

## Appendix B - Forms

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## Appendix B - Forms

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**INDIVIDUAL ASSISTANCE STREET SHEET**

County Area		Assessor's Name/Phone Number		Date			
Location (Street Address, Apt/Condo, Complex, MH Park)		Type of Structure	Status	Depth of Water	Insurance	Local Preliminary Determination	State Use Only
		SF ___ MH ___ Apt ___ Condo ___ Business ___	Own ___ Rent ___	Basement ___ ft ___ in First Floor ___ ft ___ in Crawl Spc ___ ft ___ in	Flood ___ Homeowners ___ Renter ___ Sewer B/U Rider ___	D Maj Min A	
<b>Comments:</b>							
		SF ___ MH ___ Apt ___ Condo ___ Business ___	Own ___ Rent ___	Basement ___ ft ___ in First Floor ___ ft ___ in Crawl Spc ___ ft ___ in	Flood ___ Homeowners ___ Renter ___ Sewer B/U Rider ___		
<b>Comments:</b>							
		SF ___ MH ___ Apt ___ Condo ___ Business ___	Own ___ Rent ___	Basement ___ ft ___ in First Floor ___ ft ___ in Crawl Spc ___ ft ___ in	Flood ___ Homeowners ___ Renter ___ Sewer B/U Rider ___		
<b>Comments:</b>							
		SF ___ MH ___ Apt ___ Condo ___ Business ___	Own ___ Rent ___	Basement ___ ft ___ in First Floor ___ ft ___ in Crawl Spc ___ ft ___ in	Flood ___ Homeowners ___ Renter ___ Sewer B/U Rider ___		
<b>Comments:</b>							
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**OHIO EMERGENCY MANAGEMENT AGENCY  
PUBLIC ASSISTANCE DAMAGE ASSESSMENT FORM (Rev. February 2025)**

\* COUNTIES CAN CONSOLIDATE DATA FOR ALL IMPACTED ENTITIES/JURISDICTIONS OR CAN PROVIDE INDIVIDUAL ASSESSMENTS PROVIDED BY THOSE ENTITIES/JURISDICTIONS

<b>A. Name of Jurisdiction/Non-Profit Organization</b>	<b>B. Name of County</b>
<b>C. Type of Disaster &amp; Date of Occurrence</b>	<b>D. Area Primarily Affected (East, N.E., All)</b>
<b>E. Contact Information</b>	
Name: _____	Title: _____
Email: _____	Phone: _____
<i>Below references to "Public" should include facilities/areas are also the legal responsibility of an eligible Private Non-Profit Organization</i>	
<b>A. DEBRIS REMOVAL</b>	<b>E. BUILDINGS AND EQUIPMENT</b>
Enter Amount Below	Enter Amount Below
From Public Roadways	Public Buildings
From Other Public Property	Building Contents
Other	Vehicles/Equipment
<b>TOTAL</b>	Are these damages insured? If yes, please enter deductible. <b>TOTAL OF DAMAGES LESS INSURANCE COVERAGE</b>
<b>B. EMERGENCY PROTECTIVE MEASURES</b>	<b>F. UTILITIES</b>
Enter Amount Below	Enter Amount Below
Response (Fire/Police)	Power transmission/distribution
Protective Measures (sandbagging, etc)	Water/Sewer Treatment Plants
Public Works (barricades, temporary repairs)	Sewers
Emergency Power (e.g. generators)	Other .....
Other	Are these damages insured? If yes, please enter deductible.
<b>TOTAL</b>	<b>TOTAL OF DAMAGES LESS INSURANCE COVERAGE</b>
<b>C. ROADS AND BRIDGES</b>	<b>G. PARKS, RECREATIONAL AND OTHER</b>
Enter Amount Below	Enter Amount Below
Roads (surfaces, signals, embankment failures, etc).	Parks (shelter houses, playgrounds, etc.)
Bridges (damaged and destroyed)	Recreational (marinas, athletic facilities, etc.)
Culverts (damaged and destroyed)	Other
Access Problems YES or NO	Are these damages insured? If yes, please enter deductible.
<b>TOTAL</b>	<b>TOTAL OF DAMAGES LESS INSURANCE COVERAGE</b>
<b>D. WATER CONTROL FACILITIES</b>	<b>H. CURRENT COMMUNITY BUDGET INFORMATION</b>
Enter Amount Below	Enter Amount Below
Dikes/Levees	1 ) Total Annual Budget
Dams	2) Public Works/Road and Bridge Budget
Drainage Channels	3) Date Fiscal Year Begins
Other	<b>I. BUILDING CODE &amp; FLOODPLAIN MGMT AND ADMINISTRATION AND ENFORCEMENT</b>
<b>TOTAL</b>	Enter Amount Below
	Building Code Enforcement
	Floodplain Management (Substantial Damage Determinations)

**GRAND TOTAL PUBLIC:** \_\_\_\_\_ \$0.00

- \* If "Other" is used, please provide brief explanation of the damage
- \* Category B - For your own labor, only overtime/comp time should be claimed
- \* Category C - Do not include roads that are on a federal aid route. Federal aid routes can be found at:  
<http://www.dot.state.oh.us/Divisions/Planning/ProgramManagement/MajorPrograms/Pages/MapRoom.aspx>
- \* Category D - Do not include facilities under the responsibility of another federal agency such as the US Army Corp of Engineers or Natural Resources Conservation Service (NRCS)
- \* Categories E-G - Please indicated if there is insurance to cover the peril that caused the disaster damage and only claim up to a deductible if there will be insurance proceeds.

**Tools for Determining Cost, both for work completed and work to be completed**

- \* Track and claim the cost of using your own employees
- \* Utilize the FEMA Schedule of Equipment Rates to calculate cost for using your own equipment
- \* Track and claim the cost of using materials purchase or used from stock
- \* Track and claim use of rented equipment
- \* Track and claim use of contracts. PLEASE NOTE: The federal government has very specific procurement regulations. Although this disaster not result in a federal disaster declaration, please review the federal regulations to ensure compliance. 2 CFR 200.317-200.332

A. Name of Jurisdiction/Non-Profit Organization

B. Name of County

I. GENERAL SECTION:

Explain road closures/detours.

Explain continued disruption of utility service.

What critical facilities are impacted and how? Critical facilities can include, water/wastewater facilities, power transmission/distribution, police, fire, etc.

Due to the estimated cost of the disaster, explain how the financial impact with impact scheduled maintenance and capital improvement projects.

Explain the work and costs related to other disasters you have had in the past 12 month period and the funding source that addressed the repairs.

Are any repairs still ongoing?

Explain any mitigation measures undertaken that reduced the impact of this disaster. As examples, prior installation of a larger culvert lessened the damage to a road that is normally damaged during a flood or right of way tree maintenance reduced the damage to transmission/distribution lines, etc.

Have any essential governmental facilities been impacted that resulted in their temporary relocation? If yes, please provide what was relocated, where and for how long?

Please provide any other information that addresses the impact of the disaster on your community.

Site Estimate Form

**DATE FORM COMPLETED:**

Sheet \_\_\_\_\_ of \_\_\_\_\_ Sheets

PART I - APPLICANT INFORMATION			
COUNTY	NAME OF APPLICANT	LOCAL CONTACT	PHONE NUMBER
PART II - SITE INFORMATION			
<b>KEY FOR DAMAGE CATEGORY (Use appropriate letters in the "category" blocks below)</b>  a. DEBRIS REMOVAL                      d. WATER CONTROL FACILITIES      g. PUBLIC RECREATION b. PROTECTIVE MEASURES            e. BUILDINGS, CONTENTS, VEHICLES c. ROADS AND BRIDGES                f. UTILITIES			
SITE NO.	CATE- GORY	LOCATION	
DESCRIPTION OF DAMAGE (INCLUDING DIMENSIONS)			
SCOPE OF WORK TO BE COMPLETED (INCLUDING DIMENSIONS)			
IMPACT:		% COMPLETE	COST ESTIMATE



# SITE ESTIMATE SHEET

Sheet

of

Sheets

**PART I - APPLICANT INFORMATION**

COUNTY	NAME OF APPLICANT	NAME OF LOCAL CONTACT	PHONE NUMBER
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**PART II - SITE INFORMATION**

**KEY FOR DAMAGE CATEGORY (Use appropriate letters in the "category" blocks below)**

- |                        |                                  |                      |
|------------------------|----------------------------------|----------------------|
| a. DEBRIS REMOVAL      | d. WATER CONTROL FACILITIES      | g. PUBLIC RECREATION |
| b. PROTECTIVE MEASURES | e. BUILDINGS, CONTENTS, VEHICLES |                      |
| c. ROADS AND BRIDGES   | f. UTILITIES                     |                      |

SITE NO.	CATEGORY	LOCATION (Use map location, address, etc.)
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DESCRIPTION OF DAMAGE AND SCOPE OF WORK TO BE COMPLETED, IF APPLICABLE

IMPACT	% COMPLETE	COST ESTIMATE
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SITE NO.	CATEGORY	LOCATION (Use map location, address, etc.)
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DESCRIPTION OF DAMAGE AND SCOPE OF WORK TO BE COMPLETED, IF APPLICABLE

IMPACT	% COMPLETE	COST ESTIMATE
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SITE NO.	CATEGORY	LOCATION (Use map location, address, etc.)
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DESCRIPTION OF DAMAGE AND SCOPE OF WORK TO BE COMPLETED, IF APPLICABLE

IMPACT	% COMPLETE	COST ESTIMATE
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