

Disaster Recovery Employment Program: Heavy Equipment Form

Subrecipient Organization Name:

Region:

Justification:

Procurement:

Insurance:

Worksite	Work	Heavy Equipment Needs	Comments
	TOTAL COST:		

By signing this form the Region is verifying that:

- the Worksite(s) cannot pay for the equipment themselves
- the equipment was not requested to be reimbursed through FEMA
- no federal, state, or local agency is able to obtain equipment



Signature of Region Representative: _____ Date: _____