

**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 \$:** \_\_\_\_\_ **\$**

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

# PNP COST WORKSHEET

PNP ACF #: \_\_\_\_\_

State Disaster Number: \_\_\_\_\_

PNP Applicant: \_\_\_\_\_

Cal EMA ID #: \_\_\_\_\_

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

Cal EMA DAPS  
INITIALS

PNP Authorized Agent

Cal EMA PM Reviewer