

FEMA Public Assistance COVID-19 Contracts Report

Instructions: Applicants should complete one form for each PA COVID-19 project application. Please use additional sheets if needed.

Section I – Project Application Information			
Declaration #:	Applicant Name:	FEMA PA Code:	Applicant-Assigned Project Application #:

Section II – Contract Information									
Instructions: Applicants must complete this section to provide contract information for contract costs reported on the project application indicated in Section I of this form.									

1. CONTRACT INFORMATION										
Name of Contractor	Contractor EIN	Contract Award Date	Contract Start Date	Contract End Date	Was the contract awarded through a competitive bidding process?	If not competitively bid, please provide justification. Please select one of the following and write in the box below:	Type of Contract <i>Please select one of the following options and write in the box below:</i>	Scope of Contract <i>For example, construction of temporary facility or emergency medical transport.</i>	Total Contract Award <i>Please indicate dollar amount.</i>	Amount requested for funding on this project application <i>Please indicate dollar amount.</i>
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Only available from single source <input type="checkbox"/> Public exigency or emergency <input type="checkbox"/> FEMA authorized <input type="checkbox"/> Recipient authorized <input type="checkbox"/> Inadequate competition <input type="checkbox"/> Other:	<input type="checkbox"/> Fixed price <input type="checkbox"/> Cost-reimbursement <input type="checkbox"/> Time and materials <input type="checkbox"/> Cost-plus % of cost <input type="checkbox"/> Other:			
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Only available from single source <input type="checkbox"/> Public exigency or emergency <input type="checkbox"/> FEMA authorized <input type="checkbox"/> Recipient authorized <input type="checkbox"/> Inadequate competition <input type="checkbox"/> Other:	<input type="checkbox"/> Fixed price <input type="checkbox"/> Cost-reimbursement <input type="checkbox"/> Time and materials <input type="checkbox"/> Cost-plus % of cost <input type="checkbox"/> Other:			
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Only available from single source <input type="checkbox"/> Public exigency or emergency <input type="checkbox"/> FEMA authorized <input type="checkbox"/> Recipient authorized <input type="checkbox"/> Inadequate competition <input type="checkbox"/> Other:	<input type="checkbox"/> Fixed price <input type="checkbox"/> Cost-reimbursement <input type="checkbox"/> Time and materials <input type="checkbox"/> Cost-plus % of cost <input type="checkbox"/> Other:			
TOTAL										

2. CERTIFICATION		
<i>I certify that the above information is accurate and was obtained from documents that are available for audit.</i>		
Applicant Authorized Representative	Title	Signature