State of California
California Emergency Management Agency

List of Projects

Disaster Number _____

APPLICANT:_____ DATE COMPLETED:_____

CONTACT NAME AND PHONE NUMBER: _____ IS THIS AN AMENDED LIST OF PROJECTS? _____

ITEM #	LOCATION	DESCRIPTION OF DAMAGE AND SCOPE OF WORK	COST ESTIMATE	CATEGORY*	WAS WORK COMPLETED BY FORCE ACCT. **(FA)**, CONTRACT **(C)** OR BOTH **(F/C)**?	ENTER **"ENV"** IF THERE ARE ENVIRONMENTAL ISSUES OR **"HIST"** FOR HISTORIC ISSUES, OR BOTH	WAS THERE INSURANCE COVERAGE? IF YES, ENTER DEDUCTIBLE AMOUNT	WAS THE FACILITY DAMAGED IN A PRIOR DISASTER(S)? IF YES, ENTER DISASTER NAME(S) OR NUMBER(S	ARE THERE COST EFFECTIVE HAZARD MITIGATION MEASURES THAT MAY PREVENT FUTURE DAMAGE?
			$				$		
			$				$		
			$				$		
			$				$		
			$				$		
			$				$		
			$				$		
			$				$		

*CATEGORY: A) Debris Clearance; B) Protective Measures; C) Road System; D) Water Control Facility; E) Buildings and Equipment; F) Public Utility System; G) Other. (Note: if a single site has more than one category, indicate the category that represents the majority of damage.)