The City of New York
Department of Environmental Protection
59-17 Junction Boulevard
Corona, New York
11368-5107

Joel A. Miele Sr., P.E.
Commissioner

MEMORANDUM

September 18, 2001

TO: Bureau Directors & Administrators

FROM: Susan Schneider
Director of Expense Budget

(E) WORLD TRADE CENTER

SUBJECT: **World Trade Center Emer**

The City will be seeking federal reimburser
the World Trade Center disaster. Althougl
received from OMB and FEMA, past appli
have required **detailed documentation** for
prudent to begin to gather and organize do
effort, the following are attached:

(1) **An Agency summary sheet fo**
prepared by OMB and each bureau will be required to submit it to us
monthly basis. Expenses include labor, equipment, materials and supplies, and contracts. Backup documentation will be required to support monthly expenditures

(2) **A summary of anticipated documentation requirements.**

(3) **Copies of the FEMA forms used to document snow emergency costs for the blizzard of 1996.** These should serve as a guide to the amount and types of information that will be needed to meet reimbursement eligibility requirements.

New budget codes will be established to isolate and track these expenditures. **It is imperative that all documentation contain the original (i.e., existing) budget and object codes to which the expenditures were charged as well as the document ID where applicable.**

When additional instructions are provided by OMB, they will be forwarded to you.

Please contact me at (718) 595-3282 or via e-mail with any questions.

c: Miele/ Chapin/ Sturcken/ Tazzi/ Singleton/ Burke-Richards/ Murin

NEW YORK CITY DEPARTMENT OF ENVIRONMENTAL PROTECTION
DEP
www.ci.nyc.ny.us/dep
(718) DEP-HELP

World Trade Center - Estimated Emergency Expenses - Fiscal Year 2002

#1

I AGENCY INFORMATION

Date Prepared: _____ Prepared by: _____ Approved by: _____

Agency Code: _____ Telephone #: _____ Title: _____

II EXPLANATION OF EXPENDITURES FOR GOODS or SERVICES (Please provide an explanation and calculation for the estimates by category - attach additional sheet if necessary)

_____

_____

III CASH FLOW REQUIREMENTS ($$ in thousands)

	Object	September	October	November	December	January	February	March	April	May	June	Post June	FY02 Totals	Post FY02 Totals
Personal Services														
E Uniform - FTNG														
X Civilian - FTNG														
P Unsalaried / Per Diem														
E Uniform Overtime														
N Civilian Overtime														
S Differentials														
E Other														
Expense PS Subtotal														
Other than Personal Services														
Supplies														
Rentals														
E *Leases*														
X *Office Equipment*														
P *Furniture*														
E *Other*														
N **Moving Costs**														
S **Cleaning (recovery)**														
E **Replacement Vehicles**														
Telecommunications														
Misc. / Other														
Expense OTPS Subtotal														
Contracts / Purchases														
C *Replacement Vehicles*														
A *Demolition*														
P *Debris Removal*														
I *Initial Outfitting*														
T *IT System Replacements*														
A *Telecommunications*														
L *Consultants*														
Misc. / Other														
Capital OTPS Subtotal														
OTPS Total														
Grand Total														

#2

DEPARTMENT OF ENVIRONMENTAL PROTECTION
WORLD TRADE CENTER EMERGENCY EXPENDITURES
ANTICIPATED DOCUMENTATION REQUIREMENTS

Labor: Daily records of regular and overtime by employee name and title. Provide straight & overtime hours, rate of pay, type of work performed (e.g., debris removal; protection of life, property, or health; infrastructure repair) and worksite.

Equipment: Make, model, size, capacity, horsepower; usage dates and hours the equipment was used each day; type of work performed (e.g., debris removal) and worksite.

Materials: Document all materials and supplies purchased or taken from stock used for the emergency effort. Provide invoices, receipts, purchase orders, paid vouchers, etc., showing the purchase and the price of the materials used for disaster work. Purchased materials will require vendor name, quantity, description, unit price, total price, date used, date of purchase. Inventory materials will require most of the same information showing date of purchase prior to the disaster date.

Contracts: Name of vendor; description of activity; contract number; dates of the contract; costs of the contract. Copies of the contract will also be required.

Please note: OMB is establishing new budget codes to isolate and track disaster related expenditures. **It is imperative that all documentation contain the original (i.e., existing) budget and object codes to which the expenditures were charged as well as the document ID where applicable.**

#3

Damage Survey Inspection Checklist

Page ____ of ____

WORK SITE: _____ NAME: _____

DATE: _____ State County City Town Village School Fire Dist. PNP
circle one

To expedite the damage survey process, applicants are required to take the following steps BEFORE the arrival of inspectors. Documentation must be detailed and organized by each worksite.
Ensure a knowledgeable person (as identified on the NOI) accompany the survey team.
KEEP ORIGINALS--MAKE COPIES

_____ Mark the location of each damage site on a suitable map and attach.

_____ Before and after photographs, site sketches, etc. available.

_____ List Damages by: Category (A-G) _____
% of work performed _____%
approx. amount of damage $_____

_____ Debris Removal Activities: location _____
type _____
volume & quantity _____
disposal site/s _____

_____ Labor Costs (from payroll): Straight-time hrs: _____ $: _____
fringe % _____ $ _____
Overtime hrs: _____ $: _____
fringe % _____ $ _____
Use the Force Account Labor Record form and attach.

_____ Equipment Costs: operator/dispatch logs _____
mileage records _____
hourly useage _____
size & capacity _____
Rental? yes no If yes, attach rental contract
Use the Force Account Equipment Record and/or Rental Equipment Record forms and attach.

_____ Material Costs: the following information is required for each item
item name: _____
circle one inventory purchased
vendor _____
invoice #_____ or purchase order #_____
or cash receipt # _____
Use the Materials Record form and attach.

_____ Contract Costs: copy of contract _____
vendors invoice _____
bid advertisement _____
type of contract _____
Use the Contract Costs Record form and attach.

_____ Insurance Policy/ies: attach

See notes on reverse.
11/94

Damage Survey Inspection Checklist

NOTES

- Documentation must be detailed and organized by each worksite.
- Ensure the representative listed on the NOI accompany the survey team.
- The damage must be a direct result of the declared disaster.
- The damage must be within the federally designated disaster area.
- The damaged facility must be the legal responsibility of the applicant.
- The damage/work cannot be reimbursable from another federal agency.
- The damage must have occurred with the designated incident period.
- The total damage must not be covered under an insurance policy
- The damage per workshop must not total $1,000 or higher.
- ALWAYS keep the original documentation. Give the inspector's a certified copy.
- Maintain records to document all costs for disaster response and recovery work.

COMMENTS/REMINDERS:

FORCE ACCOUNT LABOR RECORD

for ______________________________ (applicant)

Location of Work: ______________________________ Page ______ of ______

Description of Work: ______________________________ Period: ____________ to ____________ 19 ______

FEMA ____________ - DR-NY DSR # ______________ Category of Work: A B C D E F G (circle one)

a Employee Name and Title	b date / hours worked each day								c Total Hours	d Rate per hour	e Total Pay	f Paycheck Number
	date											
	Reg											
	O/T											
	Reg											
	O/T											
	Reg											
	O/T											
	Reg											
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	O/T											

g

Reg Pay __________ x Fringe Benefit Rate __________ = __________ ① **Total Hours** ______ **Total RP $** ______ ②

OT Pay __________ x Fringe Benefit Rate __________ = __________ ③ **Total OT $** ______ ④

① __________ + ② __________ + ③ __________ + ④ __________ = $__________ **GRAND TOTAL** (this page)

I certify that the above information was transcribed from time sheets, payroll records or other documents which are available for audit.

Certified By: ______________________ Title: ______________________ Date: ______________

Form SEMO-DA-10: 7/94

(approved for local reproduction)

FORCE ACCOUNT LABOR RECORD FORM INSTRUCTIONS
(using your own workers)

Fill in the entire heading. Ensure name, DSR number, time period and category is accurately completed.

Please note: use a separate form/s for each category of work at each worksite.

COLUMN

a Enter each worker's name and title.

b Enter the dates worked on top row.
Separate the regular or straight pay from overtime pay and enter the hours in the appropriate row.

c Add the hours (regular and overtime) across for the time period specified and enter amounts in the appropriate row.
Ensure you total the hours in the column (regular and overtime) and enter the amount at the bottom.

d Enter the appropriate hourly rate of pay used for regular and/or overtime.

e Multiply the total hours (column c) by the rate (column d) for total pay. This is the total pay the worker received for the time period listed on this record.
Ensure you total the column and enter the total for regular pay (RP) and the total for overtime pay (OT).

f Enter the number on the paycheck the employee received.

g --Regular pay (RP) = total regular pay multiplied by the fringe benefit rate. (Enter the fringe amount in the blank). 1 equals this total.
--Overtime pay (OT) = the total overtime pay multiplied by the rate. (Enter the fringe amount in the blank). 3 equals this total.
Add the amounts of 1 through 4 for the grand total.

Sign the force account labor record. Use additional sheets when necessary. Each record needs to be certified.

The information to complete this form is available from the employee's time cards, supervisor's work logs and from the payroll office.

Refer to the Applicant's Handbook for work eligibility when using your own workers.

FORCE ACCOUNT EQUIPMENT RECORD for ______________________ (applicant)

Location of Work: ______________________ Page ____ of ____

Description of Work: ______________________ Period: ________ to ________ 19 ____

FEMA ________ - DR-NY DSR # ________ Category of Work: A B C D E F G (circle one)

a Type of Equipment Indicate make, model, size, capacity and horsepower as appropriate.	b Equipment Number Reference	c Enter Date and Hours Used							d Total Hours	e Rate	f Cost
								Total Hours (this page)		Total Cost (this page)	

I certify that the above information was transcribed from daily logs or other documents which are available for audit.

Certified By: ______________________ Title: ______________________ Date: ______________

Form SEMO-DA-11: 7/94

(approved for local reproduction)

FORCE ACCOUNT EQUIPMENT RECORD FORM INSTRUCTIONS
(using your own equipment)

Fill in the entire heading. Ensure name, DSR number, time period and category is accurately completed.

Please note: use a separate form for each category of work at each worksite.

COLUMN

a List the equipment used. Indicate make, model, size, capacity and horsepower.

b Enter the numerical cost code using FEMA equipment rate sheet.

c Enter equipment usage dates on top row.
Enter the hours the equipment was used each day.

d Add the hours across for each type of equipment.
Total the hours in the column and enter the amount at the bottom.

e Using the FEMA equipment rate or local rate (whichever is lower), enter the appropriate rate.

f Multiply the total hours (column d) by the equipment rate (column e) to determine cost.
Add the costs in the column and enter the amount at the bottom.

Sign the Force Account Equipment Record form. Use additional sheets when necessary. Each record needs to be certified.

The information to complete this form is available from the supervisor's work logs and other documents.

Refer to the Applicant's Handbook for work eligibility when using your own equipment.

MATERIALS RECORD

for _____ (applicant)

Location of Work: _____ Page _____ of _____

Description of Work: _____ Period: _____ to _____ 19 _____

FEMA _____ - DR-NY DSR # _____ Category of Work: A B C D E F G (circle one)

a Vendor	b Description	c Quantity	d Unit Price	e Total Cost	f Date Bought	g Check Number	h Date Used	i Source of Information: Invoice	Source of Information: Stock

Total Cost (this page) _____

I certify that the above information was transcribed from daily logs, vendor invoices, stock cards, or other documents which are available for audit.

Certified By: _____ Title: _____ Date: _____

Form SEMO-DA-12: 7/94 (approved for local reproduction)

MATERIALS RECORD FORM INSTRUCTIONS
(materials from inventory or purchased)

Fill in the entire heading. Ensure name, DSR number, time period and category is accurately completed.

Please note: use a separate form for each category of work at each worksite.

COLUMN

a Enter vendor's name where materials were purchased (even if taken from stock).

b Enter brief description of item.

c Enter quantity or amount used for work.

d Enter the price of each item (i.e. 1,000 flares @ $2.00 each. $2.00 is the unit price).

e Multiply quantity (column c) by unit price (column d) and enter total cost of item.

f Enter date materials were purchased (even if taken from stock).

g Enter the number from the check or purchase order/ invoice when material was purchased.

h Enter the date/s the material was used.

i Check either box: If materials were purchased, mark the invoice box. If materials were taken from inventory, mark the stock box.

Sign the Materials Record form. Use additional sheets when necessary. Each record needs to be certified.

The information to complete this form is available from the purchasing unit and other documents.

Refer to the Applicant's Handbook for materials eligibility.

CONTRACT COSTS RECORD

for _____ (applicant)

Location of Work: _____ Page _____ of _____

Description of Work: _____ Period: _____ to _____ 19 _____

FEMA _____ - DR-NY DSR # _____ Category of Work: A B C D E F G (circle one)

a Vendor	b Description	c Contract Number	d Period of Contract	e Contract Cost	f Check Number
			Total Cost (this page)		

I certify that the above information was transcribed from vendor invoices and other documents, which are available for audit.

Certified By: _____ Title: _____ Date: _____

Form SEMO-DA-13: 7/94 (approved for local reproduction)

CONTRACT COSTS RECORD FORM INSTRUCTIONS
(contracts in place or newly negotiated)

Fill in the entire heading. Ensure name, DSR number, time period and category is accurately completed.

Please note: use a separate form for each category of work at each worksite.

COLUMN

a Enter the name of the vendor or organization with whom the contract is with.

b Enter brief description of activity.

c Enter the number as listed on the contract.

d Enter the dates of the contract. Remember: the time period can only be for the duration of the disaster as outlined in the project application.

e Enter the cost of the contract. Remember: the cost of the contract can only be for work directly associated with the disaster.

f Enter the check number used to pay the vendor.

Sign the Contract Costs Record form. Use additional sheets when necessary. Each record needs to be certified.

The information to complete this form should be available from the local clerk's office and other documents.

Refer to the Applicant's Handbook for contract work eligibility.

RENTED EQUIPMENT RECORD

for _____ (applicant)

Location of Work: _____ Page _____ of _____

Description of Work: _____ Period: _____ to _____ 19 _____

FEMA _____ - DR-NY DSR # _____ Category of Work: A B C D E F G (circle one)

a Type of Equipment (Indicate make, model, size, capacity and horsepower as appropriate.)	b Date & Hours Used	c Rate per Hour w/Operator	c Rate per Hour wo/Operator	d Total Cost	e Vendor	f Invoice Number	g Date Paid	h Check Number
			Total Cost (this page)					

I certify that the above information was transcribed from daily logs, vendor invoices, or other documents which are available for audit.

Certified By: _____ Title: _____ Date: _____

Form SEMO 14: 7/94 (approved for local reproduction)

RENTED EQUIPMENT RECORD FORM INSTRUCTIONS

Fill in the entire heading. Ensure name, DSR number, time period and category is accurately completed.

Please note: use a separate form for each category of work at each worksite.

COLUMN

a List the equipment rented to complete disaster work. Indicate make, model, size, capacity and horsepower as appropriate.

b Enter date equipment was used in the top block and hours of equipment usage underneath.

c Enter the hourly charge rate of equipment usage with an operator or without. This rate should be clearly outlined on the contract.

d Multiply hours used by the appropriate rate for total cost.
Add the column and enter the Total Cost.

e Enter name of vendor the equipment was rented from.

f Enter number from your invoice used to reserve the equipment.

g Enter the date the bill was paid.

h Enter the check number used to pay the bill.

Sign the Rented Equipment Record form. Use additional sheets when necessary. Each record needs to be certified.

The information to complete this form is available from the purchasing unit, supervisor's record and other documents.

Refer to the Applicant's Handbook for rental equipment eligibility.