

California Emergency Management Agency



**PNP Activities Claim Form
(PNP ACF)**

STATE DISASTER NUMBER: _____

Cal EMA ID NUMBER: _____

STATE INCIDENT PERIOD: (From) _____ (To) _____

TYPE OF DISASTER: Earthquake *or* Flood/Winter Storm *or* Fire
 Other (Please Specify Type): _____

SUPPLEMENT TO CDAA PNP ACF # : _____

PNP APPLICANT NAME: _____

ACTIVITY SITE ADDRESS OR DIRECTIONS (Include City, County of Site): _____ **GPS Coordinates:** _____

DESCRIBE ACTIVITY PROVIDED AND COMPLETE THE ATTACHED PNP COST WORKSHEET:

Activities Start Date _____ Activities End Date _____

| | |
|--|--|
| If Intermediary PNP, copy of Agreement with Local Agency Attached? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| This claim is part of an Intermediary PNP claim? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Written request for assistance is attached? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| This claim is part of sustained operations? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Total from Cost Worksheet: **TOTAL COSTS \$:** _____ **\$**

| | | | |
|--|--|--|---|
| PNP/Intermediary Authorized Agent | PNP/Intermediary Authorized Agent Signature | Concur with Activities Described Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| | | Contact Telephone Number: () | |
| | | Activities Described Herein are 100% Complete? | _____ PNP Initials |
| Name of Local Agency Representative | Representative's Signature | Concur with Activities Described Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| | | Contact Telephone Number: () | |
| | | Activities Described Herein are 100% Complete? | _____ Local Rep Initials |
| Name of Cal EMA DAPS | Cal EMA DAPS Signature | Documentation Inspection Date: | _____ |
| | | Date of PNP ACF Submission to AC: | _____ |
| | | Recommend Eligible? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Name of Cal EMA Program Manager | Cal EMA Program Manager Signature | Date Reviewed: | _____ |
| | | Recommend Eligible? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Cal EMA Public Assistance Officer | Cal EMA PAO Signature | <input type="checkbox"/> See attachment explaining changes or denial | Approved? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | | | Amount \$: _____ |

PNP COST WORKSHEET

PNP ACF #: _____

State Disaster Number: _____

PNP Applicant: _____

Cal EMA ID #: _____

| DESCRIPTION | Quantity | Unit of Measure | Unit Price | COST |
|--|----------|-----------------|------------|-----------|
| LABOR | | | | |
| | | | | \$ - |
| | | | | \$ - |
| | | | | \$ - |
| | | | | \$ - |
| | | | | \$ - |
| | | | | \$ - |
| EQUIPMENT | | | | |
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| | | | | \$ - |
| MATERIAL | | | | |
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| CONTRACT | | | | |
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| | | | | \$ - |
| | | | | \$ - |
| DONATED RESOURCES (include only those defined in Section 3040(b)) | | | | |
| | | | | \$ - |
| | | | | \$ - |
| | | | | \$ - |
| | | | | \$ - |
| | | | | \$ - |
| | | | | \$ - |
| | | | | \$ - |
| Other Comments: | | | | |
| | | | | |
| TOTAL COST | | | | \$ |

Cal EMA DAPS
INITIALS

PNP Authorized Agent

Cal EMA PM Reviewer