



Department of Military

TEMA

Public Assistance Request for Alternate Project

Applicant:	Disaster No:	PA ID No:
Applicant Agent:	PW No:	Category:
Phone:	Email:	

Alternate

- | | |
|---|---|
| Select the Alternate Project(s) you are requesting. | Purchase capital equipment |
| Repair or expansion of other public facilities | Funding of cost-effective hazard mitigation measures in the area affected by the disaster |
| Construction of new public facilities | Funding project shortfalls due to mandatory NFIP reductions on applicant buildings in floodplains |
| Demolition of the original structure | |
| Supplemental funds used on an improved project | |

The alternate project must serve the same general area that was being served by the originally funded project. Please provide a description of the service area(s), intended project(s), and schedule of work.

The original facility must be rendered safe and secure, sold, or demolished. Please provide a description of how this will be achieved.

If you opt to keep a damaged facility for a later or other use, it will not be eligible for FEMA funding in a subsequent disaster unless it is repaired to meet codes and standards, and mitigation measures that would have been approved are applied. What is the intended action for the damaged facility?

Alternate projects must be FEMA-approved prior to the beginning of construction. Has any construction begun? Yes No	Estimated Completion Date:
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Funding

	Total Project Cost	Federal Share	Non-Federal Share
Current total approved funding (see approved Project Worksheet)			
Less 10% for local government; 25% for private non-profits			
Amended total			

If the Alternate Project will result in a larger non-Federal share than is shown in the above amended total, what is the source of the additional non-Federal funding?

Certification

The following signature certifies: (1) understanding and agreement with the funding differences and obligations to the Applicant; (2) the Applicant's commitment to completing the project by the stated anticipated completion date; and (3) if any conditions change, the State Public Assistance Office will be immediately notified.

Signature of Applicant Agent

Title

Date

For TEMA Use Only

Date Received:	Liaison Review Date and Initials:
TEMA Approved Not Approved	Date Forwarded to FEMA:

Signature of State Public Assistance Officer

Date