## PNP COST WORKSHEET

Page 2 of \_\_\_\_\_ Pages

PNP ACF #: S	tate Disaster	Number: _				
PNP Applicant:	Cal EMA ID #:					
DESCRIPTION	Quantity	Unit of Measure	Unit Price	COST		
LABOR						
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EQUIPMENT	l	<u> </u>				
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DONATED RESOURCES (include only those defined the second s	ned in Sectio	on 2995(b)	)			
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Othor Comments				-		
Other Comments:				+		
		TOTAL	COST	\$		
Cal EMA DAPS PNP Authorize	ad Agent		CMA PM Revi			

INITIALS PNP Authorized Agent Cal EMA PM Reviewer

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## California Emergency Management Agency



PNP Activities Claim Form (PNP ACF)

STATE	DISASTER	R NUMBER:	
DIALE		CITOMIDEIC.	

Cal EMA ID NUMBER:

STATE INCIDENT PERIOD: (From) (To)

TYPE OF DISASTER: [ ] Earthquake or [ ] Flood/Winter Storm or [ ] Fire

[ ] Other (Please Specify Type):

## SUPPLEMENT TO CDAA PNP ACF #:

PNP APPLICANT NAME:				
ACTIVITY SITE ADDRESS OR DI	GPS	Coordinates:		
DESCRIBE ACTIVITY PROVIDE	O AND COMPLETE THE ATTACHED PNI	COST WORKSHEET:		
Activities Start Date	Activities End Date	_		
If Intermediary PNP, copy of Agreement with	Local Agency Attached? Yes	[ ] No [ ]		
This claim is part of an Intermediary PNP cla				
Written request for assistance is attached?	Yes			
This claim is part of sustained operations?	Yes	[ ] No [ ]		
	Total from Cost Worksheet:	TOTAL COSTS \$:		\$
PNP/Intermediary Authorized Agent	PNP/Intermediary Authorized Agent Signature	Concur with Activities Described?	Yes [ ]	No [ ]
		Contact Telephone Number:	( )	
		Activities Described Herein are 100%	% Complete?	
Name of Local Agency Representative	Representative's Signature	Concur with Activities Described?	Yes [ ]	PNP Initials No [ ]
g, -1		Contact Telephone Number:	( )	
		_	,	
V CONTRACTOR	G 17751 D 179 G	Activities Described Herein are 100%	6 Complete?	Local Rep Initials
Name of Cal EMA DAPS	Cal EMA DAPS Signature	Date of PNP ACF Submission to AC:		
		Recommend Eligible?	· Yes[]	No [ ]
Name of Cal EMA Program Manager	Cal EMA Program Manager Signature	Date Reviewed:	100[]	110[]
		D 157 31 9	V [ ]	N
		Recommend Eligible?	Yes [ ]	No [ ]
Cal EMA Public Assistance Officer	Cal EMA PAO Signature	[ ] See attachment	Approved?	Yes [ ] No [ ]
		explaining changes or denial	Amount \$:	