GENERAL CONSIDERATIONS FOR SUBMISSION PROCESS

DO YOUR BEST TO COMPLETE EVERYTHING - THIS IS NEW TO ALL OF US
ONLY COMPLETE SPREADSHEETS THAT ARE RELEVANT TO YOUR SITUATION
SOME ANSWERS ON A SPREADSHEET MAY BE N/A FOR YOUR SITUATION -
TOO MUCH DETAIL AND SUPPORTING DOCUMENTS ARE BETTER THAN NOT
THESE TEMPLATES ARE GENERIC; THEY MAY NEED TO BE TWEAKED FOR YOUR
ROOMS, DO NOT DELETE COLUMNS OR ROWS
A SIGNATURE IS REQUIRED ON EACH SPREADSHEET. IT SHOULD BE SIGNED
FOR THE ACCURACY OF THE INFORMATION PROVIDED
NO TIME FRAME KNOWN FOR REIMBURSEMENT
THE LIST OF ELIGIBLE EXPENSES IS NOT INCLUSIVE
QUESTIONS SHOULD BE EMAILED TO BSVC_FEMA@WMICH.EDU
DO NOT REPORT EXPENSES THAT ARE FUNDED BY ANOTHER FUNDING SOURCE
AN AUDIT WILL OCCUR
IF FEMA APPROVES EXPENSE REIMBURSEMENT, WMU WILL RECEIVE 75% COST SHARE.
FEMA ALLOWS WMU TO USE THE VALUE OF PANDEMIC-RELATED DONATED PROPERTY OR SERVICES) TOWARDS WMU'S COST SHARE OF 25%

CLIFF NOTES VERSION: COST CATEGORY AND REQUIRED DOCUMENTATION

Cost Category: Applicant labor
Information/documentation to be tracked and maintained
• Employee information: name, unique ID, job title and function, employee type (e.g., exempt, nonexempt, temporary), hours
• Number of hours worked by day and description of work
• Timesheets
• Payroll register and proof of payment
• Daily logs and activity reports that include employee name, hours (standard and overtime), date and description of work
• Pay policy and union agreements

Cost Category: Applicant equipment
Information/documentation to be tracked and maintained
Equipment information: description, year, make, model, size/capacity (e.g., generators)
Usage logs: number of hours used by day and purpose of use, location and operator name or point of contact
Schedule of rates (FEMA rates may be used)

**Cost Category: Supplies from stock**
Information/documentation to be tracked and maintained
- Historical cost records
- Inventory records
- Material logs: types of supplies and quantities used by day, purpose of use and location

**Cost Category: Procured services, equipment, supplies and other purchases**
Information/documentation to be tracked and maintained
- Procurement policy
- Quote or bid documents
- Justification memo that details the use of exigent or emergency exceptions, if applicable
- Cost and price analysis demonstrating that costs are reasonable
- Contracts and change orders
- Invoices to include supporting documentation per the contract
- Time and materials contracts: oversight documentation
- Lodging costs: folio, date and occupant name
- Meals: itemized receipts, dates and listing of personnel
- Proof of payment

**Cost Category: Mutual aid**
Information/documentation to be tracked and maintained
- Written agreement
- Services requested and received
- Invoices to include supporting documentation as per the written agreement
- Applicant mutual aid logs evidencing work performed and applicable details
- Proof of payment

**Cost Category: Donated resources**
Information/documentation to be tracked and maintained
- Tracking all donated resources to the same level of detail for applicant labor, equipment and supplies
- Maintaining a listing of donors (e.g., company or individual) of equipment and supplies
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Federal Emergency Management Agency
COVID-19: Category B        EVENT: 4494D

WMU Department Name
Contact Name, Email, Phone #

I CERTIFY THAT THE ABOVE INFORMATION WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.

** Full or part-time exempt; full-part-time non-exempt; temp appointment; term appointment; student; etc…
^^ Attach all supporting documentation - timesheets, payroll earnings report, activity reports, email

<table>
<thead>
<tr>
<th>NAME</th>
<th>JOB TITLE/FUNCTION</th>
<th>DATE OF WORK</th>
<th>TYPE OF EMPLOYEE**</th>
<th>REGULAR HOURS (BEGIN TIME-END TIME)</th>
</tr>
</thead>
</table>

DOCUMENTATION NEEDED: SEE PROCUREMENT TAB FOR ADDITIONAL DOCS REQUIRED FOR EXTERNAL PURCHASES
Management Agency
OR-MI PA ID# 077-07BC6-00

<table>
<thead>
<tr>
<th>O.T. HOURS (BEGIN TIME - END TIME)</th>
<th>TOTAL HOURS</th>
<th>HOURLY RATE</th>
<th>BENEFIT RATE (CLICK HERE)</th>
<th>TOTAL HOURLY RATE</th>
<th>TOTAL COSTS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
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PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT

ent; etc...
lls assigning work, etc.

TIONAL DOCS REQUIRED FOR EXTERNAL PURCHASES

Federal Emergency Management Agency
COVID-19: Category B EVENT: 4494DR-MI PA ID# 077-07BC6-00

The burden estimates includes time for reviewing instructions, searching existing data
his form. You are not required to respond to this collection of information.

I CERTIFY THAT THE ABOVE INFORMATION WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT A

Additional Docs Required for External Purchases
<table>
<thead>
<tr>
<th>Description</th>
<th>Overtime</th>
<th>Straight-Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Permanent employee</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Seasonal employee working during normal season of employment</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Essential employee called back from administrative leave</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Permanent employee funded from external source</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Temporary employee hired to perform eligible work</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Seasonal employee working outside normal season of employment</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

I CERTIFY THAT THE ABOVE INFORMATION WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT. ^^
Hazard Pay:


- Must be included in pre-disaster written labor policy
- Only available for essential employees who are called back to duty during administrative leave (i.e. day off to perform eligible Emergency Work are eligible
- Only overtime is eligible

Reassigned Employees p 24 PAPPG

The Applicant may assign an employee to perform work that is not part of the employee’s normal job. For example, a police officer may clear debris. FEMA provides PA funding based on the reassigned employee’s normal pay rate, not the pay level appropriate to the work, because the Applicant’s incurred cost is the employee’s normal pay rate.
Only available for essential employees who are called back to duty during administrative leave (i.e. day off).
COVID-19: C

WMU Department Name
Contact Name, Email, Phone #

DESCRIPTION OF EQUIPMENT OR SUPPLY (size, capacity, horsepower, make and model as appropriate)  **EQUIPMENT OR SUPPLIES PURCHASED/ RENTED FOR COVID: Name of Vendor

##EQUIPMENT OR SUPPLIES TAKEN FROM INVENTORY: Name of Vendor

I CERTIFY THAT THE ABOVE INFORMATION WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT. ^^

PRINTED NAME: SIGNATURE: TITLE:

DOCUMENTATION NEEDED:
**executed contracts, vouchers, invoices, receipts, etc.
##historical cost records; inventory records; evidence of fair market value

SEE PROCUREMENT TAB FOR ADDITIONAL DOCS MAY BE REQUIRED FOR EXTERNAL PURCHASES
Federal Emergency Management Agency
Category B       EVENT: 4494DR-MI       PA ID# 077-07BC6-00

Equipment and Supplies Record

<table>
<thead>
<tr>
<th>LOCATION/SITE WHERE USED (Bldg, room, etc)</th>
<th>DATES AND HOURS USED</th>
<th>WITH OPERATOR</th>
<th>WITHOUT OPERATOR</th>
<th>TOTAL COST</th>
<th>INVOICE #</th>
</tr>
</thead>
</table>

I CERTIFY THAT THE ABOVE INFORMATION WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.

DATE:
DATE & AMOUNT PAID  CHECK #  DESCRIBE NECESSITY FOR PURCHASE  WMU Fund, cost center and object code

I CERTIFY THAT THE ABOVE INFORMATION WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.
GLOW
Date
### WMU Department Name

Contact Name, Email, Phone #

<table>
<thead>
<tr>
<th>Volunteer Name</th>
<th>Date of Work</th>
<th>Time In</th>
<th>Time Out</th>
<th>Total Hours</th>
</tr>
</thead>
</table>

I CERTIFY THAT THE ABOVE INFORMATION WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.

PRINTED NAME:  SIGNATURE:  TITLE:  DATE:
Federal Emergency Management Agency

Volunteer Record

<table>
<thead>
<tr>
<th>Activity Performed</th>
<th>Services Provided To:</th>
<th>Location of Work</th>
</tr>
</thead>
</table>

PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS
Supervisor/Volunteer Manager at Location
Relevant MOUs/Agreement ifApplicable

that are available for audit. ^^
APPLICANT
LOCATION/SITE
DESCRIPTION OF WORK (MUST INCLUDE: THE ACTIVITIES INVOLVED, WHEN, WHERE AND BY WHOM WORK WAS COMPLETED)
WHEN WAS WORK PERFORMED:
WHERE WAS THE WORK PERFORMED:
WHO PERFORMED THE WORK:

COVID-

WMU Donating Department Name
Contact Name, Email, Phone #

RECIPIENT OF DONATION
DESCRIPTION OF EQUIPMENT, SUPPLIES, MATERIALS (size, capacity, horsepower, make and model as appropriate) QUANTITY

I CERTIFY THAT THE ABOVE INFORMATION WAS OBTAINED FROM
PRINTED NAME: SIGNATURE: TITLE:

DOCUMENTATION NEEDED:
**executed contracts, vouchers, invoices, receipts, historical cost records, inventory records, evidence of fair market value
What information is required?
Applicants will need the following information about their activities and costs to complete this form:
• A description of the activities including when, where, and by whom the activities were completed or will be completed.
• A summary of how much the activities cost, including costs associated with contract, labor, equipment, supply, material, and other cost types.
• Documentation supporting the activities completed and costs claimed, as detailed below.
• Certification of compliance with federal, state, tribal, territorial, and local laws and regulations.

PA ID# 077-07BC6
PERIOD COVERING

DESCRIPTION OF WORK (MUST INCLUDE: THE ACTIVITIES INVOLVED, WHEN, WHERE AND BY WHOM WORK WAS COMPLETED)

EQUIPMENT PURCHASED, RENTED, OR TAKEN FROM INVENTORY
(CHOSE ONE)

LOCATION/SITE WHERE USED

VALUE OF DONATION

PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.

DATE:
Applicants will need the following information about their activities and costs to complete this form:

- A description of the activities including when, where, and by whom the activities were completed or will be completed.
- A summary of how much the activities cost, including costs associated with contract, labor, equipment, supply, material, and other cost types.
- Documentation supporting the activities completed and costs claimed, as detailed below.
- Certification of compliance with federal, state, tribal, territorial, and local laws and regulations

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<tr>
<th>INVOICE #</th>
<th>DATE &amp; AMOUNT</th>
<th>PAID</th>
<th>CHECK #</th>
<th>WMU Fund, cost center and object code</th>
<th>GLOW Date</th>
</tr>
</thead>
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