

FEMA Public Assistance COVID-19 Contracts Report

Instructions: Applicants should complete one form for each PA COVID-19 project application.

Section I – Project Application Information

Declaration #:	Applicant Name:	FEMA PA Code:	Applicant-Assigned Project Application #:
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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. Please select one of the following options and write in the box below:	Scope of Contract. For example, construction of temporary facility or emergency medical transport.	Total Contract Award. Please indicate dollar amount.	Amount requested for funding on this project application. Please indicate dollar amount.
					<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 certify that the above information is accurate and was obtained from documents that are available for audit.

Applicant Authorized Representative	Title	Signature
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