

Texas Wildfires
FEMA DR-1999-TX

TEXAS DIVISION OF
EMERGENCY MANAGEMENT

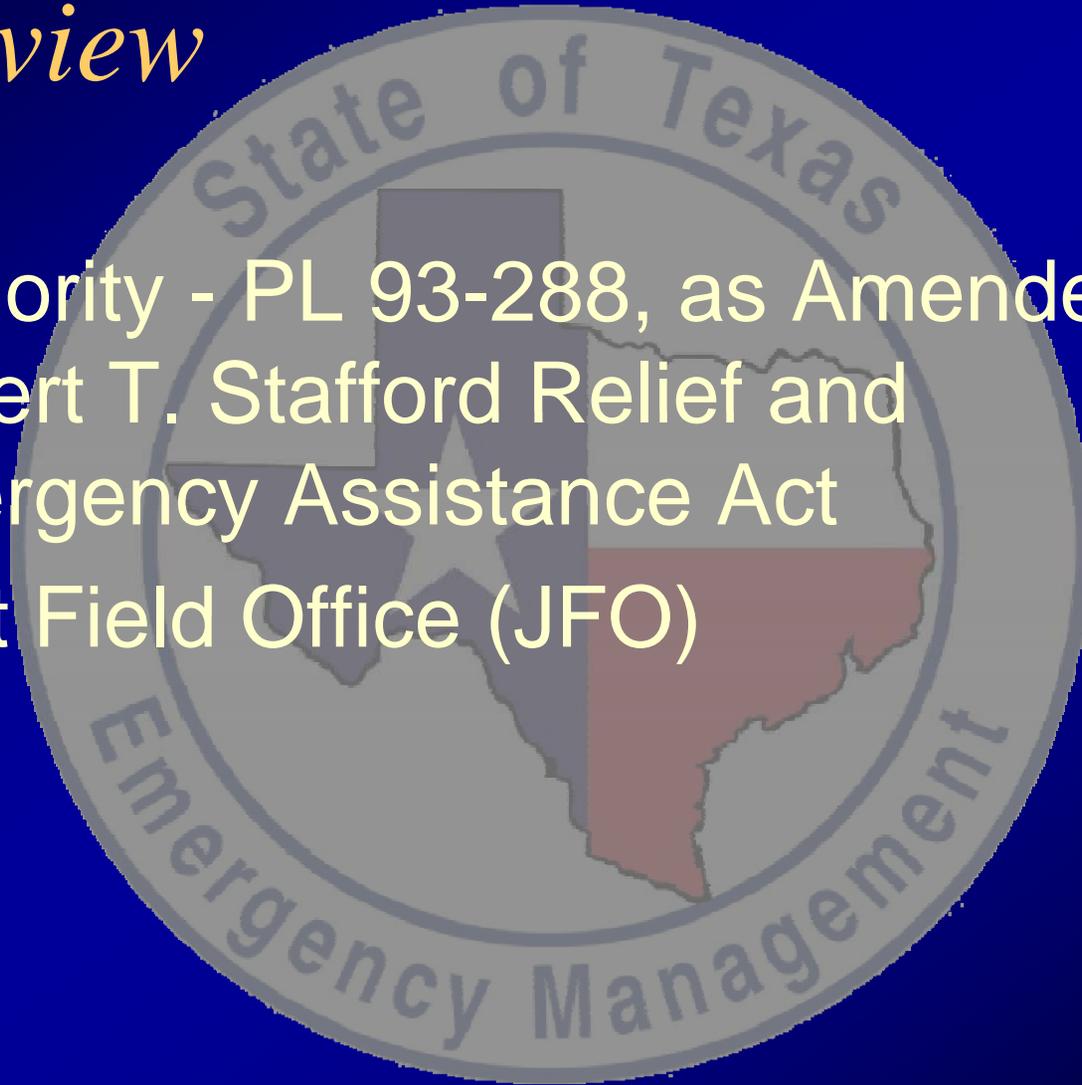
Applicant's Briefing

What is the Public Assistance Program?

The Public Assistance Program is a reimbursement program that provides funding on a percentage basis to eligible applicants who have suffered damages as a result of a Presidential declared disaster and whose damages are within an area authorized for Public Assistance. Funding under this program is limited to repairing or restoring damaged items/facilities to their pre-disaster condition and will only be provided once all other means of funding have been exhausted.

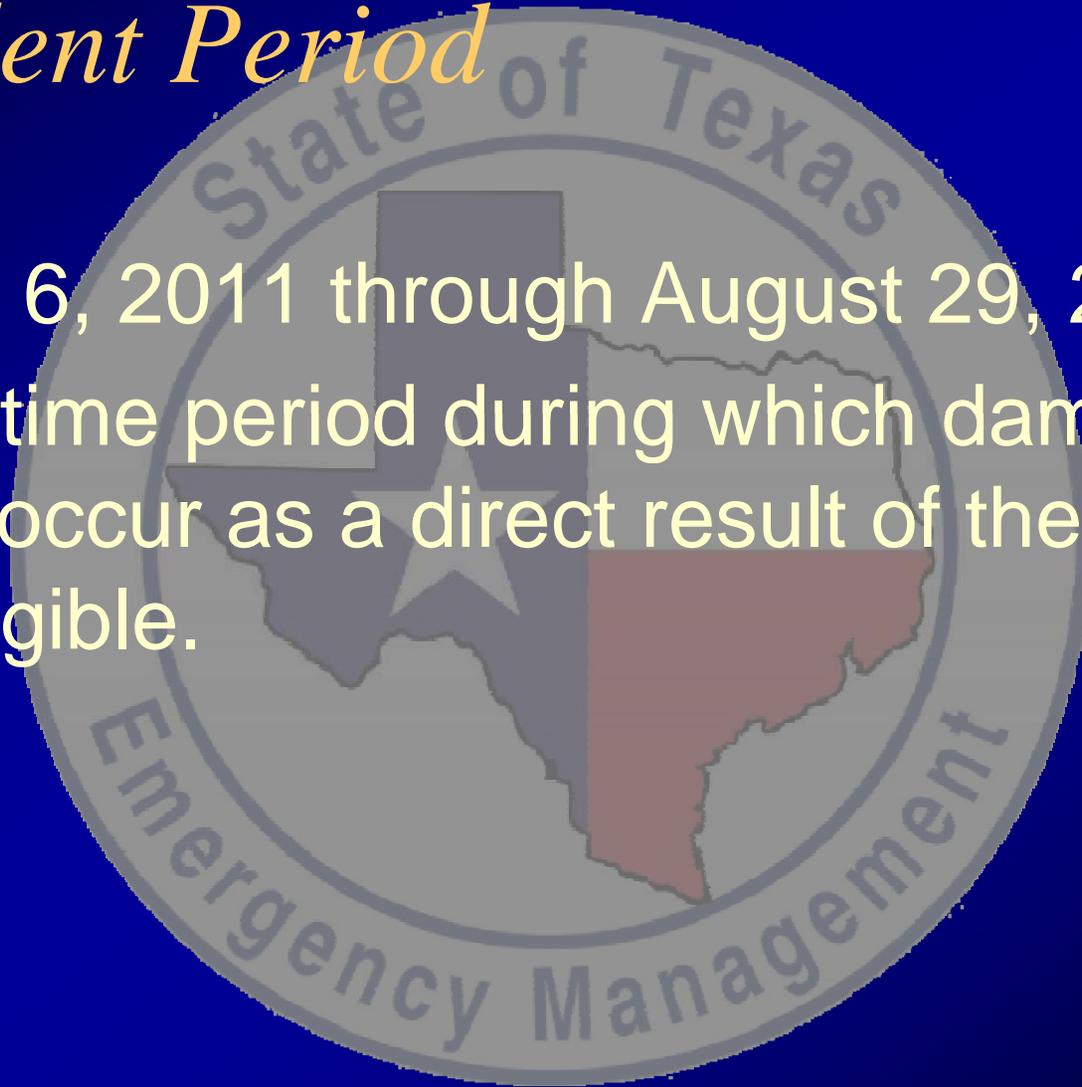
Overview

- Authority - PL 93-288, as Amended, Robert T. Stafford Relief and Emergency Assistance Act
- Joint Field Office (JFO)



Incident Period

- April 6, 2011 through August 29, 2011
- The time period during which damages that occur as a direct result of the fires is eligible.



Who is an eligible applicant?

- State Agencies and Authorities
- Local Governments
- Private and Non-Profit Organizations
 - Critical Service PNPs
 - Non-Critical Service PNPs
- Indian Tribes or Tribal Organizations

Critical and Non-Critical PNPs

Must have IRS 501 or State Charter / Articles of Incorporation as PNP
Open to the General Public

- **Critical Service PNPs**

- Educational
- Power
- Water
- Sewer and Wastewater Treatment
- Communications
- Emergency Medical Care
- Fire Protection/Emergency

- **Non-Critical PNPs**

- Custodial Care
- Essential Governmental Service
- Museums
- Zoos
- Community Centers
- Libraries
- Homeless Shelters
- Senior Citizen Centers
- Rehabilitation Facilities
- Shelter Workshops
- Health & Safety Service of a Governmental Nature

Request for Public Assistance (RPA)

http://www.txdps.state.tx.us/dem/documents/dr_pa_forms/dr_rpa.pdf

Must be Submitted
Within 30 Days of
a County's
Designation

DUNS #

DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY REQUEST FOR PUBLIC ASSISTANCE				O.M.B. NO. 1660-0017 Expires April 30, 2013	
PAPERWORK BURDEN DISCLOSURE NOTICE					
Public reporting burden for this form is estimated to average 10 minutes. Burden means the time, effort and financial resources expended by persons to generate, maintain, disclose, or to provide information to us. You may send comments regarding the burden estimate or any aspect of the collection, including suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472, Paperwork Reduction Project (OMB Control Number 1660-0017). You are not required to respond to this collection of information unless it displays a valid OMB number. NOTE: Do not send your completed questionnaire to this address.					
APPLICANT (Political subdivision or eligible applicant)				DATE SUBMITTED	
COUNTY (Location of Damages. If located in multiple counties, please indicate)				DUNS NUMBER	
APPLICANT PHYSICAL LOCATION					
STREET ADDRESS					
CITY		COUNTY		STATE	ZIP CODE
MAILING ADDRESS (if different from Physical Location)					
STREET ADDRESS					
POST OFFICE BOX		CITY		STATE	ZIP CODE
Primary Contact/Applicant's Authorized Agent			Alternate Contact		
NAME		NAME			
TITLE		TITLE			
BUSINESS PHONE		BUSINESS PHONE			
FAX NUMBER		FAX NUMBER			
HOME PHONE (Optional)		HOME PHONE (Optional)			
CELL PHONE		CELL PHONE			
E-MAIL ADDRESS		E-MAIL ADDRESS			
PAGER & PIN NUMBER		PAGER & PIN NUMBER			
Did you participate in the Federal/State Preliminary Damage Assessment (PDA)? <input type="checkbox"/> YES <input type="checkbox"/> NO					
Private Non-Profit Organization? <input type="checkbox"/> YES <input type="checkbox"/> NO					
If yes, which of the facilities identified below best describe your organization? _____					
Title 44 CFR, part 206.221(e) defines an eligible private non-profit facility as: "... any private non-profit educational, utility, emergency, medical or custodial care facility, including a facility for the aged or disabled, and other facility providing essential governmental type services to the general public, and such facilities on Indian reservations." Other essential governmental service facility means museums, zoos, community centers, libraries, homeless shelters, senior citizen centers, rehabilitation facilities, shelter workshops and facilities which provide health and safety services of a governmental nature. All such facilities must be open to the general public.*					
Private Non-Profit Organizations must attach copies of their Tax Exemption Certificate and Organization Charter or By-Laws. If your organization is a school or educational facility, please attach information on accreditation or certification.					
OFFICIAL USE ONLY: FEMA - _____ -DR- _____ - _____ FIPS# _____ DATE RECEIVED _____					

FEMA Form 90-49 AUG 10

REPLACES ALL PREVIOUS EDITIONS

Designation of Applicant's Agent Form (DAA)

http://www.txdps.state.tx.us/dem/documents/dr_pa_forms/dr_app_agent.pdf

Must be Submitted
And signed in blue
Ink at the bottom of
The page

DESIGNATION OF APPLICANT'S AGENT - FEMA 1931 DR TX			
PUBLIC ASSISTANCE			
Texas Department of Public Safety - Division of Emergency Management			
Organization Name (hereafter named Organization)			
Primary Agent		Secondary Agent	
Agent's Name		Agent's Name	
Organization		Organization	
Official Position		Official Position	
Mailing Address		Mailing Address	
City ,State, Zip		City ,State, Zip	
Work Phone	Fax Number	Work Phone	Fax Number
E-Mail Address		E-Mail Address	
Cellular Phone	Pager	Cellular Phone	Pager
<p>The above Primary and Secondary Agents are hereby authorized to execute and file Application for Public Assistance on behalf of the Organization for the purpose of obtaining certain state and federal financial assistance under the Robert T. Stafford Disaster Relief & Emergency Assistance Act, (Public Law 93-288 as amended) or otherwise available. This agent is authorized to represent and act for the Organization in all dealings with the State of Texas for all matters pertaining to such disaster assistance required by the agreements and assurances printed on the reverse side hereof.</p>			
Chief Financial Officer		Certifying Official	
Name		Official's Name	
Organization		Organization	
Official Position		Official Position	
Mailing Address		Mailing Address	
City ,State, Zip		City ,State, Zip	
Work Phone	Fax Number	Work Phone	Fax Number
E-Mail Address		E-Mail Address	
Cellular Phone	Pager	Cellular Phone	Pager
Applicant's State Cognizant Agency for Single Audit purposes (If a Cognizant Agency is not assigned, please indicate):			
Applicant's Fiscal Year (FY) Start		Month	Day:
Applicant's Federal Employer's Identification Number			
Applicant's State Payee Identification Number			
Certifying Official's Signature / Date			

Applicant's Agent Should Know...

- Locations and categories of work
- Started and Completed Work
- Photographs / Sketches / Drawings
- Equipment / Materials / Supplies Lost
- Contracts Vs. Force Account
- New Codes or Standards
- Insurance

Direct Deposit Authorization (DDA)

http://www.txdps.state.tx.us/dem/documents/dr_pa_forms/74_207.pdf

Must be submitted
before funding is
Paid.

 Comptroller of Public Accounts 74-158 Act-52 (Rev. 12/98) (Rev. 98/5)		For Comptroller's use only	
DIRECT DEPOSIT AUTHORIZATION INSTRUCTIONS <ul style="list-style-type: none"> Use only BLUE or BLACK ink. Alterations must be initialed. Financial institution must complete Section 4. Section 7 must be completed by the paying state agency Check all appropriate box(es). 			
TRANSACTION TYPE			
SECTION 1	<input type="checkbox"/> New setup (Sections 2, 3 & 4)	<input type="checkbox"/> Change financial institution (Sections 2, 3 & 4)	
	<input type="checkbox"/> Cancellation (Sections 2 & 3)	<input type="checkbox"/> Change account number (Sections 2, 3 & 4)	
	<input type="checkbox"/> Interagency transfer (Sections 2 & 3)	<input type="checkbox"/> Change account type (Sections 2, 3 & 4)	
	<input type="checkbox"/> Exemption (Sections 2 & 5)		
PAYEE IDENTIFICATION			
SECTION 2	1. Social Security number or Federal Employer's Identification (FEI)		2. Mail code (If not known, will be completed by Paying State Agency)
	3. Name		4. Business phone number: ()
	5. Street address	6. City	7. State 8. ZIP code
AUTHORIZATION FOR SETUP, CHANGES OR CANCELLATION			
SECTION 3	9. Pursuant to Section 403.016, Texas Government Code, I authorize the Comptroller of Public Accounts to deposit by electronic transfer payments owed to me by the State of Texas and, if necessary, debit entries and adjustments for any amounts deposited electronically in error. The Comptroller shall deposit the payments in the financial institution and account designated below. I recognize that if I fail to provide complete and accurate information on this authorization form, the processing of the form may be delayed or that my payments may be erroneously transferred electronically.		
	I consent to and agree to comply with the National Automated Clearing House Association Rules and Regulations and the Comptroller's rules about Electronic transfers as they exist on the date of my signature on this form or as subsequently adopted, amended or repealed.		
	10. Authorized signature	11. Printed name	12. Date
FINANCIAL INSTITUTION (Must be completed by financial institution representative.)			
SECTION 4	13. Name		14. City 15. State
	16. Routing transit number	17. Customer account number (Dashes required <input type="checkbox"/> YES)	18. Type of account <input type="checkbox"/> Checking <input type="checkbox"/> Savings
	19. Representative name (Please print)		20. Title
	21. Representative signature (Optional)		22. Phone number () 23. Date
EXEMPTION:			
SECTION 5	I claim exemption and request payment by state warrant (check) because:		
	24. <input type="checkbox"/> I hold a position that is classified below group 8 in the position classification salary schedule.		
	25. <input type="checkbox"/> I am unable to establish a qualifying account at a financial institution.		
26. <input type="checkbox"/> I certify that payment by direct deposit would be impractical and/or more costly to me than payment by warrant.			
	27. Authorized signature	28. Printed name	29. Date
CANCELLATION BY AGENCY			
SEC 6	30. Reason		31. Date
PAYING STATE AGENCY			
SECTION 7	32. Signature		33. Printed name
	34. Agency name		35. Agency number
	36. Comments		37. Phone number () 38. Date

Categories of Assistance

- A** Debris Removal
- B** Emergency Protective Measures
- C** Roads and Bridges
- D** Water Control Facilities
- E** Buildings and Equipment
- F** Utilities
- G** Parks, Rec. Facilities & Other Items

Category “B” Eligible Costs

- Labor cost for overtime of permanent and reassigned State and Local employees.
- Regular and overtime for temporary and contract employees hired to perform fire related activities.
- Costs for equipment and supplies expended, damaged, or lost (less insurance).

Category “B” Eligible Costs

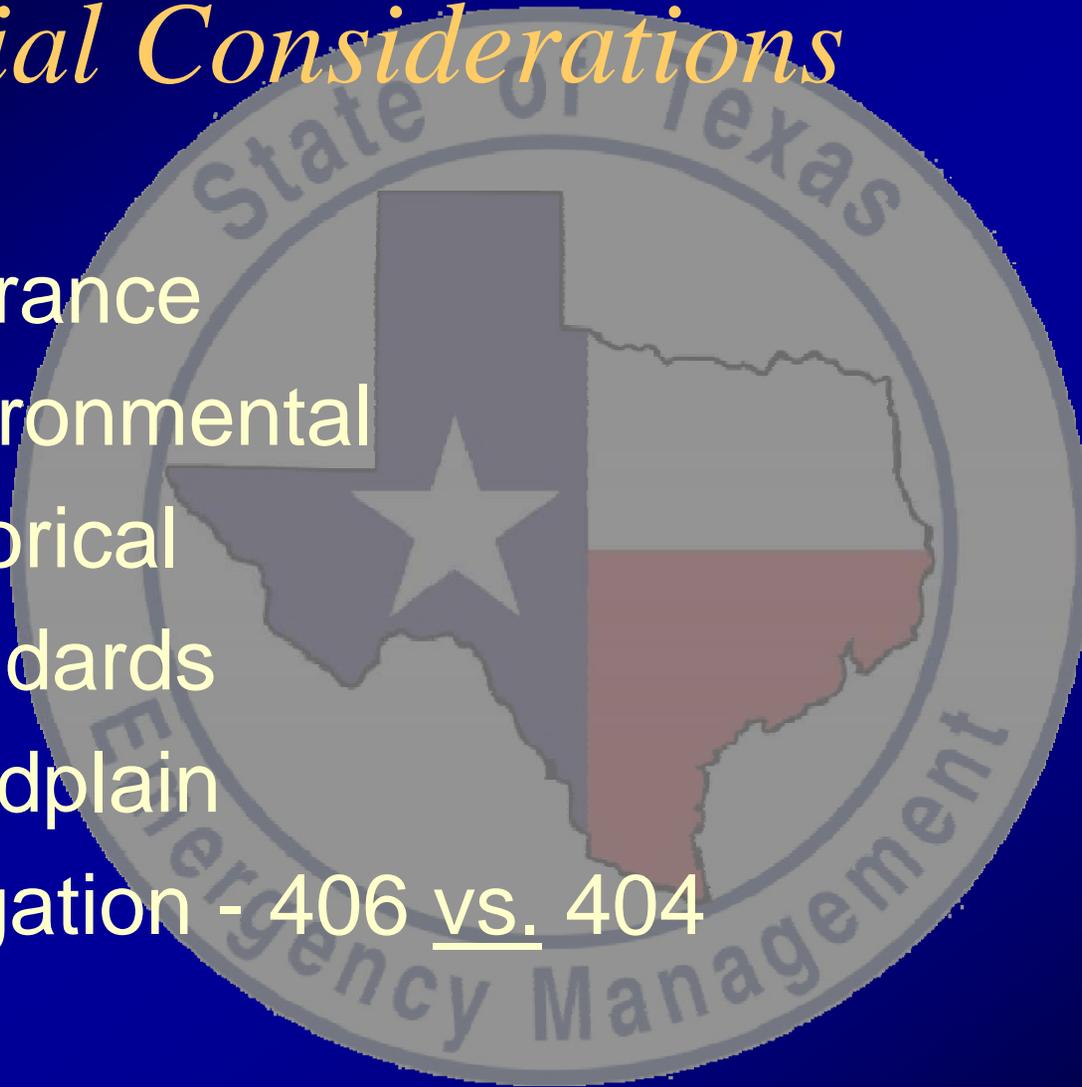
- Emergency work (evacuations and sheltering, police barricading and traffic control).
- Travel and per diem.
- Costs for personal comfort and safety items for firefighters.
- Costs for field camps and meals in lieu of per diem.

Public Assistance Program Project Worksheet Preparation

- Kick-Off Meeting
- Project Worksheet
- Small Project Development
- Contract Award Process
- Debarred Contractors
 - www.epls.gov
 - www.window.state.us/procurement/vendor-performance/debarred
- Historical Costs for similar work

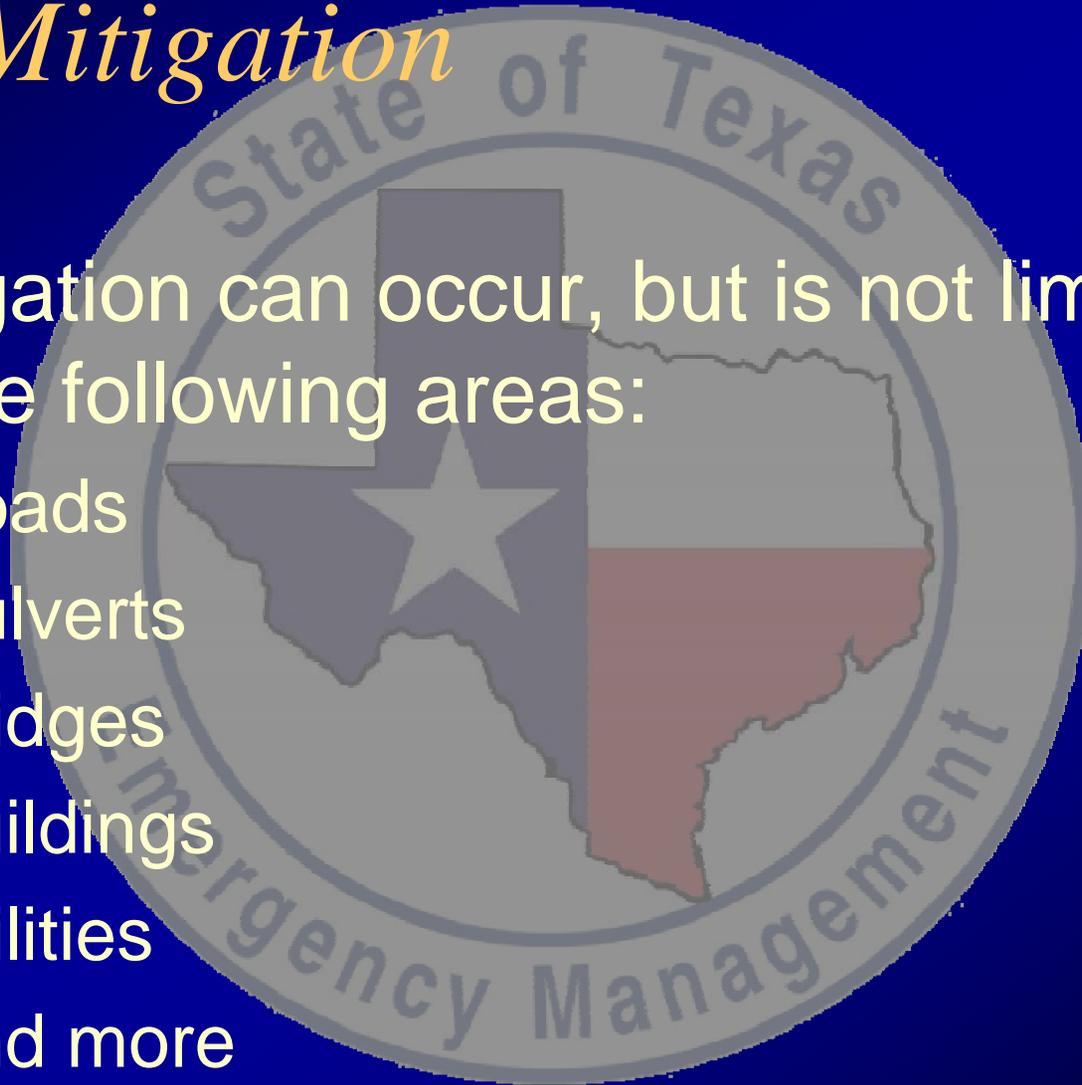
Special Considerations

- Insurance
- Environmental
- Historical
- Standards
- Floodplain
- Mitigation - 406 vs. 404



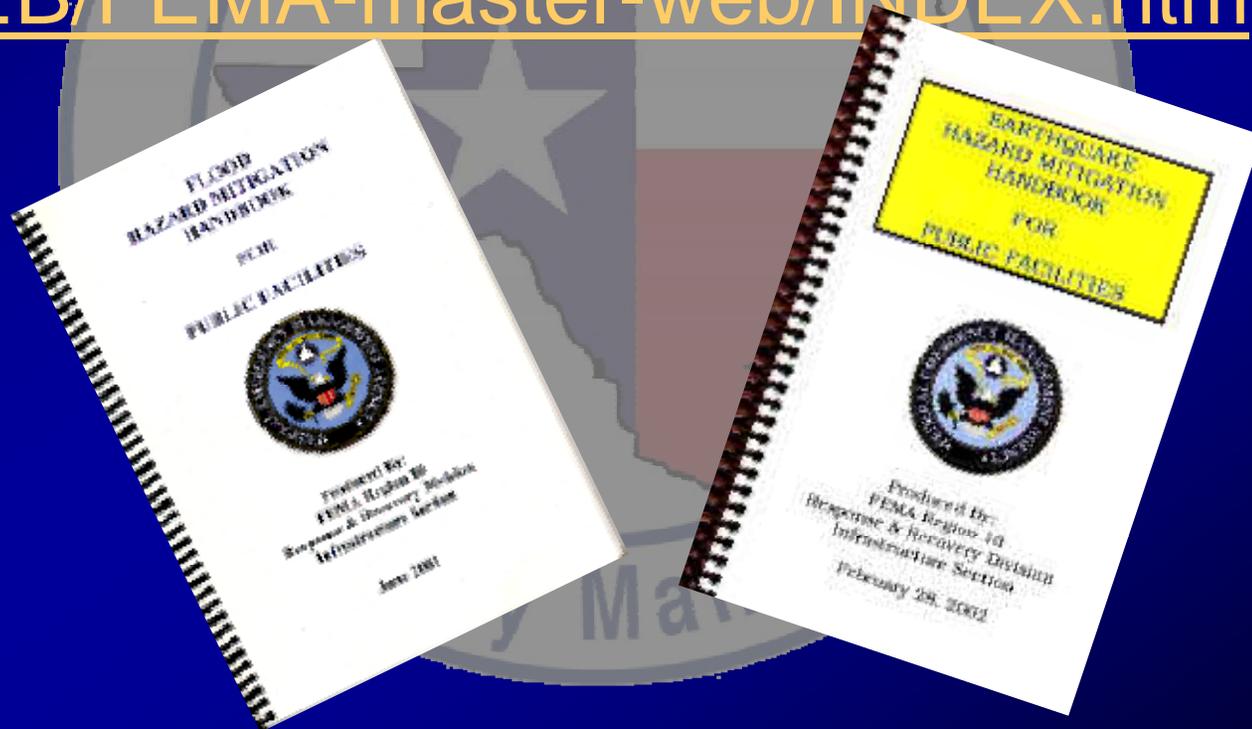
406 Mitigation

- Mitigation can occur, but is not limited, in the following areas:
 - Roads
 - Culverts
 - Bridges
 - Buildings
 - Utilities
 - And more



Hazard Mitigation Handbook

<http://www.conservationtech.com/FEMA-WEB/FEMA-master-web/INDEX.htm>



Mutual Aid Agreements (MAA)
ref: FEMA DAP 9523.6

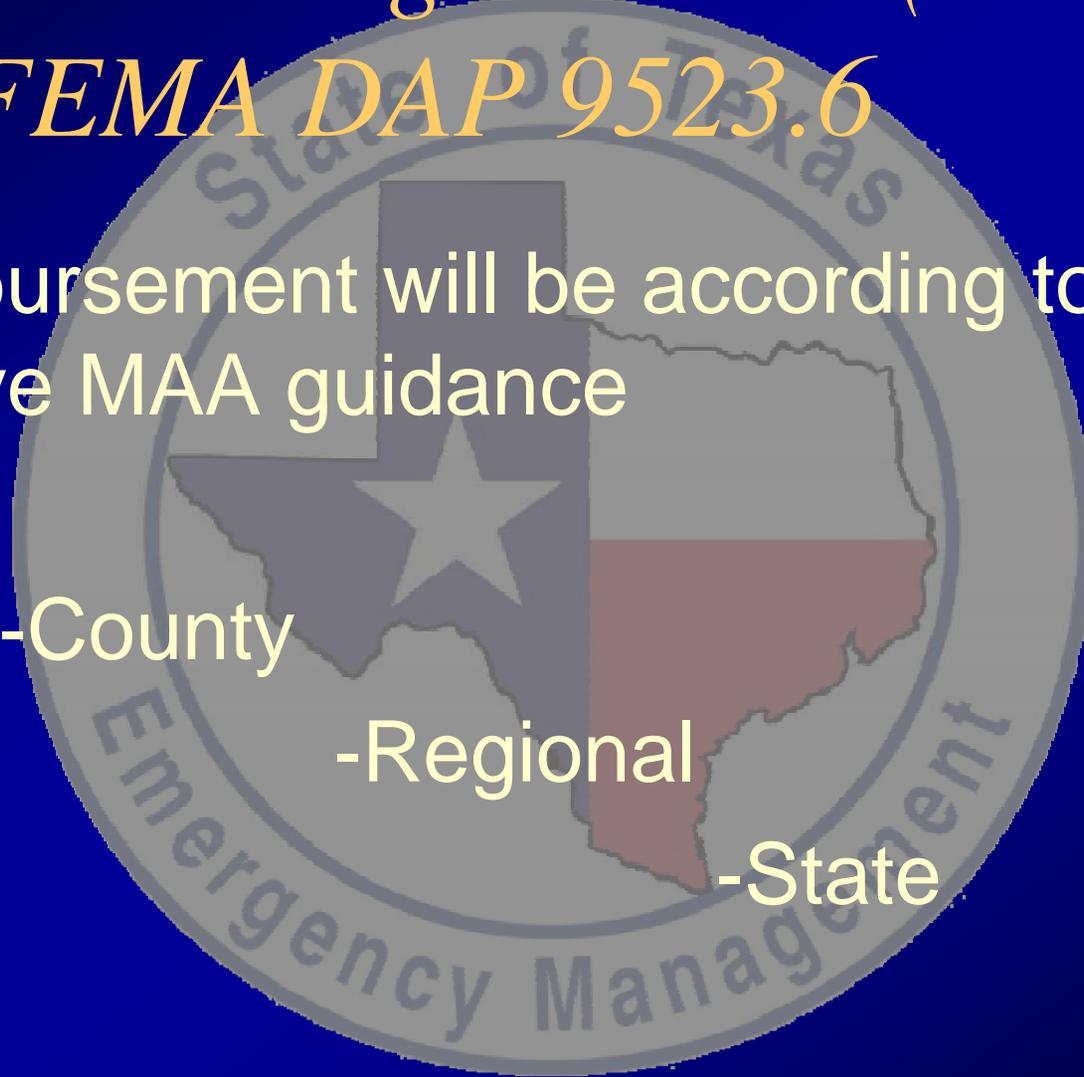
Reimbursement will be according to
active MAA guidance

Local

-County

-Regional

-State



Mutual Aid Agreements (MAA)

Post-event MAA

- When reimbursement is not addressed or is silent.
- Must submit within 30 days of Applicant's Briefing.
- Should be consistent with past practices.

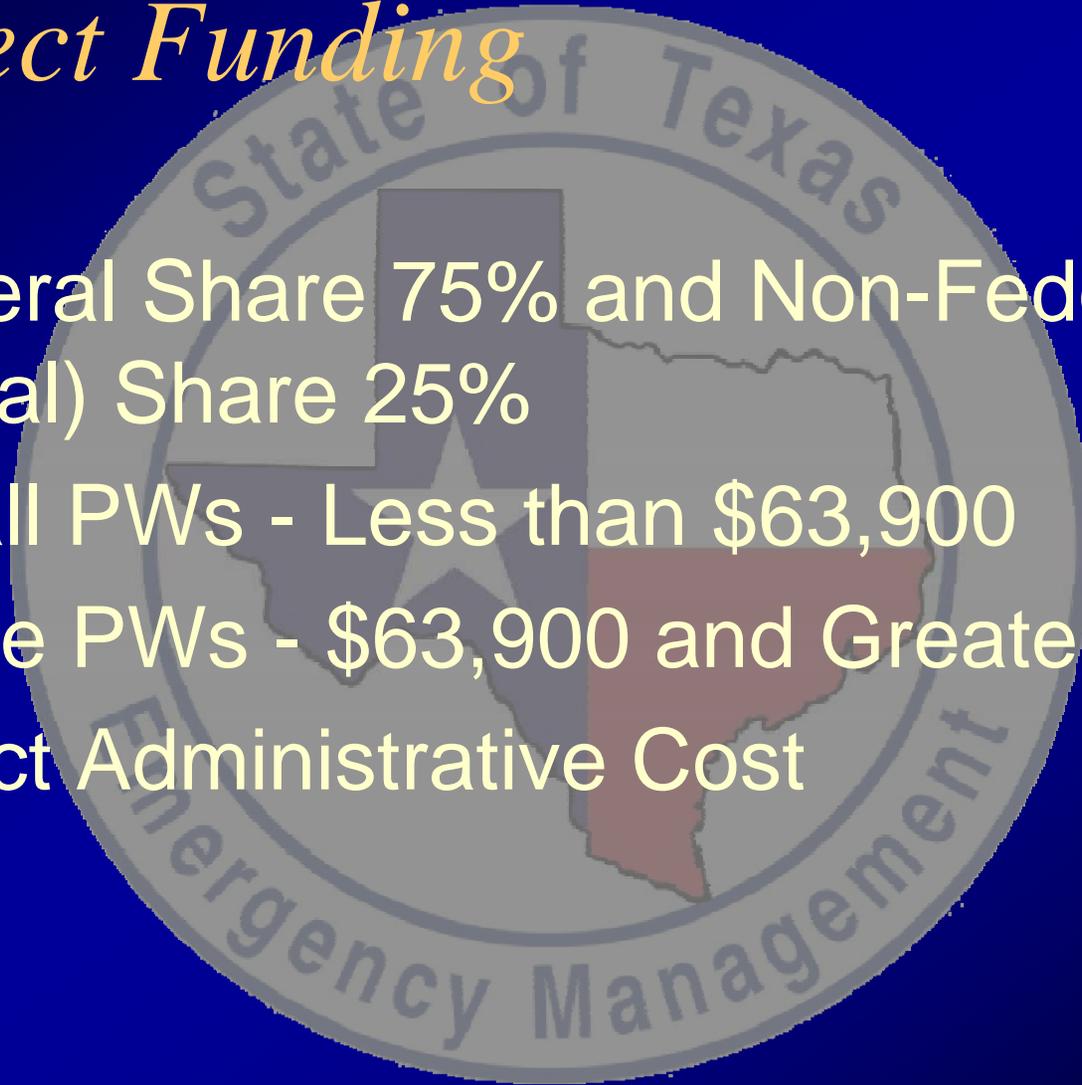
Project Application

Grant (Sub-Grantee) Application at JFO

- Standard 424 Federal Grant Application
- Federal/State Assurances and Construction notification
- Grant Certification
- Grant Checklist
- Advance of Funds Request

Project Funding

- Federal Share 75% and Non-Federal (Local) Share 25%
- Small PWs - Less than \$63,900
- Large PWs - \$63,900 and Greater
- Direct Administrative Cost

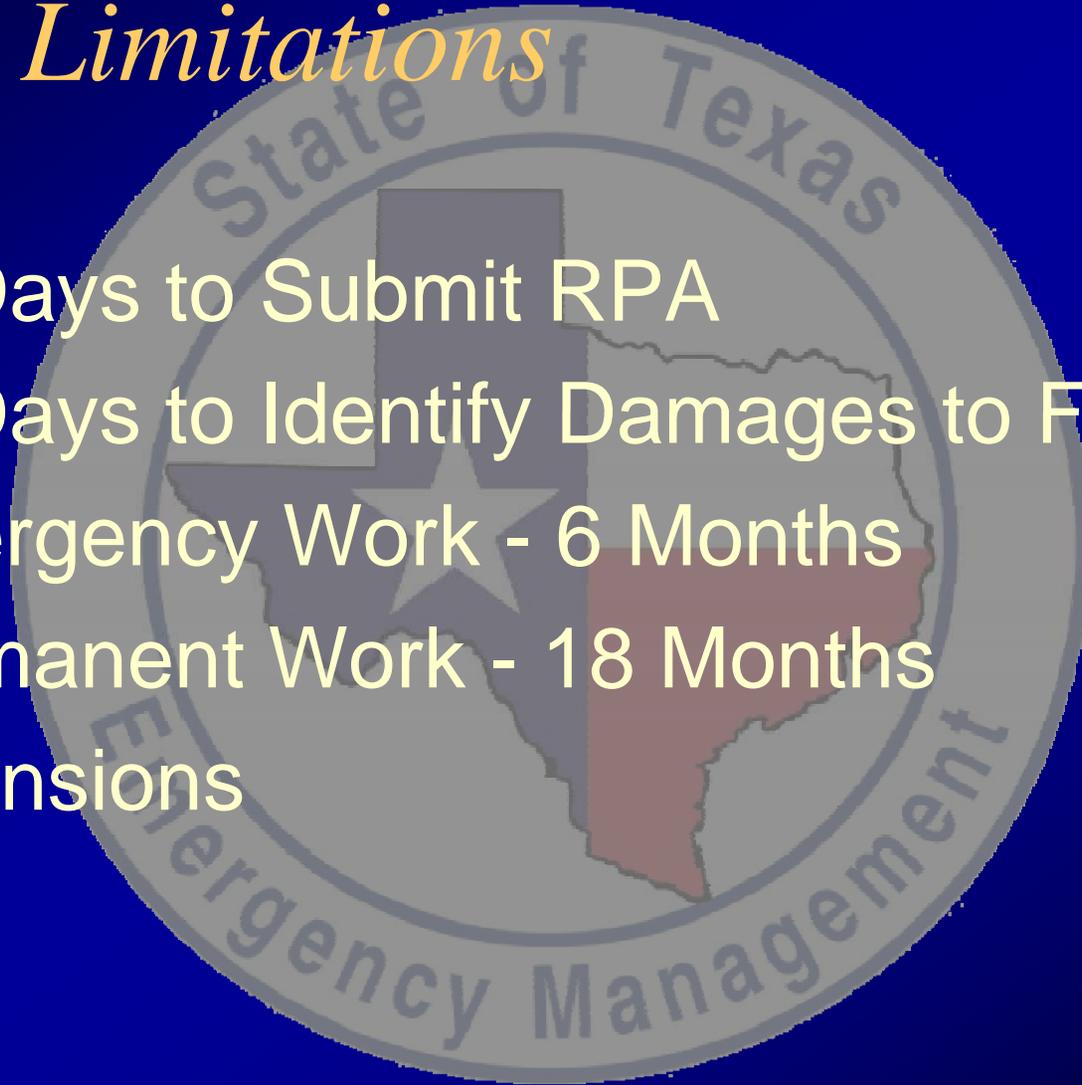


Important Issues for Performing Approved Work

- Parameters (Scope of Work, Completion Date, Cost Estimate)
- Force Account Work
- Bidding Requirements
- Engineering and Design Services
- Request for Improved Projects
- Request for Alternate Projects
- Contract Work
- Debarred Contractors

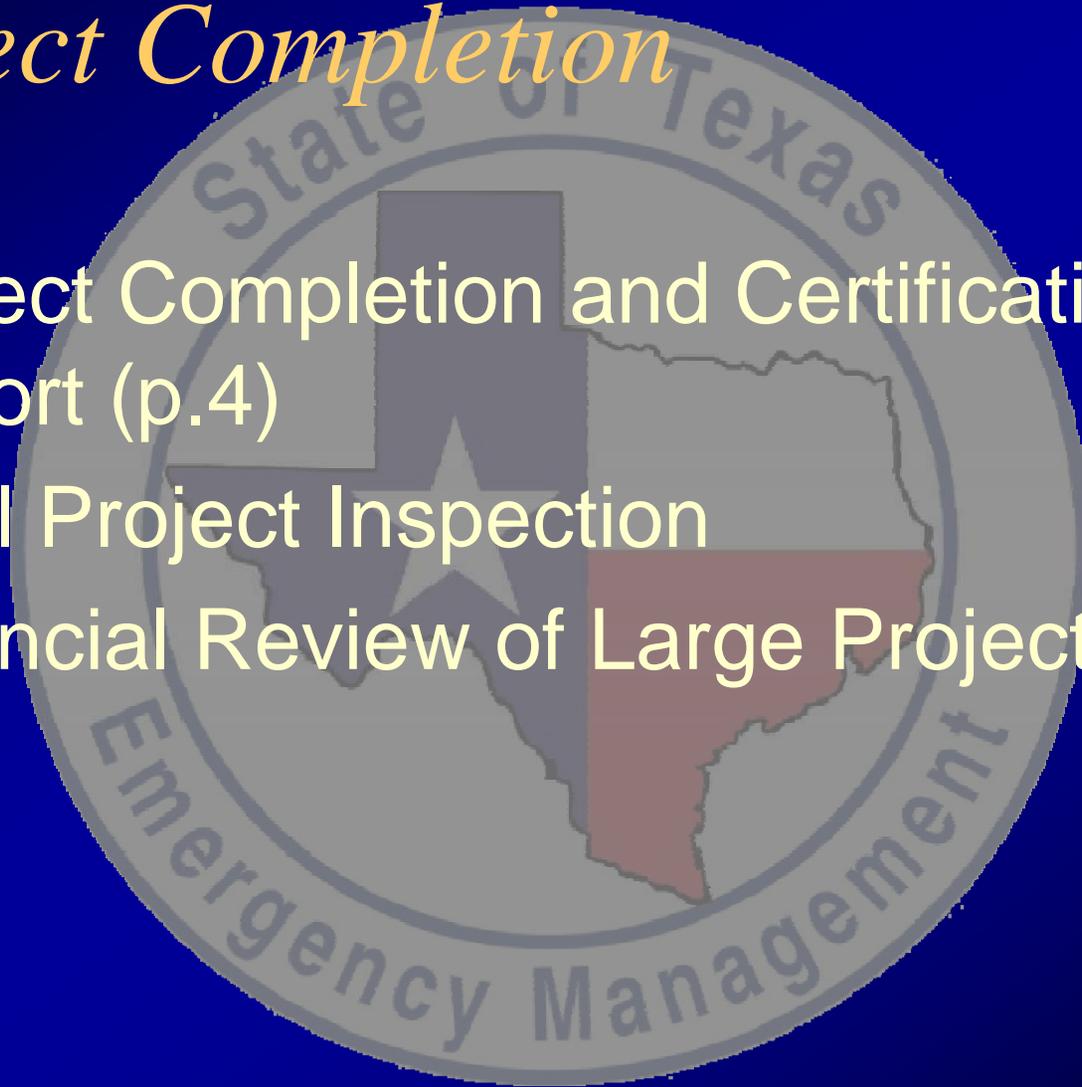
Time Limitations

- 30 Days to Submit RPA
- 60 Days to Identify Damages to FEMA
- Emergency Work - 6 Months
- Permanent Work - 18 Months
- Extensions



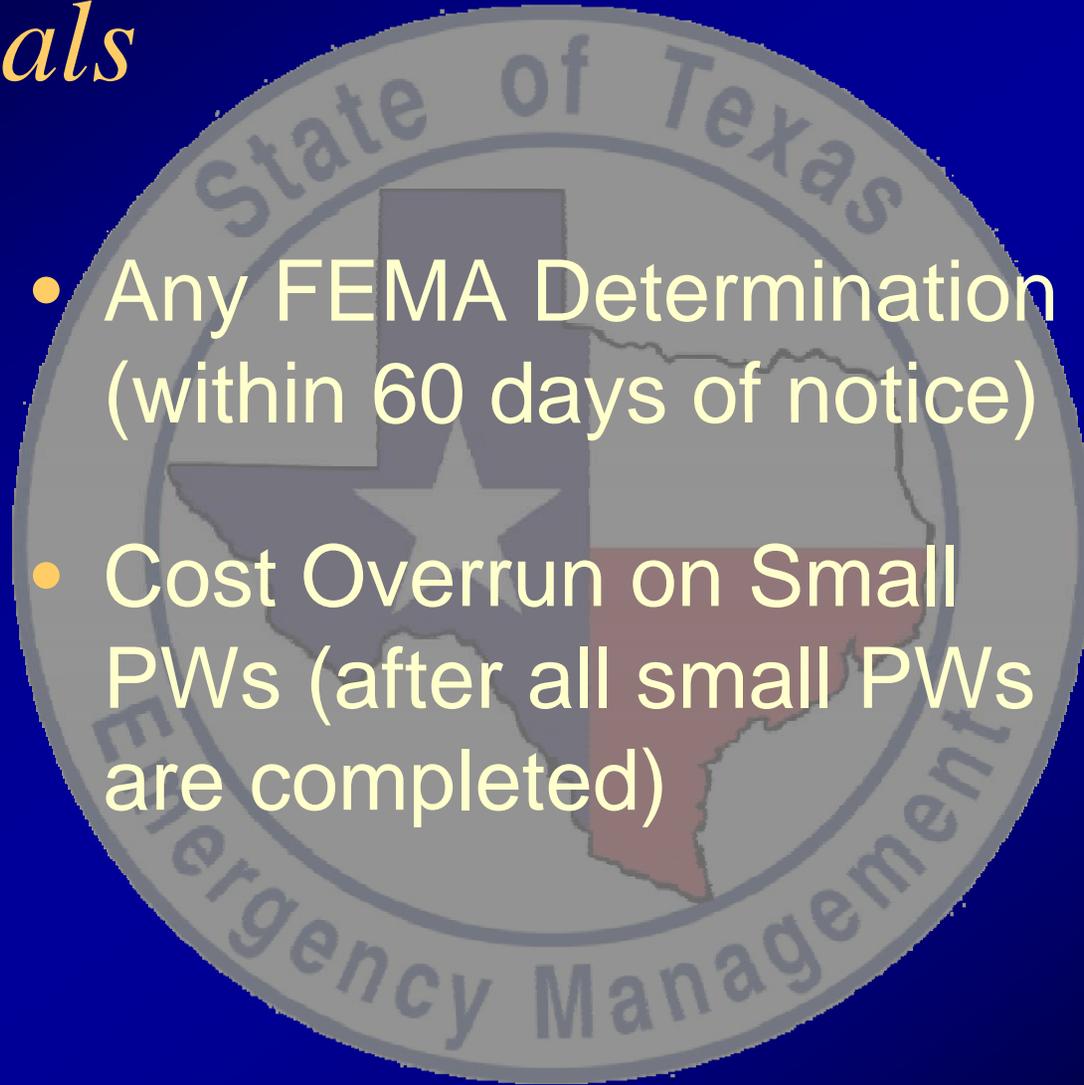
Project Completion

- Project Completion and Certification Report (p.4)
- Final Project Inspection
- Financial Review of Large Projects



Appeals

- Any FEMA Determination (within 60 days of notice)
- Cost Overrun on Small PWs (after all small PWs are completed)



Point of Contact

- David Wiltse
- Cell: 512-705-9937
- david.wiltse@dps.texas.gov

- Riley Kyle
- Cell: 512-468-6183
- riley.kyle@dps.texas.gov

Applicant Actions

- Turn in Disaster Summary Outlines (DSO).
- Ensure availability of a representative for the Preliminary Damage Assessment (PDA)
- Participate in the State Applicant Briefing
- Turn in FEMA FORM 90-49 Request for Public Assistance (RPA) by January 12, 2012.
 - Turn in the Designation of Applicant's Agent Form. (DAA)
 - Turn in the Direct Deposit Authorization Form (DDA)
- Ensure availability of a representative for the FEMA/State Kick-Off meeting when contacted.
- Compile all supporting documentation of work and costs incurred for the teams to review.

Web Links

- DR-1999-TX

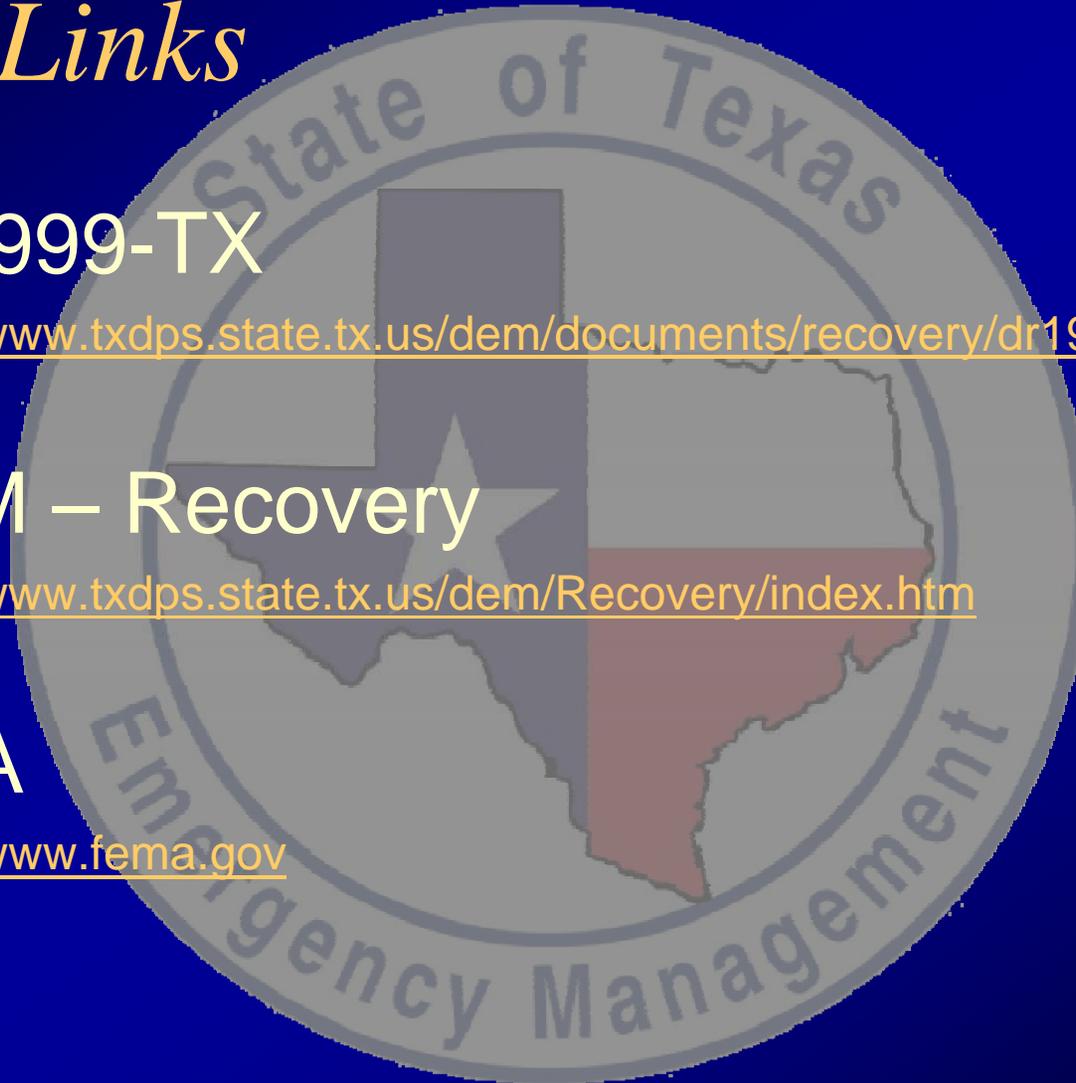
<http://www.txdps.state.tx.us/dem/documents/recovery/dr1999.htm>

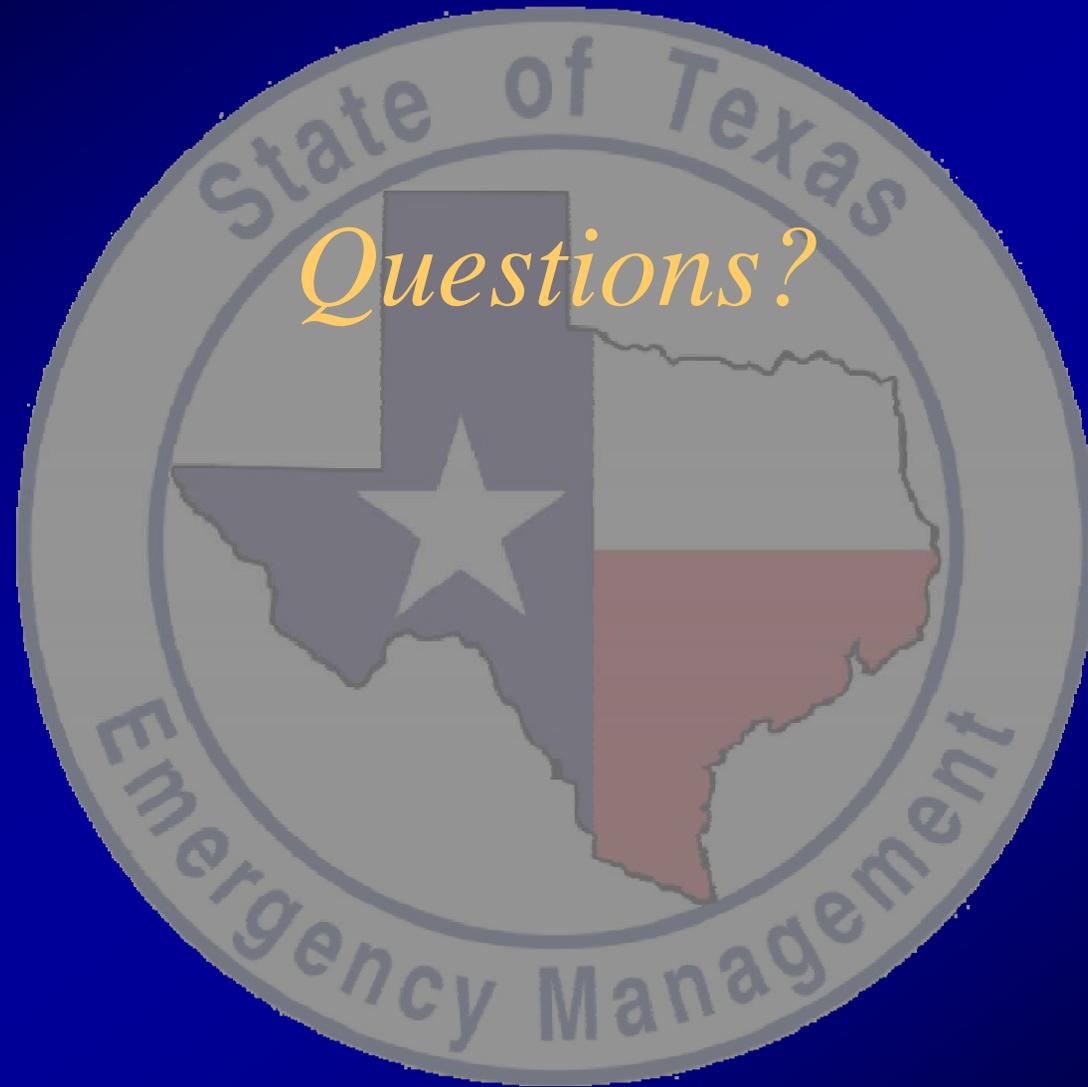
- TDEM – Recovery

<http://www.txdps.state.tx.us/dem/Recovery/index.htm>

- FEMA

<http://www.fema.gov>





Questions?