S	19 - 1		
20. Reimburse Eligible Costs	A	S	20 - 1		

INTRODUCTION

WHEN A NATURAL OR MAN-CAUSED EMERGENCY/DISASTER OCCURS, LOCAL UNITS OF GOVERNMENT PROVIDE THE "**FIRST LINE OF RESPONSE**". DURING MOST SITUATIONS, THESE UNITS OF GOVERNMENT CAN ADEQUATELY COPE WITH THE SITUATION THROUGH THEIR EMERGENCY MANAGEMENT AND OTHER ORGANIZATIONS.

HOWEVER, WHEN THE EMERGENCY/DISASTER SITUATIONS ARE BEYOND LOCAL CAPABILITIES, LOCAL GOVERNMENT CAN REQUEST STATE AND FEDERAL ASSISTANCE THROUGH THE STATE DIVISION OF EMERGENCY MANAGEMENT.

GENERAL

THE GUIDELINES, FORMS AND INSTRUCTIONS ON THE FOLLOWING PAGES ARE DESIGNED TO ASSIST THE APPLICANT IN APPLYING FOR AND RECEIVING REIMBURSEMENT FOR ELIGIBLE COSTS.

THE FORMS ARE SHOWN IN NORMAL SEQUENCE WITH INSTRUCTIONS ON ADJACENT PAGES.

THE FEDERAL EMERGENCY MANAGEMENT AGENCY (FEMA) FORMS ARE APPLICABLE TO BOTH FEDERAL AND STATE FUNDED EMERGENCIES.

SUPPORT FOR EMERGENCY OPERATIONS

The Arizona Division of Emergency Management is responsible for the coordination of resources, personnel and equipment that may be utilized in emergency response.

Requests for state assistance by cities, towns and counties are made through an emergency resolution process. Communities affected by emergency conditions beyond their capacity to respond declare a local emergency and request support from their county. When county resources are insufficient they in turn declare an emergency condition for their county and through the Division of Emergency Management, request state resources from the Governor.

When an emergency proclamation is issued by the Governor, a portion of the Governor's Emergency Fund is authorized to be used in support of response and recovery. Only costs incurred in response work or recovery measures are eligible for reimbursement.

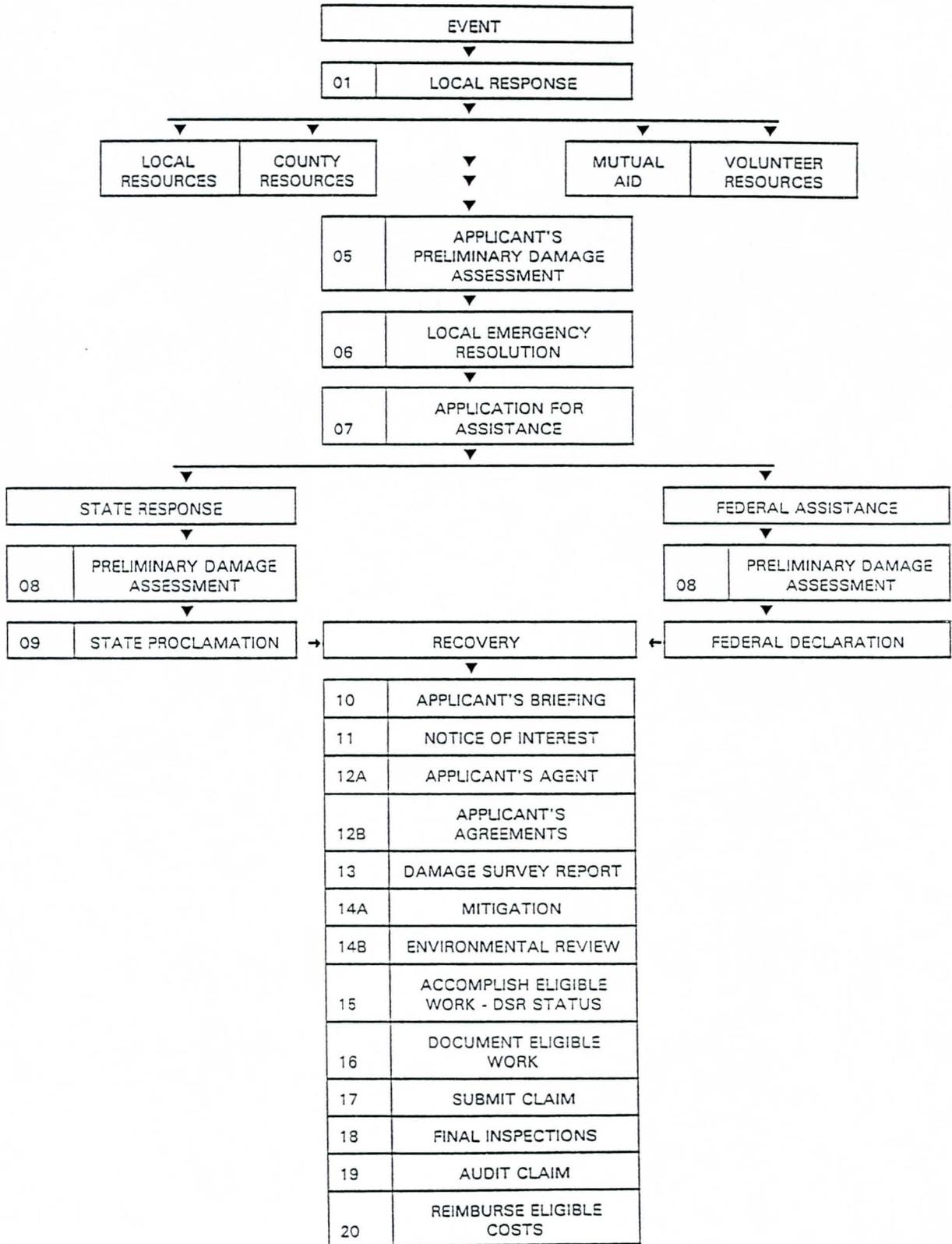
Prior to requesting state aid, the local jurisdiction must have expended or committed its own resources and have executed applicable mutual aid agreements.

There are no state programs to fund repair or replacement of damaged privately owned or commercial property. Assistance may be available from other sources.

ABBREVIATIONS & CONTRACTIONS

<u>ACCOMP</u>	-	Accomplish
<u>ADEM</u>	-	Arizona Division of Emergency Management
<u>ADMIN</u>	-	Administration
<u>AMT</u>	-	Amount
<u>CAT</u>	-	Category
<u>CMPL</u>	-	Completed
<u>DSR</u>	-	Damage Survey Report
<u>DT</u>	-	Date
<u>ELIG</u>	-	Eligible
<u>FEMA</u>	-	Federal Emergency Management Agency
<u>FIPS#</u>	-	See P.A.#
<u>FIR</u>	-	Final Inspection Report
<u>HRS</u>	-	Hours
<u>ID</u>	-	Identification
<u>INSP</u>	-	Inspection
<u>NI</u>	-	Not Inspected
<u>NOI</u>	-	Notice of Interest
<u>OT</u>	-	Overtime
<u>P.A.#</u>	-	Project Application Number Assigned to Applicant
<u>P.4</u>	-	Federal Project Listing Report (Request for Funds)
<u>REG</u>	-	Regular
<u>ROW</u>	-	Right of Way
<u>SUPP</u>	-	Supplement
<u>W/OPR</u>	-	With Operator
<u>W/O OPR</u>	-	Without Operator

TASK/ACTION FLOW CHART



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DOCUMENTATION OF WORK

PAGES 1-2 THROUGH 1-6

Proper documentation of emergency expenditures is necessary in order to be eligible for response and recovery funds. Properly kept records will help to avoid unnecessary difficulties in receiving those funds.

Establish a file system for disaster recovery operations by specific site until Damage Survey Report (DSR) numbers are available. At this time we suggest you develop the file by DSR numbers.

It is essential to begin record keeping as soon as possible. If predisaster protective measures are taken, start keeping records then. If not, begin with the onset of an emergency. Some examples of documents which should be placed in the file:

FOR CONTRACT WORK

- Invoices Submitted by the Contractor
- Request for Bid
- Contracts
- Authorization for Check Issuance
- Copies of Check Issued in Payment

FOR APPLICANT'S OWN FORCES (FORCE ACCOUNT)

- Daily Activity Reports
- A Schedule of Equipment Used on the Job
- Applicant's Extracts From Payroll, with any Cross-reference needed to Locate Original Documents
- Summary of Daily Activity Reports (Such as Weekly or Biweekly)
- Invoices, Warrants and Checks Issued and Paid for Materials and Supplies Used on the Job.
- Inventory Withdrawal Forms for Items Taken from Stock

The documentation discussed here and the following forms are offered as suggestions and to give an idea of the kinds of records that will be required during recovery from a declared emergency.

Typical form is shown on page opposite:

- APPLICANT: Show applicants complete name.
- DESCRIPTION OF WORK: Be specific.
- JOB SITE IDENTIFICATION: Be as specific as space permits.
- CATEGORY OF WORK: Select from this listing.
 - EMERGENCY WORK:
 - A - Debris removal.
 - B - Emergency protective measures.
 - PERMANENT WORK:
 - C - Road or street facilities.
 - D - Water control facilities.
 - E - Public buildings and related equipment.
 - F - Public utilities.
 - G - Other

FORCE ACCOUNT LABOR WORKSHEET

APPLICANT: WILL COX
 DESCRIPTION OF WORK: REBUILD DIKE
 JOB SITE IDENTIFICATION: Center St. to 5th Ave.
 PAID - DATE _____ DOLLARS _____

EMERGENCY NO. 95002 DSR NO. 952123
 PAGE 1 OF 1
 TIME PERIOD: March 3 thru March 5-95
 CATEGORY OF WORK: D

NAME	JOB CLASS OR CODE	DATE	TOTAL HOURS WORKED (REG/OT)	BASE RATE	BASE TOTAL	BENEFIT RATE	BENEFIT TOTAL	GROSS TOTAL						
			3-3	3-4	3-5									
J. Cameron	3	REG	8	8	7				23	6.12	140.75	2.04	46.92	187.67
		O/T	8	4	-				12	9.18	110.16	2.04	24.48	134.64
S. Pearce	3	REG	8	8	7				23	6.12	140.75	2.04	46.92	187.67
		O/T	8	4	-				12	9.18	110.16	2.04	24.48	134.64
A. Gomez	4	REG	8	8	8				24	7.29	173.04	2.38	57.12	230.16
		O/T	8	4	-				12	10.82	129.84	2.38	29.56	159.40
G. Humbolt	5	REG	8	8	8				24	8.05	193.20	2.66	63.84	257.04
		O/T	4	8	1				13	12.08	157.04	2.66	34.58	191.62
		REG												
		O/T												
		REG												
		O/T												
		REG												
		O/T												
This form available thru: AZ DIVISION OF EMERGENCY MANAGEMENT									TOTALS:	94/49	1154.94		327.90	1482.84

FORCE ACCOUNT LABOR WORKSHEET

APPLICANT: _____
 DESCRIPTION OF WORK: _____
 JOB SITE IDENTIFICATION: _____
 PAID - DATE _____ DOLLARS _____

EMERGENCY NO. _____ DSR NO. _____
 PAGE _____ OF _____
 TIME PERIOD: _____
 CATEGORY OF WORK: _____

NAME	JOB CLASS OR CODE	DATE ⇒	DATE	TOTAL HOURS WORKED (REG/OT)	BASE RATE	BASE TOTAL	BENEFIT RATE	BENEFIT TOTAL	GROSS TOTAL											
		REG																		
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		REG																		
		O/T																		
This form available thru: AZ DIVISION OF EMERGENCY MANAGEMENT										TOTALS:										

FORCE ACCOUNT EQUIPMENT WORKSHEET

APPLICANT: _____
 DESCRIPTION OF WORK: _____
 JOB SITE IDENTIFICATION: _____
 PAID - DATE _____ DOLLARS _____

EMERGENCY NO. _____ DSR NO. _____
 PAGE _____ OF _____
 TIME PERIOD: _____
 CATEGORY OF WORK: _____

TYPE OF EQUIPMENT <small>Indicate size, capacity, horsepower, make and model as it is appropriate</small>	EQUIPMENT NUMBER REFERENCE	DATE ⇔	DATE	TOTAL HOURS	RATE	TOTAL COST							
		HRS											
		HRS											
		HRS											
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TOTALS:													
This form available thru: AZ DIVISION OF EMERGENCY MANAGEMENT													

RENTED EQUIPMENT WORKSHEET

APPLICANT: _____
 DESCRIPTION OF WORK: _____
 JOB SITE IDENTIFICATION: _____
 PAID - DATE _____ DOLLARS _____

EMERGENCY NO. _____ DSR NO. _____
 PAGE _____ OF _____
 TIME PERIOD: _____
 CATEGORY OF WORK: _____

TYPE OF EQUIPMENT <small>Indicate size, capacity, horsepower, make and model as it is appropriate</small>	DATE/ HOURS USED <small>DATE / HOURS</small>	RATE/HR <small>WITH OPR</small>	RATE/HR <small>WITHOUT OPR</small>	TOTAL COST	VENDOR	INVOICE NO.	DATE PAID	AMOUNT PAID
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 AZ DIVISION OF EMERGENCY MANAGEMENT

CONTRACT WORKSHEET

APPLICANT: _____
 DESCRIPTION OF WORK: _____
 JOB SITE IDENTIFICATION: _____
 DATE _____

EMERGENCY NO. _____ DSR NO. _____
 PAGE _____ OF _____
 TIME PERIOD: _____
 CATEGORY OF WORK: _____

CONTRACTOR'S NAME	AMOUNT BID	PERCENT OF WORK COMPLETE	AMOUNT BILLED TO DATE	AMOUNT PAID TO DATE
SHEET TOTAL				
TOTAL				

This form available thru:
 AZ DIVISION OF EMERGENCY MANAGEMENT

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**INSTRUCTIONS FOR
APPLICANT PRELIMINARY DAMAGE ASSESSMENT**

This form is provided as a suggested document for developing your preliminary cost estimates.

The information is used to support your application for assistance (Section 7) and the Arizona Division of Emergency Management's efforts to develop an Emergency Proclamation request.

BOX TITLE:

ENTER:

APPLICANT

Political subdivision.

DATE

Date (i.e., 05/01/89) form is being completed.

SITE IDENTIFICATION

Be as definitive as possible (i.e., specific address, distance from a landmark, etc.) so the site can be readily identified.

CATEGORY OF WORK

Select from categories shown on the upper left of the form.

BRIEF DESCRIPTION OF WORK

Provide sufficient detail to help identify what damage has occurred at this site (i.e., bridge undermined and rip rap washing away, etc.)

ESTIMATE OF COST OF REPAIR

Best estimate of repair cost to bring the site back to "as was" condition.

COMPILED BY & ESTIMATED BY

Use these two sections if you wish to identify the person or persons completing the form.

APPLICANT PRELIMINARY DAMAGE ASSESSMENT WORKSHEET

APPLICANT: **WINKELMAN** DATE: **MARCH 3, 1993**

- CATEGORY OF WORK:
- Emergency Work:
 - A - Debris Removal
 - B - Emergency Protective Measures
 - Permanent Work
 - C - Road or Street Facilities
 - D - Water Control Facilities
 - E - Public buildings and Related Equipment
 - F - Public Utilities
 - G - Other

SITE IDENTIFICATION	CATEGORY OF WORK	BRIEF DESCRIPTION OF WORK	ESTIMATE OF COST
600 Block - Smith St.	A	Clear Roadway	17,000 ⁻
Water Main at Pump #2	F	Repair Main	8,450 ⁻
Smith St. Right of Way	C	Repair Road	6,500 ⁻
SAMPLE			
COMPILED BY: <i>[Signature]</i>	ESTIMATED BY: <i>[Signature]</i>		

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EMERGENCY RESOLUTION

A local jurisdiction may determine that a situation is of such severity and magnitude that effective response is beyond its capabilities. In such case, an emergency resolution should be prepared and forwarded to the county. The jurisdiction must also commit its own and applicable mutual aid resources.

When emergency circumstances dictate, with or without a local jurisdiction resolution, the county will develop an emergency resolution.

The resolution should be forwarded to the Arizona Division of Emergency Management (ADEM), where it becomes the basis for, and an essential part of, the application for a Governor's Disaster Proclamation.

The following sample provides a suggested format. Also, see your local Emergency Operations Plan.

EMERGENCY RESOLUTION

WHEREAS, the Wind Storm
of June 17, 1993, has caused Damage to Structures,
(Date)
Power Lines and Roadways in Brenda
(City/Town)
in La Paz County; and

WHEREAS, the Wind Storm Damage
has resulted in a condition of peril to health and safety of many citizens; and

WHEREAS, the Chairperson of the Governing Board of La Paz County
is authorized by resolution of the Governing Board to declare an emergency;

NOW, THEREFORE, it is hereby declared that an emergency now exists in
Brenda of La Paz County; and

- a. Mutual aid from MARKET is hereby requested; and
- b. The La Paz County Emergency Plan is hereby activated and in effect until further notice; and
- c. It is further ordered that during the existence of this emergency, local government agencies assigned emergency roles in the La Paz County Emergency Plan, are an Emergency Organization of the County.

DATED: June 18, 1993

CHAIRMAN OF THE BOARD OF SUPERVISORS
La Paz County
John Doe
John Doe

EMERGENCY RESOLUTION

WHEREAS, the _____
of _____, 19____, has caused _____
(Date)
_____ in _____
(City/Town)
in _____ County; and

WHEREAS, the _____
has resulted in a condition of peril to health and safety of many citizens; and

WHEREAS, the Chairperson of the Governing Board of _____
is authorized by resolution of the Governing Board to declare an emergency;

NOW, THEREFORE, it is hereby declared that an emergency now exists in
_____ of _____ County; and

- a. Mutual aid from _____ is hereby requested; and
- b. The _____ Emergency Plan is hereby activated and in effect until further notice; and
- c. It is further ordered that during the existence of this emergency, local government agencies assigned emergency roles in the _____ County Emergency Plan, are an Emergency Organization of the County.

DATED: _____

CHAIRMAN OF THE BOARD OF SUPERVISORS

_____ County

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INSTRUCTIONS FOR APPLICATION FOR STATE ASSISTANCE

Damage descriptions and costs developed in your Preliminary Damage Assessment Worksheets can be the data base for this form.

SECTION 1: Enter town, city or county as appropriate, the cause, a brief statement of damage and the day and time of the event.

SECTION 2: Enter the number of injuries and number of facilities. This data may be available through the Red Cross.

SECTION 3: List an estimate of the number of people directly affected. Check applicable boxes in parts "a." and "b." Enter appropriate quantities in part "c." Attach additional detail sheets if warranted.

SECTION 4: Enter an estimate of dollars spent to date and check appropriate box or boxes. Attach additional detail sheets if warranted.

SECTION 5: Enter total recovery cost estimate and check appropriate box or boxes. Attach additional detail sheets if warranted.

SECTION 6: Enter local funds that could be made available through canceling or deferring existing projects or programs. Check appropriate boxes and list source of funds.

SECTION 7: Attach a financial statement of local ability to support response and recovery efforts. This must be executed and signed by a responsible official.

SECTION 8: Enter county name.

SECTION 9: Signature of ranking local official.

APPLICATION FOR STATE ASSISTANCE

Mike Austin, Director
 Arizona Division of Emergency Management
 36 East McDowell Road
 Phoenix, AZ 85008

1. A disaster situation exists in Bisbee due to Flooding causing damage to Structures, Power Lines, Roadways, Water Supply Systems and Communications occurring at (date/time) 11 PM - 3-21-95

2. Number of Injured: 36 Number of Fatalities: 2

3. Unless remedial action is taken to correct the present conditions, 3000 people will be affected due to:

a. BASIC NEEDS
 Lack of Shelter Lack of Clothing
 Lack of Food

b. PROPERTY & SERVICES
 Structures Damaged Transportation Breakdown
 Land and/or Crops Destroyed Communications Disrupted
 Lack of General Goods (Nonfood Supplies)

c. ECONOMIC LOSS:
 Number of Businesses Damaged: 27 Number of Businesses Damaged 50% or More: 12

4. Action has already been taken to meet the emergency at a cost of \$ 15,000. These expenditures have accomplished the following:

SAMPLE

Debris Removal Temporary Repairs
 Evacuation Other _____
 Traffic Control

5. The additional funds required to accomplish minimum essential work are estimated to be \$ 180,000. The additional funds will permit the following project to be completed:

Repair Roads, Streets and Bridges Utility Repairs
 Building Repairs or Replacement Other Repair Dyke
 Equipment Repair or Replacement

6. Temporary expenditures or alternate solutions could be accomplished with \$ 50,000 of local funds by deferring or cancelling:

Project (list) Fire Station Construction Not a Viable Option
 Capital Expenditures _____ Other (list) _____

7. Provide a statement of availability of funds for response and recovery emergency work, as it relates to the overall financial condition (budget) of jurisdiction. The Statement to be executed and signed by an appropriate official.

8. It is the respectively requested that you ask the Governor to issue a proclamation declaring that a state of emergency exists in Cochise County

ATTACHMENTS:
 Affidavits
 Maps
 Engineering Data
 Etc.

9. R. Linnell
 /s/ Chair Person
Bisbee Town Council

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PRELIMINARY DAMAGE ASSESSMENT SUMMARY

This form is a state responsibility. It is a summary of the applicant's Preliminary Damage Assessments and data developed by State Inspectors during on-site visits with local representatives.

The form provides a format for developing damage estimates in summary by major structure and recovery operations.

The data is of value at the Applicant's Briefing because state and/or federal officials need to know where to send Damage Assessment Teams. The information is used to prioritize where Damage Assessment Teams will be sent first.

PREMINARY DAMAGE ASSESSMENT SUMMARY

APPLICANT: <u>Canoa</u>		TYPE OF EMERGENCY: <u>Flood</u>	DATE(S) OCCURRED: <u>May 1, 94</u>	
MAJOR AREA	SUB AREAS	NUMBER	AMOUNT	
CASUALITIES:	FATALITIES	<u>3</u>		
	INJURIES	<u>37</u>	PRIVATE	PUBLIC
INITIAL COST:	Debris Clearance Protective Measures Water Control Facilities	<u>3</u>		<u>1,400,000</u> <u>110,000</u> <u>3,300,000</u>
BUILDINGS:	Residential Homes	<u>17</u>	<u>1,700,000</u>	
	Mobile Homes	<u>21</u>	<u>379,000</u>	
	Public Buildings	<u>4</u>		<u>5,200,000</u>
	School Buildings			
	• Public	<u>2</u>		<u>3,200,000</u>
	• Private	<u>1</u>		
	Medical Facilities	<u>1</u>		<u>170,000</u>
Custodial Care	<u>1</u>			
Business	<u>1</u>			
Other	<u>1</u>			
UTILITIES:	Publicly Owned Private		<u>8,000,000</u>	
ROADS/STREETS/HIGHWAYS:	Miles Damaged/Destroyed	<u>3.6</u>		<u>8,500,000</u>
BRIDGES:	Damaged/Destroyed	<u>2</u>		<u>4,000,000</u>
OTHER:	List			
SUMMARY COST:	PUBLIC			<u>25,880,000</u>
	PRIVATE		INSERT PRIVATE TOTAL HERE ⇨	<u>10,079,000</u>
	AGRICULTURE			<u>3,000,000</u>
			TOTAL:	<u>38,959,000</u>

PREMINARY DAMAGE ASSESSMENT SUMMARY

APPLICANT:		TYPE OF EMERGENCY:		DATE(S) OCCURRED:	
<u>MAJOR AREA</u>	<u>SUB AREAS</u>	<u>NUMBER</u>	<u>AMOUNT</u>		
CASUALITES:	FATALITIES	_____			
	INJURIES	_____	PRIVATE	PUBLIC	
INITIAL COST:	Debris Clearance Protective Measures Water Control Facilites	_____ _____ _____	_____ _____ _____	_____ _____ _____	
BUILDINGS:	Residential Homes	_____	_____	_____	
	Mobile Homes	_____	_____	_____	
	Public Buildings	_____	_____	_____	
	School Buildings	_____	_____	_____	
	• Public	_____	_____	_____	
	• Private	_____	_____	_____	
	Medical Facilities	_____	_____	_____	
	Custodial Care Business Other	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____
UTILITIES:	Publicly Owned Private	_____ _____	_____ _____	_____ _____	
ROADS/STREETS/HIGHWAYS:	Miles Damaged/Destroyed	_____	_____	_____	
BRIDGES:	Damaged/Destroyed	_____	_____	_____	
OTHER:	List	_____ _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____	
SUMMARY COST:	PUBLIC	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> INSERT PRIVATE TOTAL HERE ⇄ </div>			
	PRIVATE				
	AGRICULTURE				
			TOTAL:		

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GOVERNOR'S PROCLAMATION

When the Governor decides that a situation warrants state assistance, he/she issues a proclamation.

The facing page depicts a typical proclamation.

If the Governor decides that federal assistance is warranted, this proclamation and a request for a Presidential declaration is sent to the Federal Emergency Management Agency.

Office of the Governor

PROCLAMATION

"IN ACCORDANCE WITH ESTABLISHED EMERGENCY PROCEDURES"

WHEREAS, on February 14, 1992, there exists an imminent threat to the health and safety of the citizens of Maricopa County due to the existence of unsanitary or dangerous environmental conditions caused by erosion and flooding of a landfill adjacent to the Salt River; and

WHEREAS, the magnitude of the health hazard exceeds the capability of the local government to effectively respond to; and

WHEREAS, the Legislature has authorized the use of funds in the event of an emergency pursuant to A.R.S. § 15-197, as amended; and

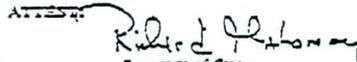
NOW, THEREFORE, I, Fife Symington, Governor of the State of Arizona, by the virtue of the authority vested in me by the Constitution and Laws of the State of Arizona, have determined that the unhealthful conditions justify the declaration of an emergency and I hereby:

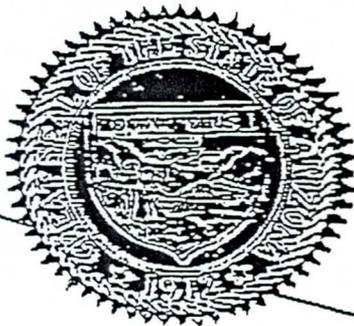
1. Declare that a state of emergency exists in Maricopa County, effective on February 14, 1992, because of the existence of unsanitary or dangerous environmental conditions due to a landfill erosion flowing into the Salt River; and
2. Direct the Adjutant General to, and in it, hereby authorized in my name to mobilize or call to active duty all or such part of the Arizona National Guard as he determines necessary to protect the lives and property of the citizens of the State of Arizona; and
3. Direct that the sum of \$100,000 from the General Fund be made available to the Director of the Division of Emergency Services to be expended in accordance with established procedures provided in A.R.S. § 15-197, A.A.C. § 5-2-35 to 39, and Executive Order 79-4.

IN WITNESS WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Arizona.


GOVERNOR

DONE at the Capital in Phoenix on the fourteenth day of February, in the Year of Our Lord One Thousand Nine Hundred and Ninety Two and of the Independence of the United States of America the Two Hundred and Sixteenth.


Secretary of State



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APPLICANTS BRIEFING

The Arizona Division of Emergency Management organizes and conducts Applicant Briefings with the assistance of local and/or federal emergency management representatives.

The Briefing may be one-on-one, a single meeting for those involved or a series of meetings. The extent of the damage and the geographical area covered will dictate the type of briefing employed.

The Applicant's Briefing will discuss, but will not be limited to:

- Eligible damage restoration.
- Categories of eligible work.
- Discussion of insurance.
- Damage survey inspections.
- Damage Survey Reports (DSRs).
- Grant application, processing and approval.
- Claim payment.
- Applicant administration, records and documentation.
- NEPA considerations

The applicant organization will insure that the attendee be the person that is in a position to best facilitate the recovery process. The chief elected official and others are welcome at the briefing, but they should be accompanied by the individuals that are responsible for: certifying that work is completed; receiving funds; and committing the jurisdiction to recovery obligations.

The facing page is a check list that may help the Applicant in preparing for the briefing.

APPLICANT'S BRIEFING CHECKLIST

INFORMATION/DOCUMENTS

- Damage information not previously presented.
- Geographic limits of the emergency.
- Percent of clean up completed.
- Notice of Interest (NOI) - signed.
- Insurance status.

PERSONNEL

- Chief elected official/designee.
- Emergency Management Director/Coordinator.
- Local government manager/administrator.
- Director of public works/road superintendent.
- Chief/deputy financial officer.
- Official representatives of other entities.
- Designated Applicant's Agent.
- Individual or individuals who will be actively involved throughout the response and recovery periods.

THIS CHECKLIST IS NOT INTENDED TO BE ALL INCLUSIVE OR LIMITING IN ANY WAY.

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INSTRUCTIONS FOR NOTICE OF INTEREST FORM

This form is to indicate an Applicant's interest in applying for assistance and to briefly describe damages. Damage information is used to determine the type and number of inspectors needed for the Damage Survey Teams. The **Notice of Interest** does not commit the Applicant to any financial obligations.

The **Notice of Interest** should be given to the Division prior to or at the Applicant's briefing, but not more than 30 days after the proclamation date.

UPPER SECTION: Declaration Number and the P.A. Number are provided by the Division. Enter current date.

CENTER SECTION: Check boxes to indicate damage and a need for inspection.

LOWER SECTION: List names and numbers as appropriate.

STATE OF ARIZONA	DECLARATION NUMBER: <u>95002</u>
N O T I C E O F I N T E R E S T	DATE: <u>MARCH 3, 1995</u>
A P P L Y I N G F O R S T A T E E M E R G E N C Y A S S I S T A N C E	P.A. NUMBER: <u>013-00000</u>
The purpose of this form is to list the damage to property and facilities so that inspectors may be appropriately assigned for a formal survey	

REQUIREMENTS FOR DAMAGE SURVEYS

<p>A. DEBRIS CLEARANCE</p> <input checked="" type="checkbox"/> On Public Roads & Streets, Including ROW <input checked="" type="checkbox"/> Other Public Property <input checked="" type="checkbox"/> Private Property <small>(When undertaken by Local Gov. forces)</small> <input type="checkbox"/> Structure Demolition	<p>E. PUBLIC BUILDINGS AND EQUIPMENT</p> <input checked="" type="checkbox"/> Public Buildings <input checked="" type="checkbox"/> Supplies or Inventory <input checked="" type="checkbox"/> Vehicles or Other Equipment <input type="checkbox"/> Transportation <input checked="" type="checkbox"/> Education Facilities
<p>B. PROTECTIVE MEASURES</p> <input checked="" type="checkbox"/> Life and Safety <input checked="" type="checkbox"/> Health <input checked="" type="checkbox"/> Stream/Drainage Control <input type="checkbox"/> Other <input checked="" type="checkbox"/> Property <small>(Type of facility)</small>	<p>F. PUBLIC UTILITY SYSTEMS</p> <input type="checkbox"/> Water <input checked="" type="checkbox"/> Light/Power <input type="checkbox"/> Storm Drainage <input type="checkbox"/> Sanitary Sewer
<p>C. ROADS SYSTEMS</p> <input checked="" type="checkbox"/> Roads <input checked="" type="checkbox"/> Streets <input checked="" type="checkbox"/> Bridges <input type="checkbox"/> Culverts <input checked="" type="checkbox"/> Traffic Control	<p>G. OTHER (Not in the Above Category)</p> <input checked="" type="checkbox"/> Park Facilities <input checked="" type="checkbox"/> Other <input checked="" type="checkbox"/> Recreational Facilities <small>(Type of facility)</small>
<p>WATER CONTROL</p> <input type="checkbox"/> Dikes <input type="checkbox"/> Levees <input checked="" type="checkbox"/> Drainage Channels <input type="checkbox"/> Dams <input checked="" type="checkbox"/> Irrigation Works	

SAMPLE

Indicate Type of OTHER Facility: TOWN LANDFILL

1 NAME AND TITLE OF REPRESENTATIVE WHO WILL ACCOMPANY THE SURVEY TEAM: <u>John Smith - Town Manager</u>	
2 NAME OF POLITICAL SUBDIVISION OR ELIGIBLE APPLICANT: <u>Marana</u>	3 COUNTY: <u>Pima</u>
4 BUSINESS ADDRESS: <u>116 Main St.</u>	ZIP CODE: <u>85263</u>
5 BUSINESS TELEPHONE (Area Code/Number): <u>(520) 489-1235</u>	HOME TELEPHONE (Area Code/Number): <u>(520) 489-3214</u>
6 APPLICANT'S AUTHORIZED REPRESENTATIVE: <u>Sally Martin</u>	BUSINESS TELEPHONE (Area Code/Number): <u>(520) 489-1236</u>

STATE OF ARIZONA

N O T I C E O F I N T E R E S T
 A P P L Y I N G F O R S T A T E E M E R G E N C Y A S S I S T A N C E

DECLARATION NUMBER : _____
 DATE: _____
 P.A. NUMBER: _____

The purpose of this form is to list the damage to property and facilities so that inspectors may be appropriately assigned for a formal survey

REQUIREMENTS FOR DAMAGE SURVEYS

<p><u>A. DEBRIS CLEARANCE</u></p> <p><input type="checkbox"/> On Public Roads & Streets, Including ROW</p> <p><input type="checkbox"/> Other Public Property</p> <p><input type="checkbox"/> Private Property <small>(When undertaken by Local Gov. forces)</small></p> <p><input type="checkbox"/> Structure Demolition</p>	<p><u>E. PUBLIC BUILDINGS AND EQUIPMENT</u></p> <p><input type="checkbox"/> Public Buildings</p> <p><input type="checkbox"/> Supplies or Inventory</p> <p><input type="checkbox"/> Vehicles or Other Equipment</p> <p><input type="checkbox"/> Transportation</p> <p><input type="checkbox"/> Education Facilities</p>
<p><u>B. PROTECTIVE MEASURES</u></p> <p><input type="checkbox"/> Life and Safety <input type="checkbox"/> Health</p> <p><input type="checkbox"/> Stream/Drainage Control <input type="checkbox"/> Other</p> <p><input type="checkbox"/> Property <small>(Type of facility)</small></p>	<p><u>F. PUBLIC UTILITY SYSTEMS</u></p> <p><input type="checkbox"/> Water <input type="checkbox"/> Light/Power</p> <p><input type="checkbox"/> Storm Drainage <input type="checkbox"/> Sanitary Sewer</p>
<p><u>C. ROADS SYSTEMS</u></p> <p><input type="checkbox"/> Roads <input type="checkbox"/> Streets</p> <p><input type="checkbox"/> Bridges <input type="checkbox"/> Culverts</p> <p><input type="checkbox"/> Traffic Control</p>	<p><u>G. OTHER</u> <small>(Not in the Above Category)</small></p> <p><input type="checkbox"/> Park Facilities <input type="checkbox"/> Other</p> <p><input type="checkbox"/> Recreational Facilities <small>(Type of facility)</small></p>
<p><u>D. WATER CONTROL</u></p> <p><input type="checkbox"/> Dikes <input type="checkbox"/> Levees</p> <p><input type="checkbox"/> Drainage Channels <input type="checkbox"/> Dams</p> <p><input type="checkbox"/> Irrigation Works</p>	

Indicate Type of OTHER Facility:

1	NAME AND TITLE OF REPRESENTATIVE WHO WILL ACCOMPANY THE SURVEY TEAM:		
2	NAME OF POLITICAL SUBDIVISION OR ELIGIBLE APPLICANT:	3	COUNTY:
4	BUSINESS ADDRESS:	ZIP CODE:	
5	BUSINESS TELEPHONE (Area Code/Number):	HOME TELEPHONE (Area Code/Number):	
6	APPLICANT'S AUTHORIZED REPRESENTATIVE:	BUSINESS TELEPHONE (Area Code/Number):	

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APPLICANT'S AGENT

Each local governing body included in an emergency proclamation may be eligible for assistance.

When this happens, the local government must designate an "Applicant's Agent".

Selection is by the full governing body and will be recorded in the official record as any other resolution. It is suggested that this action be taken beforehand.

The Applicant's Agent will:

- Represent the local government in managing response and recovery operations.
- Be the contact for state and federal agencies dealing with the disaster.
- Be responsible for fund management, state and local bid procedures, contract procedures, record maintenance and work completion.

This form will be provided by the Arizona Division of Emergency Management at the Applicant's Briefing. The form opposite is only a suggestion, your local document which includes an applicable Resolution and Certification is satisfactory.

DESIGNATION OF APPLICANT'S AGENT

RESOLUTION

BE IT RESOLVED BY BOARD OF SUPERVISORS OF YUMA COUNTY
(Governing Body) (Public Entity)

THAT John Doe, Emergency Services Manager
(Name of Incumbent) (Official Position)

is designated Applicant's Agent and is hereby authorized to execute for, and in behalf of

YUMA COUNTY
an entity established under the laws of the State of Arizona, this application and to file it in the appropriate state office for the purpose of obtaining financial assistance.

THAT YUMA COUNTY, an entity established under the laws of the State of Arizona, hereby authorizes its agent to provide to the state information for all matters pertaining to emergency assistance.

Passed and approved this 3 day of FEB., 1995

Nancy Brown - Supervisor
(Name and Title)
SAMPLE
Ben Smith - Supervisor
(Name and Title)
Mary Turner - Supervisor
(Name and Title)

CERTIFICATION

I, George Wilson, duly appointed and Chairperson of
(Name) (Title)

Yuma County Board of Supervisors, do hereby certify that the above is a true and correct copy of a resolution passed and approved by the Board of Supervisors
(Governing Body)

of Yuma County on the 3 day of FEB, 1995.
(Public Entity)

DATE: FEB 4, 1995
Chairperson
(Official Position)

[Signature]
(Signature)

DESIGNATION OF APPLICANT'S AGENT

RESOLUTION

BE IT RESOLVED BY _____ OF _____
(Governing Body) *(Public Entity)*

THAT _____,
(Name of Incumbent) *(Official Position)*

is designated Applicant's Agent and is hereby authorized to execute for, and in behalf of

_____ an entity established under the laws of the State of Arizona, this application and to file it in the appropriate state office for the purpose of obtaining financial assistance.

THAT _____, an entity established under the laws of the State of Arizona, hereby authorizes its agent to provide to the state information for all matters pertaining to emergency assistance.

Passed and approved this _____ day of _____, 19____

(Name and Title)

(Name and Title)

(Name and Title)

CERTIFICATION

I, _____, duly appointed and _____ of
(Name) *(Title)*

_____, do hereby certify that the above is a true and correct copy of a resolution passed and approved by the _____
(Governing Body)

of _____ on the _____ day of _____, 19____.
(Public Entity)

DATE: _____

(Official Position)

(Signature)

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DISASTER ASSISTANCE AGREEMENTS

Each applicant requesting assistance under a State emergency must sign the appropriate agreement forms.

The required forms are provided by the Arizona Division of Emergency Management when the Division receives the completed Applicant's Agent document.

The agreements are applicant and event specific and outline responsibilities and obligations for compensation to cover losses and related costs.

The agreement must be signed by the Applicant's Agent and forwarded to the Division of Emergency Management for co-signing by the Governor's Authorized Representative (GAR) before eligible funds can be issued.

The facing page is a sample agreement for Political Subdivisions.

**DISASTER ASSISTANCE AGREEMENT FOR STATE PROCLAMATIONS
(Political Subdivisions)**

This Agreement between the Division of Emergency Management, State of Arizona, and the _____ (the Applicant) shall be effective on the date signed by both parties. It shall apply to all assistance funds provided by the State to the Applicant as a result of a disaster which occurred on _____, and pursuant to the Governor's Declaration of Emergency on _____.

The designated representative of the Applicant certifies that:

1. He/She has legal authority to apply for assistance on behalf of the Applicant.
2. The Applicant shall provide all necessary financial and managerial resources to meet the terms and conditions of receiving State disaster assistance.
3. The Applicant understands that final payment will be made after work is completed and claimed costs have been audited.
4. The Applicant shall establish and maintain a proper accounting system to record expenditures of disaster assistance funds in accordance with generally accepted accounting standards or as directed by the Governor's Authorized Representative.
5. The Applicant shall, upon request of the Governor's Authorized Representative, participate with State personnel in performing interim and/or final inspections.
6. The Applicant shall comply with all applicable codes and standards in completion of eligible repair or replacement of damaged public facilities.
7. The Applicant shall comply with any mitigation requirements specified by the State for repair or replacement projects subject to repeated damages from flooding or other hazards.
8. The Applicant shall comply with all applicable provisions of State laws and regulations in regard to procurement of goods and services and to contracts for repair or restoration of public facilities.
9. The Applicant shall comply with applicable State and Federal laws regarding the environment (NEPA; National Environmental Protection Act).
10. The Applicant shall comply with all State laws and regulations relating to nondiscrimination.
11. The Applicant shall comply with provisions of the Hatch Act limiting the political activities of public employees.
12. The Applicant shall comply with the flood insurance purchase requirements which may be required.
13. The Applicant shall not enter into cost-plus-percentage-of-cost contracts for completion of disaster restoration or repair work.
14. The Applicant shall not enter into contracts for which payment is contingent upon receipt of State funds.

15. The Applicant shall not enter into any contract with any party which is debarred or suspended from participating in State assistance programs.

16. The Applicant shall comply with cost-sharing requirements of State disaster assistance; specifically, that State assistance is limited to 75% of eligible expenditures. The Applicant shall provide the remaining 25% share of eligible costs.

17. The Applicant shall use disaster assistance funds solely for the purposes for which these funds are provided and as approved by the GAR.

18. The Applicant shall return to the State, within two months of such request by the Governor's Authorized Representative, any partial reimbursement not supported by audit or other State review of documentation maintained by the Applicant.

19. The Applicant's records and supporting documentation relating to claims made by the Applicant shall be kept for five (5) years from the ending date of an emergency and shall be available for inspection and audit at all reasonable times by the Department and the Auditor General.

20. The Applicant understands and will abide by the following work completion deadlines:

Emergency Work (Category A&B) _____

Permanent Work (Category C-G) _____

Extensions will be granted due to conditions/causes which are beyond Applicant's control.

21. The file number for this Proclamation is _____.

Signed for the Applicant:

(Typed Name) Title

Signature Date

Signed for the State:

_____, Alternate Governor's Authorized Representative
(Typed Name)

Signature Date

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DAMAGE SURVEY REPORT

Use of this form is limited to State Proclaimed Emergencies. The form is prepared by a state inspector and is the basic cost support or estimate document.

Following are line-by-line instructions. A completed document is shown as prepared by the inspector.

SECTION 1: Enter the full legal name of the applicant and the county in which the entity is located. If the DSR is for a specific department of an eligible entity, name the department (i.e., City of Tucson/Department of Water/Pima County) and P.A. Number.

SECTION 2: DSR Number.

SECTION 3: Enter the date damage was first viewed by inspector.

SECTION 4: Check box as applicable.

SECTION 5: Enter percent of work completed, on date of "Recommendation by State Inspector", Section 13.

SECTION 6: Check emergency or permanent and type.

SECTION 6A: Proclamation Number.

SECTION 7: Specifically identify the damaged facility, by name, where possible (i.e., City Wastewater Treatment Plant, 18 inch storm sewer, Memorial Park Playground, Lincoln Avenue Bridge). Also include specific location and size when possible. Enter latitude and longitude.

SECTION 8: Fully describe the damage in quantitative terms (i.e., ¼ mile at highway washed out, 35 x 72 block building destroyed) and attach photographs and sketches where available.

SECTION 9: Describe the work proposed to restore the facility to predisaster condition. Use quantitative terms. Attach sketches and photographs where applicable.

SECTION 10:

- QUANTITY COLUMN: Where applicable, the number of tons, cubic yards, miles or other units.
- UNIT COLUMN: Where applicable, the units of measure, feet, ton miles or other units.
- MATERIAL COLUMN: Enter a description of the material and/or work being performed.
- UNIT PRICE COLUMN: Enter the cost per unit from Column (b).
- COST COLUMN: Enter the product from Column (b), times Column (d) in Column (e). Total this Column and enter on Line 11.

SECTION 11: Enter type (i.e., wind, hail, flood, etc.) and the policy dollar value.

SECTION 12: State inspector's signature and date.

SECTION 13: Applicants representative signs, indicating agreement.

SECTION 14: Scope of work reviewed and signed by the Division of Emergency Management Environmental Officer.

For your reference, the Federal (FEMA) Form is shown on page 13-3. Use of this form is limited to Federal Declarations and is controlled by FEMA Inspectors.

DAMAGE SURVEY REPORT

01. APPLICANT (State Agency, County, City, etc.): TOWN OF MARANA		P.A. NUMBER:	02. DSR NUMBER: 951017
03. INSPECTION DATE: 3-21-95	04. WORK ACCOMPLISHED BY: <input type="checkbox"/> Contract <input checked="" type="checkbox"/> Force Account		05. PERCENT OF WORK COMPLETED TO DATE: 25
06. WORK CATEGORY ("✓" Applicable Box): <input checked="" type="checkbox"/> Emergency <input checked="" type="checkbox"/> Permanent <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input checked="" type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G			06A. PROCLAMATION NUMBER 95001
07. DAMAGED FACILITIES (Location, Identification and Description): MARANA HIGH SCHOOL SANDERS RD.			LATITUDE: N <u>32° 26'</u> LONGITUDE: W <u>111° 14'</u>

08. DESCRIPTION OF DAMAGE: **Water damage to north wall and lower level classrooms. 0.6 miles of road washed out.**

09. SCOPE OF PROPOSED WORK: **Remove and dispose of debris, rebuild north wall, replace desks, carpet and repaint. Clear road and right of way and rebuild road.**

10. ESTIMATED COST OF PROPOSED WORK

QUANTITY (a)	UNIT (b)	MATERIAL AND/OR DESCRIPTION (c)	UNIT PRICE (d)	COST (e)
200	TON	debris removal	10.50	2100-
100	TON	debris loading	6.50	1300-
900	Sq. Yard	carpet	23.00	20,700
365	units	student desks	91.00	33,215
1	-	repaint	4750.00	4,750
1	-	rebuild north wall	11,000.00	11,000
0.6	miles	rebuild road & right of way	1,300,000	780,000

11. EXISTING INSURANCE (Type): **Wind** AMOUNT: **100,000.00** TOTAL: **\$853,065.00**

12. RECOMMENDATION BY STATE INSPECTOR (Signature, Agency, Date): [Signature] Az Div. of Eng. Management 3-21-95		ELIGIBLE: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	ATTACHMENTS: 2
13. CONCURRENCE IN REPORT BY LOCAL INSPECTOR (Signature, Agency, Date): [Signature] Town Manager 3-21-95		ELIGIBLE: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	ATTACHMENTS:
14. REVIEWED BY STATE ENVIRONMENTAL OFFICER (Date): [Signature] Az. Div. of Eng Management 3-22-95		ENVIRONMENTAL CONCERNS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

DAMAGE SURVEY REPORT

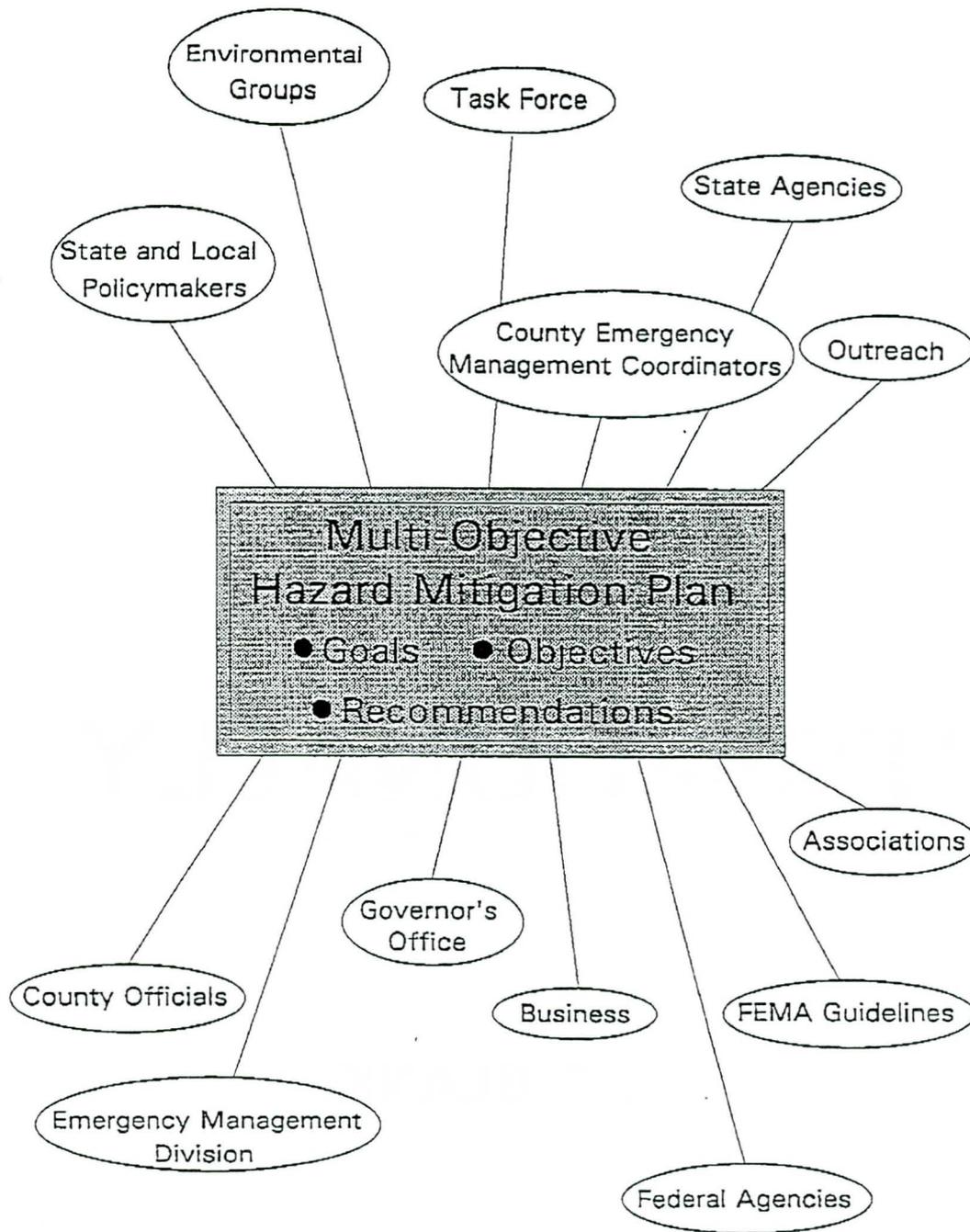
01. APPLICANT (State Agency, County, City, etc.):		P.A. NUMBER:		02. DSR NUMBER:	
INSPECTION DATE:		04. WORK ACCOMPLISHED BY: <input type="checkbox"/> Contract <input type="checkbox"/> Force Account		05. PERCENT OF WORK COMPLETED TO DATE:	
06. WORK CATEGORY ("✓" Applicable Box): <input type="checkbox"/> Emergency <input type="checkbox"/> Permanent <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G				06A. PROCLAMATION NUMBER	
07. DAMAGED FACILITIES (Location, Identification and Description):				LATITUDE: N _____ LONGITUDE: W _____	
08. DESCRIPTION OF DAMAGE:					
09. SCOPE OF PROPOSED WORK:					
10. ESTIMATED COST OF PROPOSED WORK					
QUANTITY (a)	UNIT (b)	MATERIAL AND/OR DESCRIPTION (c)	UNIT PRICE (d)	COST (e)	
11. EXISTING INSURANCE (Type):			AMOUNT:	TOTAL: \$	
12. RECOMMENDATION BY STATE INSPECTOR (Signature, Agency, Date):				ELIGIBLE: <input type="checkbox"/> YES <input type="checkbox"/> NO	ATTACHMENTS:
13. CONCURRENCE IN REPORT BY LOCAL INSPECTOR (Signature, Agency, Date):				ELIGIBLE: <input type="checkbox"/> YES <input type="checkbox"/> NO	ATTACHMENTS:
14. REVIEWED BY STATE ENVIRONMENTAL OFFICIER (Date):				ENVIRONMENTAL CONCERNS <input type="checkbox"/> YES <input type="checkbox"/> NO	

FEDERAL EMERGENCY MANAGEMENT AGENCY DAMAGE SURVEY REPORT - DATA SHEET		1. DECLARATION NO. FEMA- -OR-	2. DSR NO. 84254	SUPP TO DSR NO.							
PART I - PROJECT DESCRIPTION											
APPLICANT NAME/COUNTY			3. PA IDENTIFICATION NO.								
10. PROJECT TITLE			4. INSPECTION DATE	5. PROJECT NO.							
11. DAMAGED FACILITY			6. % COMPLETE	7. WORK ACCOM BY F C FC							
12. FACILITY LOCATION			8. FINAL OSR YES <input type="checkbox"/>	9. CATEGORY							
13. DAMAGE DIMENSIONS/DESCRIPTION/SCOPE OF ELIGIBLE WORK DIMENSIONS: DESC/SCOPE:											
14. INSP NO.	15. NAME OF FEDERAL INSPECTOR (Print)		16. AGENCY CODE	RECOMMENDATION Y N	ATTACHMENTS						
18. INSP NO.	NAME OF STATE INSPECTOR (Print)		AGENCY CODE	RECOMMENDATION Y N	ATTACHMENTS						
19. NAME OF LOCAL REPRESENTATIVE (Print)				CONCUR Y N	ATTACHMENTS						
PART II - ESTIMATED COST OF PROPOSED WORK											
ITEM	CODE	MATERIAL AND/OR DESCRIPTION (a)	UNIT OF MEAS (b)	QUANTITY (c)	UNIT PRICE (d)	COST (e)					
1											
2											
3											
4											
5											
6											
7											
8											
20. EXISTING INSURANCE			TYPE - F: \$ G: \$		21. TOTAL \$						
PART III - FLOODPLAIN MANAGEMENT/HAZARD MITIGATION REVIEW											
22. IN OR AFFECTS FLOOD- PLAIN OR WETLAND		23. FLOODPLAIN LOC		24. % DAMAGE		25. DISASTER HISTORY		26. LAND USE		27. FRM REC	
F W N		1 2 3 4 5		1 2 3 4		Y N U		U1 2 3 4 D1 2 3 4		1 2 3 4 5 6 7	
PART IV - FOR FEMA USE ONLY											
28. AMOUNT ELIG \$		29. ELIGIBLE Y N \$ V		30. SPECIAL CONSIDERATIONS			31. FLOODPLAIN REVIEW NO.			32. WORKSITE NO.	
33. INSURANCE COMMITMENT REQUIRED		F - Building: \$ Content: \$		G - Property: \$ Content: \$		34. DURATION (Years)		B - C:		P - C:	
35. COMMENTS/CHANGES											
FIRST REVIEW (Signature)				DATE		SECOND REVIEW (Signature)				DATE	

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HAZARD MITIGATION

Hazard mitigation reduces or eliminates the long-term impacts of natural hazards on life and property.

NATURAL HAZARDS are inevitable. Floods, wildland fires, earthquakes, tornadoes and other hazardous events are normal occurrences in the natural environments. **DISASTERS** and emergencies occur when human activity (e.g. farming) and the built environment (e.g. structures) clash with a natural hazard. Hazards cannot be managed but many disasters can be avoided or mitigated. An important task of local officials is to eliminate the impacts of the natural hazards on the individuals and property within their community.

After a disaster, repairs and reconstruction are often completed in such a way as to simply restore damaged property to its pre-disaster condition in an attempt to expedite the return to normalcy. However, such efforts often result in a cycle of damage, reconstruction, and repeated damage. Governments all over the country are now realizing that only effective hazard mitigation can break this cycle.

HAZARD MITIGATION PLANNING

States and local governments are now required to do mitigation planning as a condition of receiving Federal disaster assistance. Why? **It makes sense.** It has been proven over and over again that the impacts of natural hazards can be lessened and even eliminated by appropriate action taken well before the hazardous event. **The most effective way to ensure that this action takes place is the preparation and implementation of a comprehensive all-hazards mitigation plan.** The objective of mitigation planning is to encourage state and local governments to:

Local Role:

- ▶ Develop and maintain a systematic program to identify hazards;
- ▶ Monitor changes in hazard vulnerability; and
- ▶ Develop and implement strategies for reducing hazard vulnerability.

State Role:

- ▶ Prepare and implement State 409 Mitigation Plan
- ▶ Establish State Mitigation Team
- ▶ Assist in the development of local mitigation plans

Federal Role:

- ▶ Review State 409 Mitigation Plan
- ▶ Provide technical assistance to State for developing Section 409 Plans
- ▶ Provide and coordinate workshops for local mitigation planning

LOCAL HAZARD MITIGATION PLANNING WORKSHEET

A. *An evaluation of the natural hazards in the designated area.*

- List all natural hazards in the area.
- Designate areas affected by natural hazards on a map.
- On the same map, designate structures, infrastructure, and critical facilities affected by natural hazards.
- Collect information that documents disaster damages from past events.

B. *A description and analysis of the State and local hazard management policies, programs, and capabilities to mitigate the hazards in the area.*

- List existing programs and authorities that reduce or increase the community's vulnerability to natural hazards.
- Are hazard mitigation issues addressed in other community plans (e.g., a Comprehensive Plan, Floodplain Management Plan, Land Use Plan, or Capital Improvement Plan)?
- Who would be the most appropriate representatives on a local mitigation team (i.e., work with mitigation issues and have the energy and commitment)?
- Does the local mitigation officer have access to information that is valuable to mitigation planning (e.g., planning and zoning maps, assessor's data, etc.)?
- Does the local government have access to or produce a regularly scheduled mailing to its citizens (e.g. utility billings or a community newsletter)?
- What is the level of insurance in the community?
- Does the community have an emergency management "network"?

C. *Hazard mitigation goals and objectives and proposed strategies, programs and actions to reduce or avoid long-term vulnerability to hazards.*

- What important steps need to be taken to reduce future damages by natural hazards in the community?
- For areas with natural hazards, list potential solutions (short and long-term) that will reduce or eliminate the long-term impacts of the hazards.
- How can mitigation goals complement other community goals?
- How could future development in hazardous areas be prevented?

D. *A method of implementing, monitoring, evaluating, and updating the mitigation plan. Such evaluation is to occur at least on an annual basis to ensure that implementation occurs as planned and to ensure that the plan remains current.*

- How would the local mitigation plan be implemented (i.e., freestanding, or in conjunction with another plan)?
- How could the public be involved in the planning process?
- How would the plan be evaluated and updated?

HAZARD MITIGATION GRANT PROGRAM (HMGP)

Goal: To encourage the use of nonstructural, permanent floodplain management measures.

The Hazard Mitigation Grant Program (HMGP) was created with the passage of the Robert T. Stafford Act in November of 1988. This program, authorized by Section 404 of the Act, provides states and local governments financial assistance to implement measures that will permanently reduce or eliminate future damages and losses from natural hazards. HMGP funds are available only after a Federally Declared Disaster.

In December 1993 the President signed the Hazard Mitigation and Relocation Assistance Act. This increased the Federal cost share to a maximum of 75 percent for those project approved for funding. It also increased the amount of money available through HMGP to 15 percent of all disaster costs.

Eligible projects must be cost-beneficial, permanently solve a problem or be part of a solution to a problem and be identified as part of the State and local hazard mitigation plans. The mitigation planning process is a condition of receiving Federal disaster assistance. Ineligible projects include activities and equipment for the purpose of improving response, routine maintenance, and major structural flood control projects such as dams, levees, dikes, and groins. In almost every case, those projects that are underway or have been completed are not eligible.

FLOOD MITIGATION ASSISTANCE PROGRAM

Goal: To fund cost-effective measures that reduce or eliminate the long-term risk of flood damage to buildings, manufactured homes, and other structures insured through the National Flood Insurance Fund.

Congress authorized significant new mitigation opportunities with the passage of the National Flood Insurance Act of 1994 which authorized the new Flood Mitigation Assistance Program (FMAP). The FMAP provides three types of grants: 1) Grants for Planning Assistance to assist State and communities develop flood mitigation plans; 2) Grants for Project implementation to fund eligible flood mitigation projects; 3) Grants for technical assistance for States to assist applicants in applying for the program or in implementing approved projects. An approved Flood Mitigation Plan is required prior to receiving a grant for project implementation.

Grants will be competitive among States in each FEMA Region. Grants for Planning Assistance will be awarded quarterly throughout the fiscal year. Grants for technical assistance will be awarded as they are requested by the State. Grants for project implementation will be awarded on an annual cycle, at the end of the fiscal year. Projects will be ranked on whether they are a long-term solutions to a flood problem, reduce claims from repetitive loss or substantially damaged structures, and are cost-beneficial.

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ENVIRONMENTAL CONSIDERATIONS

NEPA

NATIONAL ENVIRONMENTAL POLICY ACT

This policy act of 1969, as amended, establishes environmental responsibilities so that programs authorized, funded or carried out are Administered in an environmentally sound manner.

Generated Actions

- An environmental review is conducted on every proposed project consistent with state and federal regulations.
- Applicants for funding assistance may be required to provide information or assistance to facilitate the review process.
- Funding for any proposed project will not be approved until the environmental review process has been completed and the required permits issued.

Laws Impacting

- National Historic Preservation Act of 1966. Administered by the State Historic Preservation Office. Section 106 imposes regulations for the preservation and protection of archaeological resources and historic properties.
- Endangered Species Act of 1973. Administered by the U.S. Fish and Wildlife Service. The act imposes regulations for the conservation of endangered and threatened species and prohibits authorizing, funding or carrying out any action that would jeopardize a listed species or its habitat.
- Clean Water Act. Administered by the U.S. Army Corps of Engineers. Section 404 governs disposal of dredged or fill material within "waters of the United States".

Permit Process

- When the Damage Survey Report is written, the inspector will assess the environmental impact and complete an environmental checklist as part of the DSR.
- The Damage Survey Report and the environmental checklist are reviewed by the State Environmental Officer.
- If permit action is required, the applicant is advised and assisted by the State Environmental Officer throughout the permit process.

State Agencies Involved

- Department of Environmental Quality
- Arizona Department of Game and Fish
- A permit requirement may develop from other Agencies.
- Division of Emergency Management

The following facing illustrates a typical environmental checklist.

ARIZONA DIVISION OF EMERGENCY MANAGEMENT
Environmental Review Checklist

Project Title: _____ P.A.# _____ DR# _____

Permits (if more than one) _____

Legal Description: Township: _____ Range: _____ Section: _____ Latitude: N _____ Longitude: W _____

Part A - Environmental Concerns/Extraordinary Circumstances

> Check YES or NO for each question below. Indicate a "MAYBE" response by checking both YES and NO.
Explain each YES or MAYBE response in Comment space below:

PROPOSED PROJECT/ACTION INVOLVES:

[YES] [NO]

- 1. Has project been relocated from its original predisaster location [] []
- 2. Toxic or any other hazardous materials [] []
- 3. Special status land (wilderness/roadless area etc.) [] []
- 4. Unique geologic or physical features, or unstable soils or steep slopes [] []
- 5. Project may be controversial or affect many people [] []
- 6. Endangered/threatened species or habitat [] []
- 7. Building over 50 years old or in historic district [] []
- 8. Archeological resources, relics, or any human remains [] []
- 9. Native American lands/treaty rights [] []
- 10. Impact on other important resources not listed above [] []
- 11. Any other concern about project [] []

Part B - Air and Water Quality Concerns

PROPOSED PROJECT/ACTION INVOLVES:

- 1. Discharge of dredged or fill materials into "waters of the United States" [] []
- 2. Adverse impact to water quality [] []
- 3. Adverse impact on air quality (odor, emissions, temperature) [] []
- 4. Activity requires federal, state or other permits [] []

Comments: _____

Environmental Reviewer _____ DSR Inspector _____

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ACCOMPLISH ELIGIBLE WORK

Work completion is required within the specified time period and prior to final inspection, audit or payment.

A record of work completion by DSR is an essential part of your documentation.

The facing page is a suggested summary format.

DAMAGE SURVEY REPORT STATUS

SHEET 1 OF 1

APPLICANT: <u>FLAGSTAFF</u>					DECLARATION NUMBER: <u>95003</u>	
DSR NO.	DESCRIPTION	COMPLETION DATES				REMARKS
		25%	50%	75%	100%	
953017	REBUILD BRIDGE	3-10-95	5-2-95			
953019	REMOVE SNOW				3-15-95	OVERTIME PRODUCED COST OVERRUN
953020	REPAIR WATER LINE				3-13-95	
SAMPLE						

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DOCUMENTING ELIGIBLE WORK COSTS

DSR SUMMARY

Complete and detailed documentation is the key to reimbursement for all eligible costs.

Most differences between claimed costs and reimbursement occur when local governments do not provide adequate documentation.

The facing page is a suggested format for documentation and may be used as support for your claim.

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REQUEST FOR FUNDS

State Proclamation

Request for Payment

The facing sample form is completed by the Applicant as a request for funds and Final Inspection.

The form is provided by the Division of Emergency Management.

Information may be typed or handwritten.

The applicant's representative will certify the document by signing and dating the form.

Federal Declaration

FEMA P.4 Report

The form is computer generated and provided by the Division of Emergency Management. Included are all Damage Survey Reports written for the listed applicant.

The Applicant will be required to complete only those sections of the form under the Columns headed:

- ACTUAL DATE COMPLETED
- AMT. CLAIMED BY APPLICANT
- COMMENTS

Information may be typed or handwritten.

The applicants representative will certify the document by signing and dating the form.

P-4 Reports or Requests for Funds may be submitted as individual DSR's are completed. If you submit for less than all the DSR's on a given page, retain copies of the DSR listing sheet and the certification sheet for later use.

ARIZONA DIVISION OF EMERGENCY MANAGEMENT

Request for Payment

96002

GRAHAM COUNTY

009-00000

Proclamation #

Applicant

P.A.#

Instructions for Applicant's Authorized Representative:

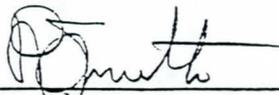
Enter % Complete, Date Complete and Amount Requested; Sign and Date where indicated; Attach substantiating documents which are clearly identified by corresponding DSR #; mail to:

Arizona Division of Emergency Management
5636 E. McDowell Road
Phoenix, AZ 85005

DSR Number	Eligible Amount	% Complete	Date Complete	Amount Requested	DSR Number	Eligible Amount	% Complete	Date Complete	Amount Requested
962132	7,000	50	-	\$ 4000					\$
962162	2,500	100	3-4-96	\$ 2500					\$
962167	4,300	100	3-5-96	\$ 4300					\$
				\$					\$
				\$					\$
				\$					\$
				\$					\$
				\$					\$
				\$					\$
				\$					\$
				\$					\$
				\$					\$
				\$					\$
				\$					\$

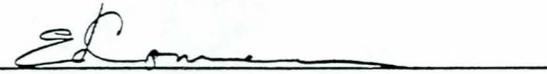
I hereby certify that all costs claimed hereon are eligible in accordance with A.R.S. 35-192, as amended, and all work claimed is complete as shown.

I certify that all funds were expended in accordance with the provisions of A.R.S. 35-192, as amended, and recommend payment of



(Applicant's Authorized Representative)

\$ 10,800



(Program Manager)

3-16-96

(Date)

3-20-96

(Date)

Note: This form is all that is necessary to request payment. Letters are NOT required. Certified Mail NOT necessary.

DATE: 10/03/95
TIME: 04:29PM

PAGE: 1

FEDERAL EMERGENCY MANAGEMENT AGENCY
P.4 - PROJECT LISTING
PROJECT COMPLETION AND CERTIFICATION REPORT
DISASTER #: 0977

P.A. ID: 009-62000 APPLICANT: SAFFORD, CITY OF
STATE: ARIZONA

DSR #	SUPP	CAT	ELIG	ACCOMP BY	WORK PROJECT COMPL DT	APPROVED DSR AMOUNT	% COMPL AT INSP	ACTUAL DT COMPLETED	AMT. CLAIMED BY APPLICANT	COMMENTS
50469	13	C	Y	FORCE ACCT	10/20/95	\$20,522.00	99	11/2/95	20522.00	See attached billings
SUPPLEMENT TO DSR: 51087 WORKSITE NUMBER: 51087 PROJECT TITLE: AGGREGATE ROAD WASHOUT DAMAGE FACILITY: SONITA CANYON ROAD DAMAGE LOCATION: CR, SONITA CREEK CANYON FROM SANCHEZ ROAD TO WELL CLUSTER APPROXIMATELY MILES PROJ DESCRIPTION: THIS DSR COVERS ACTUAL COSTS FOR ROAD REPAIR OF THE SONITA CANYON ROAD. THE SCOPE OF WORK IS INCREASED TO COVER APPROXIMATELY 17.5 MILES OF CANYON ROAD MAINTENANCE ON A CONTINUAL BASIS FOR RESTORATION OF THE SONITA CREEK WATER SUPPLY SYSTEM. COMMENTS: SUP TO DSR 51087.										
50472	13	F	Y	FORCE ACCT	07/26/95	\$262,143.00	100	7/26/95	262,143.00	
CONTRACT SUPPLEMENT TO DSR: 51092 WORKSITE NUMBER: 51092 PROJECT TITLE: WATER SUPPLY SYSTEM DAMAGE FACILITY: SONITA CREEK GALLERY DAMAGE LOCATION: CR, SONITA CREEK CANYON PROJ DESCRIPTION: THIS DSR COVERS COST INCREASES FOR PRE-APPROVED CHANGES IN THE SCOPE OF WORK FOR THE GALLERY SYSTEM RESTORATION. THE CHANGE IN THE SCOPE INCLUDED A SIZE INCREASE OF THE GALLERY AND AFTER GALLERY TRANSMISSION LINES FROM 18" TO 24"; RELOCATION OF THE AFTER GALLERY TRANSMISSION LINE FROM THE STREAM BED TO THE CANYON WALL; AND PLACING THE GALLERY BELOW THE STREAM BED SCOUR LINE. THESE CHANGES WERE DEEMED MOST COST EFFECTIVE. COMMENTS: SUP TO DSR 51092/79898/91339/68998/64983/12770.										

PAGE: 3

FEDERAL EMERGENCY MANAGEMENT AGENCY
P.4 - PROJECT LISTING
PROJECT COMPLETION AND CERTIFICATION REPORT
DISASTER #: 0977

P.A. ID: 009-62000 APPLICANT: SAFFORD, CITY OF
STATE: ARIZONA

INSTRUCTIONS
FOLLOWING COMPLETION OF ALL WORK, COMPLETE THE LAST THREE COLUMNS, THE CERTIFICATION, AND RETURN THIS SHEET TO:

MICHAEL AUSTIN
ARIZONA DIVISION OF EMERGENCY MANAGEMENT
3636 E. McDOWELL
PHOENIX
AZ 85005
ATTN: KUCH FOWLER

CERTIFICATION
I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL WORK AND COSTS CLAIMED ARE ELIGIBLE IN ACCORDANCE WITH THE GRANT CONDITIONS, ALL WORK CLAIMED HAS BEEN COMPLETED, AND ALL COSTS CLAIMED HAVE BEEN PAID IN FULL.

I CERTIFY THAT ALL FUNDS WERE EXPENDED IN ACCORDANCE WITH THE PROVISIONS OF THE FEMA-STATE AGREEMENT AND I RECOMMEND AN APPROVED AMOUNT OF \$_____

SIGNED: [Signature]
APPLICANT'S AUTHORIZED REPRESENTATIVE

DATE: 1-7-96

[Signature]
GOVERNOR'S AUTHORIZED REPRESENTATIVE

DATE: 1-16-96

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INSTRUCTIONS FOR FINAL INSPECTION REPORT (FIR)

This report is the responsibility of the Arizona Division of Emergency Management (ADEM) and is shown for your information only.

The following instructions refer to the sections of the sample Final Inspection Report (FIR) on the facing page.

- **PROCLAMATION NO:** This is the State emergency control number.
- **APPLICANT:** This is the official name of the applicant (do not abbreviate).
- **PROJECT APPLICATION NO:** This is the subgrantee's assigned identification number.
- **FIR PARTIAL:** Check this space for partial final inspection reports.
- **FIR FINAL:** Check this space if this is a complete final inspection report covering all approved DSRs or if it includes all DSRs (both large and/or small) not previously finalized.
- **CATEGORY:** This is the category of the DSR. List categories in alphabetical order "A" through "G" followed by the 5 digit DSR number in numerical order.
- **DSR NUMBER:** This is the Disaster Survey Report number.
- **DATE COMPLETED:** Enter the date that the applicant completed the repair or restoration work. On contract work, this will be the date the work was accepted from the contractor, not the date of the last billing or final payment. On force account work, the date will be the last day with a labor charge against the project. We do not want the date of the final paid billing.
- **DATE INSPECTED:** This is the date of the inspectors on-site inspection of the completed work.

Projects that were 100% complete when the DSR was written do not require field inspection.

If an on-site inspection was not made, insert NI (Not Inspected).
- **APPROVED AMOUNT:** This is the approved DSR amount.
- **CLAIMED COST:** This is the applicant's claimed cost for the DSRs.
- **FIR ELIGIBLE COSTS:** This is the cost the inspector finds eligible after review of all pertinent documentation.
- **REMARKS:** Use this column to indicate when there are narratives written on specific DSRs.

The form must be signed by the State Inspector, the local Representative and the ADEM reviewer.

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AUDIT CLAIM

The law requires that each claim be audited. This is a state responsibility.

Complete and detailed documentation helps assure a satisfactory audit and prompt payment.

The facing page is a typical audit report.

Following the typical audit report is an outline of auditor checks and actions.



STATE OF ARIZONA
 Department of Emergency And Military Affairs
 3636 EAST McDOWELL ROAD
 PHOENIX, ARIZONA 85044
 TELEPHONE
 (602) 542-6700
 AUTODIAL 888-708



THE ADJUTANT GENERAL
 MR DONALD L. WYNN
 DIRECTOR

September 25, 1991

Mr. William D. Lockwood, Director
 Arizona Division of Emergency Services
 5636 E. McDowell Rd.
 Phoenix, AZ 85008

Re: Arizona State Parks - ENE99AT

Dear Mr. Lockwood:

On August 10, 1989 Former Governor Rose Mofford declared a State of Emergency to exist in Yuma County due to heavy rainfall and heavy winds. Former Governor Mofford and the Emergency Council directed that the sum of \$308,665.04 be made available in accordance with established emergency procedures.

We have examined the records of Arizona State Parks an applicant under this emergency at Yuma Territorial Prison, Yuma, Arizona for the period of July 27, 1989 to August 8, 1989. Our examination was made in accordance with generally accepted audit standards and included all verification considered necessary. This included examination of invoices, claims and material contracted.

The Arizona State Parks reported expenditures in the amount of \$1,028.00 in connection with the emergency. Our examination disclosed eligible cost of \$1,028.00 with an advance of \$778.60 as shown in Schedule I, Summary of Project Costs, attached.

As part of our examination, we determined the eligibility of items expended pursuant to the Arizona Revised Statutes 35-192, Arizona Compilation of Rules and Regulations R8-2-33 to 39, and Executive Order 79-4.

Respectfully submitted,

Dann D. Creighton

Dann D. Creighton
 Program Compliance Audit Supervisor

DCC/db

cc: 1 - Division of Emergency Services
 1 - Richard Libengood, Applicant Agent
 1 - TAG

SCHEDULE I

SUMMARY OF PROJECT COSTS

STATE EMERGENCY FUND - ENE99AT

ARIZONA STATE PARKS

GOVERNOR'S PROCLAMATION - AUGUST 10, 1989

CATEGORY	State Approved Cost	Applicant Claimed Cost	Audit Cost
I-Other			
0001	\$1,028.00	\$1,028.00	\$1,028.00
Less State Advances			778.60
Balance Due Applicant			\$ 249.40

AUDIT PROCESS OUTLINE

FORCE LABOR:

- Data should be recorded on a "Force Account Labor Record" form, supported by employee time cards or other documents recording date and hours worked.
 - Payroll information is verified from the following information:
 1. Hourly rate of pay (reg. & O/T)
 2. Applicable O/T policy.
 3. Hours worked.
 4. Payment.
 5. Title or position.
 - This information is usually attained from a payroll distribution report which also shows employee deductions. The deductions will be compared to company paid benefits (group health, etc).
 - All applicable and eligible company expenses are verified:
 1. FICA.
 2. State Unemployment.
 3. Federal Unemployment.
 4. Workers Compensation.
 5. Retirement.
 6. Medical and Dental (Employee only)
 7. Life insurance.
 - This is verified by reviewing actual invoices and payments showing the expense for each employee or category.
NOTE: These benefits rates are employee related only and should not include dependents. (They are deducted if included)
- In some cases the applicant may include a percentage based upon company paid vacations, holidays and sick days.

Applicable company policies will be reviewed and calculations verified.

EQUIPMENT (APPLICANT OWNED)

- Data should be recorded on a "Force Account Equipment Record" form.
 1. Hourly rates are checked with the published approved FEMA rate schedule or the local guidelines established by the applicant and approved by FEMA.
 2. Equipment hours are correlated with force labor (operator) hours. (Equipment hours can not exceed operator hours)
- If the type of equipment used is not on FEMA's list we do a comparative analysis using local rental rates or manufacturers suggested rates or a combination.

EQUIPMENT (RENTED)

- Data should be recorded on a "Rented Equipment Record" form.
- The following items will be reviewed:
 1. Rental agreements for exclusions and inclusion such as cost for operator, fuel, maintenance, etc. Applicable documents should be included to cover any additional costs such as fuel receipts, etc.
 2. Copy of invoice and proof of payment.
- If Force Labor was used see #2 under applicant owned.
- If from another Public Agency, #1 under applicant owned would apply.

- **AUDIT PROCESS - CONTINUED**

MATERIALS (PURCHASED)

- Data should be recorded on a "Material Record" form.
 1. A copy of invoices with supporting documents including description, quantity, unit price and location of usage.
 2. Proof of payment.

MATERIAL (FROM STOCK)

- Data should be recorded on a "Material Record" form.
 1. A copy of invoices replacing stock or a copy of invoices that would support the original purchase.
 2. Proof of payment is needed for both.

CONTRACTS

- Data should be recorded on a "Contract Work Record" form.
- To verify completion of contract work, the following items are reviewed:
 1. The bidding process based on the State Procurement Procedure:

> to \$1,000	No bid required
> \$1,00 to \$5,000	3 oral or 3 written bids
> \$5,000 to \$10,000	3 written bids
> over \$10,000	Formal bid procedures which includes advertising, recording bids received and a contract.
 2. Copy of invoice cross referenced to the contract.
 3. Proof of payment.

NOTES:

- Bid procedures do not apply to emergency categories A and B.
- Cost-plus-percentage of cost (CPPC) contracts are ineligible.
- Contingency clauses based on reimbursement are ineligible.
- Salvage value (reusable material) should be identified.

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REIMBURSE ELIGIBLE COSTS

The Arizona Division of Emergency Management will develop an appropriate warrant and forward it to the applicant.

The facing page is a typical payment letter.



FRANK SYMINGTON
GOVERNOR

STATE OF ARIZONA
Department of Emergency And Military Affairs
5638 EAST McDOWELL ROAD
PHOENIX, ARIZONA 85008-3495
(602) 267-2700 DSN: 563-2700



THE ADJUTANT GENERAL
MAJ. GEN. GLEN W. VAN DYKE
DIRECTOR

April 24, 1996

CERTIFIED MAIL

Carmen Corso, Director
Applicant's Agent
Gila County
1400 E. Ash Street
Globe, AZ 85501

Re: PCA 95007; Statewide Flood Emergency
Gila County

Dear Mr. Corso:

In response to your request of April 16, 1996, enclosed is State warrant number 2395054 in the amount of sixty-three thousand, nine hundred eighty and 25/100 dollars (\$63,980.25). This disbursement represents payment for eligible costs incurred under the referenced emergency.

A final inspection has been completed and a state audit will be conducted.

Sincerely,

Hugh Fowler
Public Assistance Officer

HF:lb

Enclosure

THIS SECTION
RESERVED FOR
FUTURE USE