

REQUEST FOR IMPROVED PROJECT

PAGE _____ of _____

(COMPLETE EACH CELL - PREPARE A SEPARATE REQUEST FOR EACH PROJECT)

| DECLARATION NO. FEMA _____ -DR- _____ | PW NO. | FIPS NO. | DATE: | CATEGORY |
|--|--------|----------|-------|----------|
|--|--------|----------|-------|----------|

| | | |
|------------|---------|-------------------|
| APPLICANT: | COUNTY: | DAMAGED FACILITY: |
|------------|---------|-------------------|

APPLICANT DESIRES TO MAKE IMPROVEMENTS TO THE PROJECT WHILE RESTORING THE PREDISASTER FUNCTION OF THE DAMAGED FACILITY. LISTED BELOW IS A DESCRIPTION OF IMPROVED PROJECT INCLUDING DETAILED SCOPE/SCHEDULE OF WORK. SEE ATTACHED SPECIAL CONSIDERATIONS QUESTIONNAIRE FOR FEMA REVIEW. (Add attachments as necessary for a complete request description):

ESTIMATED COST OF IMPROVEMENT:

TOTAL ESTIMATED COST OF PW W/IMPROVEMENT:

SOURCE OF FUNDING FOR ADDITIONAL COSTS:

WORK TO BE PERFORMED BY: (check one)

 A. Contract B. Applicant's Employees and Equipment C. Combination of A. and B.

ESTIMATED DATE OF COMPLETION WITH IMPROVEMENTS:

Applicant confirms by signature below that: 1) approval is based on the information provided with this request; 2) any changed conditions should immediately be brought to the attention of the Governor's Authorized Representative; and, approved projects remain subject to all previous requirements for accountability, completion, and closure.

SIGNATURE OF APPLICANT'S AUTHORIZED REPRESENTATIVE:

DATE:

PRINT NAME and POSITION:

CONTACT NUMBER: