

# REQUEST FOR ALTERNATE PROJECT

PAGE \_\_\_\_\_ of \_\_\_\_\_

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

DECLARATION NO. FEMA _____ -DR- _____	PW NO.	FIPS NO.	DATE:	CATEGORY
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APPLICANT:	COUNTY:	DAMAGED FACILITY:
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APPLICANT HAS DETERMINED THAT THE PUBLIC INTEREST WOULD NOT BE BEST SERVED BY RESTORING THIS DAMAGED FACILITY. LISTED BELOW IS AN ALTERNATE PROJECT DESCRIPTION AND DIMENSIONS WITH DETAILED SCOPE/SCHEDULE OF WORK. ATTACHED IS THE COMPLETED SPECIAL CONSIDERATIONS QUESTIONNAIRE. (Add attachments as necessary for a complete request description):

## COST ESTIMATE

ITEM	CODE	NARRATIVE	QUANTITY	UNIT	UNIT PRICE	COST
1.						
2.						
3.						
4.						
5.						

**TOTAL ESTIMATED COST OF ALTERNATE PROJECT:**  
(ADD ATTACHMENT FOR DETAILS AND/OR ADDITIONAL LINE ITEMS)

**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:**

Applicant confirms by signature below that: 1) approval is based on the information provided with this request; 2) any changed conditions are to be immediately brought to the attention of the Governor's Authorized Representative; and, 3) approved alternate 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: