

Title 23 Damage Assessment Form

U.S. Department of Transportation Federal Highway Administration Region 9 Title 23 Damage Assessment Form		Fed. Proj. #: _____ Contract Admin.: _____	Report Number: _____ Disaster Number: _____ Caltrans EA: _____
Locode: _____ Applicant: _____		County: _____	DAF Approval Date: _____
Location of Damage: _____		Dist Co Rte KM	Inspection Date: _____
Bridge Data: Bridge No Type:	Functional Classification _____		Federal Aid Route: _____
Traveled Way: Width: Type:	Fed Aid Hwy <input type="checkbox"/> yes <input type="checkbox"/> no F-Class Check <input type="checkbox"/> yes <input type="checkbox"/> no On State Hwy <input type="checkbox"/> yes <input type="checkbox"/> no		Local Route No.: _____
Shoulder: Width: Type:			
Description: _____			ADT (existing): _____
			Photos Roll # Picture #
COST ESTIMATE			
	Type of Repair	Description or Work	Cost
E M E R G E N C Y (EO)	Emergency Repair to Date		PE _____
	<input type="checkbox"/> Force Account		RW _____
	<input type="checkbox"/> Contract		CE _____
			Const _____
	Emergency Repair Remaining		PE _____
	<input type="checkbox"/> Force Account		RW _____
	<input type="checkbox"/> Contract		CE _____
			Const _____
SUBTOTAL EMERGENCY =			
(PR)	Restoration Work		PE _____
	<input type="checkbox"/> Force Account		RW _____
	<input type="checkbox"/> Contract		CE _____
			Const _____
Note: Prior Authorization required to proceed with restoration			SUBTOTAL RESTORATION =
Environmental Clearance <input type="checkbox"/> Categorical Exclusion <input type="checkbox"/> Further Environmental Studies		Preliminary Engineering (10%) _____ Right of Way _____ Construction Engineering (15%) _____ Construction _____	
Stewardship <input type="checkbox"/> Exempt <input type="checkbox"/> CA <input type="checkbox"/> FHWA Oversight		TOTAL ESTIMATED COST =	
Recommendation <input type="checkbox"/> Eligible <input type="checkbox"/> Ineligible	FHWA Engineer _____		Date _____
Concurrence <input type="checkbox"/> Yes <input type="checkbox"/> No	State Engineer _____		Date _____
Concurrence <input type="checkbox"/> Yes <input type="checkbox"/> No	Local Agency Engineer _____		Date _____

U.S. DEPARTMENT OF TRANSPORTATION FEDERAL HIGHWAY ADMINISTRATION - REGION 9	Report No. _____ Sheet No. _____	_____ of _____
DAMAGE ASSESSMENT FORM (Title 23, Federal Aid System/Federal Domain)	Applicant	
Sketches and/or Narrative		

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List of Title 23 ER Projects

Program approval shall not constitute an obligation of funds nor shall it establish a date of eligibility for Federal Funding.

Note:		Project location			Department of Transportation FEDERAL-AID PROGRAM			Sheet _____ of _____	
District _____								Prepared by _____ Date _____	
Class of Federal Funds _____		<input type="checkbox"/> Non-Urbanized Area <input type="checkbox"/> Urbanized Area			Estimated Cost (\$1,000)			Comments (State)	
ITEM NO.	FEDERAL PROJECT NO.	PROJECT DESCRIPTION AND TYPE OF WORK	MPO	LENGTH (miles)	PHASE	TOTAL	FEDERAL FUNDS		
Remarks (Federal)								Phase P=Preliminary Eng C=Construction	

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A. NDAA FORM 1 - PROJECT APPLICATION

State of California
OFFICE OF
EMERGENCY SERVICES

APPLICATION NO. OES _____

SUPPLEMENT NUMBER _____

**PROJECT APPLICATION
STATE NATURAL DISASTER ASSISTANCE ACT PROGRAM**

FEDERAL APPLICATION NO. _____

1. APPLICANT'S NAME AND ADDRESS

2. APPLICANT'S AGENT

(Attach Resolution of Designation)

NAME _____

TITLE _____

ADDRESS _____

CITY & ZIP _____

PHONE: Business(____) _____ Home(____) _____

3. PROJECT SUMMARY

CATEGORY OF WORK	AMOUNT REQUESTED BY APPLICANT	AMOUNT APPROVED BY STATE
A. DEBRIS REMOVAL.....	_____	_____
B. EMERGENCY PROTECTIVE MEASURES.....	_____	_____
C. ROAD SYSTEMS REPAIRS.....	_____	_____
D. DIKES, LEVEES & FLOOD CONTROL WORKS	_____	_____
E. PUBLIC BUILDINGS.....	_____	_____
F. UTILITIES.....	_____	_____
G. OTHER	_____	_____
TOTAL THIS SUPPLEMENT.....	_____	_____
TOTAL NOW APPROVED FOR APPLICANT.....	_____	_____

Attach detailed description and estimated costs (to the nearest dollar) for each item of work above for which financial assistance is requested (Exhibit B).

4. SIGNATURE OF APPLICANT'S AGENT

(Indicate concurrence with assurances and agreements detailed on reverse of this form)

SIGNATURE _____ DATE _____

TITLE _____

5. OES APPROVAL

Approved in accordance with Exhibit "C," State Analysis attached.

SIGNATURE _____ DATE _____

TITLE _____

ASSURANCES AND AGREEMENTS

- A. The applicant certifies (to the best of his/her knowledge and belief) the disaster relief work herein described for which state financial assistance is requested, is eligible in accordance with the criteria contained in the Natural Disaster Assistance Act (Government Code Section 8680 et seq.).
- B. The applicant is the legal entity responsible under law for the performance of the work detailed and accepts such responsibility.
- C. The applicant certifies that the disaster relief work herein described for which State assistance is requested hereunder does not, or will not duplicate benefits received for the same loss from another source.
- D. The applicant certifies that they have undertaken to recover maximum Federal participation in funding street and highway projects and public facility projects.
- E. The applicant certifies that all information given herein is, to the best of its knowledge and belief, true and correct.
- F. The applicant agrees to (1) provide without cost to the State all lands, easements and rights-of-way necessary for accomplishment of the approved work.
- G.
 - 1) The applicant agrees to comply with Section 3700 of the Labor Code which requires every employee to be insured against liability for Workmen's Compensation, or to undertake self insurance in accordance with the provisions of that code; and will comply with such provisions before commencing the performance of the work.
 - 2) The applicant agrees to comply with the Fair Practices Act in connection with the performance of work under this agreement wherein it agrees it will not willfully discriminate against any employee or applicant for employment because of race, color, religion, ancestry, sex, age or national origin; and it agrees to take affirmative action to insure that applicants for employment are employed, and that employees are treated during employment without regard to their race, color, religion, ancestry, sex, age or national origin, and hereby gives assurance that it will immediately take any measures necessary to effectuate this agreement.
 - 3) If any real property or structure thereon is provided or improved with the aid of the state financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer of such property, any transferee for the period during which the real property or structure is used for a purpose of which the state financial assistance is extended, or for other purposes involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the applicant for the period during which it retains ownership or possession of the property. In all other cases, this assurance shall obligate the applicant for the period during which the state financial assistance is extended to it by the agency.
 - 4) This assurance is given in consideration of, and for the purpose of obtaining any and all state grants, loans, reimbursements, advances, contracts, property, discount, or other state financial assistance extended after the date hereon to the applicant. The applicant recognizes and agrees that such state financial assistance will be extended in reliance on the representations and agreements made in this assurance and that the state shall have the right to seek judicial enforcement of this assurance. This assurance is binding on the applicant, its successors, transferees and assignees, and a person or persons whose signatures appear on the reverse, or authorized to sign this assurance on behalf of the applicant.
- H. The applicant certifies that all financial assistance received under this application will be, or has been expended in accordance with applicable laws and regulations. The applicant certifies that any work performed by a state agency at their request shall be agreed upon in writing and be subject to the State Contract Act. The applicant certifies that the work performed, or to be performed is in accordance with the state and local laws governing the performance of such work.
- I. The applicant certifies that on contracts involving an expenditure in excess of \$25,000, it obtained from the contractor a payment bond in accordance with Sections 3247 through 3252 of the Civil Code.

State of California
OFFICE OF
EMERGENCY SERVICES

State seal here

EXHIBIT "B"
LIST OF PROJECTS
STATE NATURAL DISASTER ASSISTANCE ACT PROGRAM

APPLICANT'S NAME _____

*Category ()A ()B ()C ()D ()E ()F ()G

ITEM NO	FEMA REVIEW (Y/N)	LOCATION	DESCRIPTION	SCOPE OF WORK	Damaged In Prior Disaster (Y/N)

*Separate form should be completed for each category of work
OES 95 (Rev. 3/89)

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State of California
OFFICE OF
EMERGENCY SERVICES

Applicant No. OES	DSR No	Category () A () B () C () D () E () F () G
Inspection Date	Supplement to DSR No.	Final Report () Yes () No

DAMAGE SURVEY REPORT
STATE NATURAL DISASTER ASSISTANCE ACT PROGRAM

APPLICANT'S NAME	DAMAGED FACILITY LOCATION	Percentage of Work Completed		
		County		
Description of Damage	Work to be Accomplished by: () Force Account () Contract			
Scope of Work to be Completed	FEMA Eligible () Yes () No			
LABOR, EQUIPMENT & MATERIAL	QUANTITY	UNIT OF MEASURE	UNIT PRICE	COST
Existing Insurance () Yes () No		Subtotal from Continuation Sheets \$		
Premium \$	Deductible \$	TOTAL COST \$		

Name of Inspector	Agency	Date	Eligible () Yes () No	
Name of Local Representative	Title	Signature	Date	Concurrence () Yes () No
Name of Local Representative	Title	Signature	Date	Approved () Yes () No

State of California
OFFICE OF
EMERGENCY SERVICES

Applicant No. OES	DSR No.
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**DAMAGE SURVEY REPORT
CONTINUATION SHEET**

STATE NATURAL DISASTER ASSISTANCE ACT PROGRAM

APPLICANT	CATEGORY: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G
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SKETCHES

OFFICE OF
EMERGENCY SERVICES

BRIDGE SURVEY
(Supplement to Engineering Review)

APPLICANT:	ITEM NO.	DATE OF INSPECTION:
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I. APPROACH ROAD

A. LOCAL OR STATE CLASSIFICATION:		B. SURFACING	
C. AVERAGE WIDTH TRAVELED WAY SHOULDERS:	LEFT APPROACH	RIGHT APPROACH	
	FT	FT	
	FT	FT	
D. SAFE SPEED LIMIT AT BRIDGE:		ADT AT BRIDGE*:	

II. BRIDGE

A. TYPE OF BRIDGE	B. AGE OF BRIDGE*	C. REMAINING SERVICE LIFE PRIOR TO NATURAL DISASTER			
D. BRIDGE COMPONENTS	TYPE OF CONSTRUCTION	Damage due to Disaster (check one)			
		Destroyed	Heavy	Light	None
Superstructure (Less Deck)					
Deck					
Sidewalks					
Left Abutment					
Right Abutment					
Piers					
Wingwalls					
Slope Protection					
Stream Channel					
E. BRIDGE STATISTICS	EXISTING TO DISASTER	PROPOSED (DO NOT COMPLETE IF BRIDGE IS REPAIRABLE)			
CURB TO CURB WIDTH	FT	FT			
BRIDGE LENGTH	FT	FT			
NO. OF SPANDS OR CELLS					
SIDEWALKS	() NONE () 1 SIDE () 2 SIDES	() NONE () 1 SIDE () 2 SIDES			
WIDTH	FT	FT			
LOAD LIMIT*	TONS	TONS			
WATERWAY OPENING					
DRAINAGE AREA*	ACRES	ACRES			

III. COMMENTS

1. DISASTER RELATED DAMAGES ARE (ARE NOT) REPAIRABLE:		
STATE INSPECTOR:	STATE AGENCY	DATE:

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PROJECT SUMMARY
(Claim for Cost of Eligible Disaster Work)
STATE NATURAL DISASTER ASSISTANCE ACT PROGRAM

STATE NO.: OE _____

DATE: _____
FEMA P.A. NO.: _____

APPLICANT'S NAME: _____

State DSR No.	Federal DSR No.	Date Work Completed	Total Amount Approved by Federal	Total Amount Approved by State	Total Amount* Claimed by Applicant
Sub-total from reverse side					
TOTAL			\$	\$	\$

*Do not include administrative allowances

CERTIFICATION OF DOCUMENTATION

I HEREBY CERTIFY under penalty of perjury: That I am the duly authorized official of the herein names Applicant; that the above claim is in all respects true, correct, and has not heretofore been paid, and is in accordance with law; that materials, supplies or services listed herein have been received or performed; that the materials, supplies or services for which payment was made were used or performed exclusively in connection and consistent with Disaster Assistance of the applicant in accordance with the Natural Disaster Assistance Act and applications approved by the Office of Emergency Services; that original contracts, invoices, vouchers or payrolls in support of this claim are on file in the office of the herein names applicant; that I have not violated any of the provisions of Section 1090 to 1096 inclusive of the Government Code in incurring the items of expense referred to in this claim.

I certify that I am the fully qualified and authorized official of the herein applicant responsible for the examination and settlement of accounts; and that the accounts claimed have been paid by the herein named applicant.

Applicant

(Signature of Applicants Agent)

By _____
Auditor-Controller-Clerk of Applicant

Title

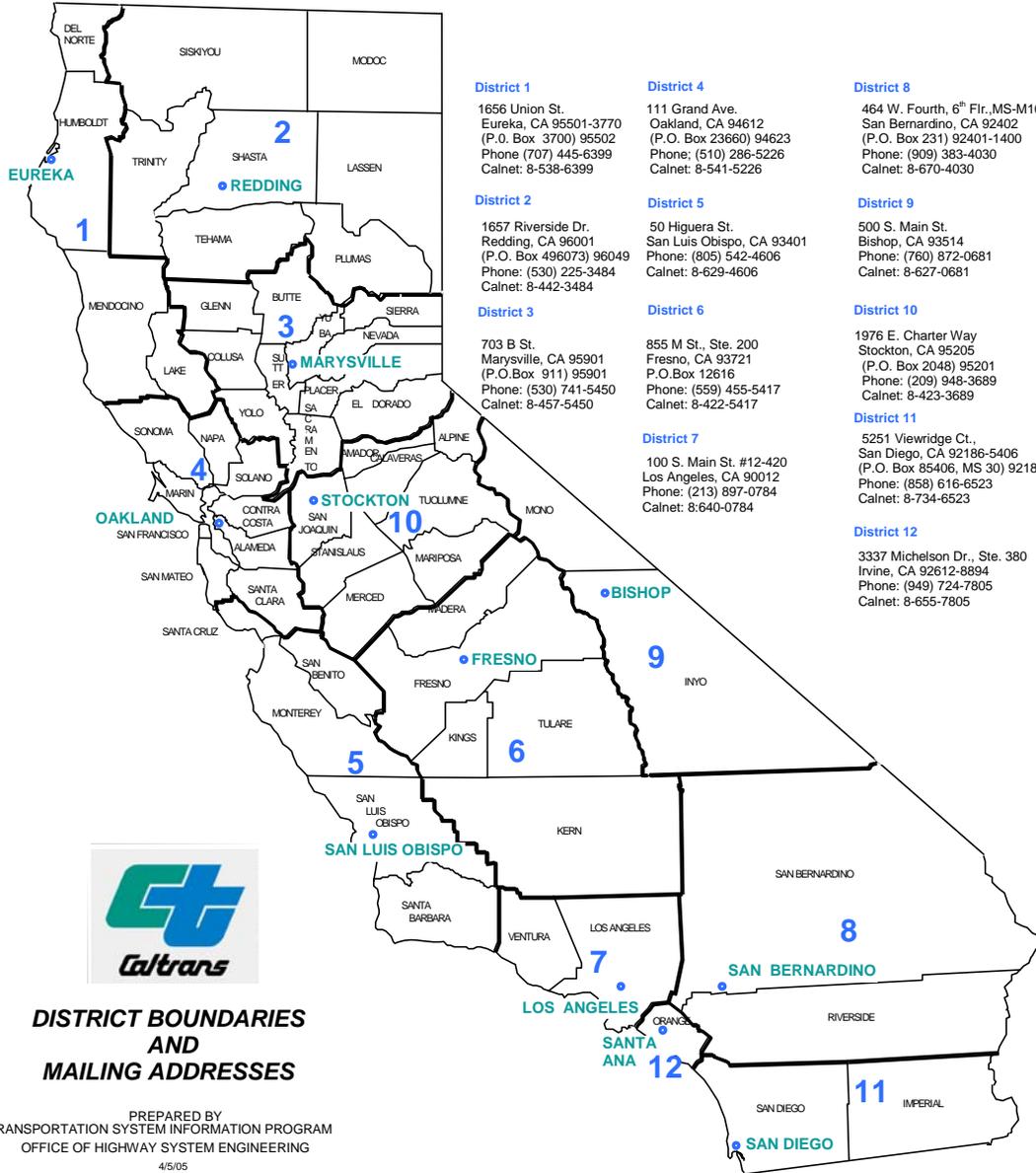
This form must be completed and submitted within sixty (60) days following completion of all work to:
OFFICE OF EMERGENCY SERVICES, DISASTER ASSISTANCE DIVISION
2800 MEADOWVIEW ROAD, SACRAMENTO, CA 95823

(For Internal Use Only)	SHA (FUND 254)	PFA (FUND 251)
TOTAL APPROVED FINAL CLAIM	\$ _____	\$ _____
Administrative Allowance	\$ _____	\$ _____
Amount of Prior Advances	\$ _____	\$ _____
AMOUNT OF FINAL PAYMENT	\$ _____	\$ _____
Date	Reviewer	Title
Date	Approval	Title

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CALTRANS DISTRICT LOCAL ASSISTANCE OFFICES

STATE OF CALIFORNIA
Business Transportation and Housing Agency
Department of Transportation



**DISTRICT BOUNDARIES
AND
MAILING ADDRESSES**

PREPARED BY
TRANSPORTATION SYSTEM INFORMATION PROGRAM
OFFICE OF HIGHWAY SYSTEM ENGINEERING
4/5/05

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