

**OKLAHOMA DEPARTMENT OF EMERGENCY MANAGEMENT (OEM)**

**PUBLIC ASSISTANCE**

**REQUEST FOR ADVANCE OR REIMBURSEMENT PAYMENT**

|                        |                       |              |                |                |
|------------------------|-----------------------|--------------|----------------|----------------|
| <b>NORMAN, CITY OF</b> |                       |              |                | <b>DR Type</b> |
| <b>DEPARTMENT</b>      | <b>OBJECT ACCOUNT</b> | <b>CFDA#</b> | <b>Batch #</b> |                |
| 95- 4117 -3            | 554120                | 97.036       | 4117-20        |                |

|                           |                                  |                             |                                 |
|---------------------------|----------------------------------|-----------------------------|---------------------------------|
| <b>VENDOR ID</b><br>76924 | <b>LOCATION</b>                  | <b>Voucher #</b>            | <b>DUNS NUMBER</b><br>832238146 |
| <b>Tax ID/EIN</b>         | <b>FIPS CODE</b><br>027-52500-00 | <b>Bundle#:</b><br>0021(20) | <b>Prepared by</b>              |

**APPLICANT**  
**NORMAN, CITY OF**  
**201 W GRAY ST**  
**NORMAN OK 73069-**

**PAYMENT OF FEDERAL FUNDS  
FOR FEMA GRANT PROJECTS  
INDICATED IN THE BOX BELOW.**

**COMPUTATION OF AMOUNT OF REIMBURSEMENT/ADVANCES REQUESTED**      15 Alpha Small 720 Fund

|   |               |                      |                     |
|---|---------------|----------------------|---------------------|
| <b>REMARKS</b><br>PA:FEMA DR 4117 PW 39; CITY OF NORMAN | <b>Cat</b>    | <b>PW+Vsn</b>        | <b>Fed 720 Fund</b> |
|   | <b>F</b>      | <b>4117-00039(0)</b> | <b>\$1,530.00</b>   |
|   | <b>Totals</b> |                      | <b>\$1,530.00</b>   |

I certify that to the best of my knowledge and belief the data above are correct and that all outlays were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL

Michelann Ooten  
Deputy Director  
Telephone (405)521-2481

Date

I certify that the amount claimed on this voucher is correct and just and that payment has not been received.

Governor's Authorized Representative

Date

|  |  |
|--|--|
| <b>PA-06-OK-4117-PW-00039(0)</b> <u>P</u>  |  |
| Applicant Name:<br>NORMAN                  | Application Title:<br>NOR005F Communications Tower |
| Period of Performance Start:<br>05-20-2013 | Period of Performance End:<br>11-20-2014           |

|  |                            |
|--|----------------------------|
| Bundle Reference # (Amendment #)<br>PA-06-OK-4117-State-0021(20) | Date Awarded<br>11-01-2013 |
|--|----------------------------|

**Subgrant Application - FEMA Form 90-91**

**Note:** The Effective Cost Share for this application is 75%

| FEDERAL EMERGENCY MANAGEMENT AGENCY<br>PROJECT WORKSHEET  |  |                        |  |                         |               |
|---|--|------------------------|--|-------------------------|---------------|
| DISASTER<br>FEMA 4117 - DR -OK  |  | PROJECT NO.<br>NOR005F | PA ID NO.<br>027-52500-00                  | DATE<br>07-23-2013      | CATEGORY<br>F |
| APPLICANT: NORMAN   |  |                        | WORK COMPLETE AS OF:<br>06-21-2013 : 100 % |                         |               |
| Site 1 of 1   |  |                        |  |                         |               |
| DAMAGED FACILITY:<br>Communications Tower   |  |                        | COUNTY: Cleveland                          |                         |               |
| LOCATION:<br><br>PA-06-OK-4117-PW-00039(0):<br>Norman Oklahoma  |  |                        | LATITUDE:<br>35.25727                      | LONGITUDE:<br>-97.28522 |               |
| DAMAGE DESCRIPTION AND DIMENSIONS:<br><br>PA-06-OK-4117-PW-00039(0):<br><br>During the incident period (May 18-June 2, 2013), the applicant sustained damages to the 400 ft. communications tower located at 3208 108th Avenue, Norman OK from tornado force winds exceeding 200 mph causing the guy wires to be stretched resulting in mis-alignment to the tower.<br><br>The GPS reading noted above was taken at the Communications Tower locate at 3280 108th Ave. Norman OK 73069. |  |                        |  |                         |               |
| SCOPE OF WORK:<br><br>PA-06-OK-4117-PW-00039(0):<br><br>Fund at 75%<br><br>Work Completed:<br><br>The applicant utilized contract services to repair the guy wires to the 400 ft communications tower located at 3208 108th Avenue,   |  |                        |  |                         |               |

Norman OK 73069.

1. American Tower LTD  
 P.O. Box 23074  
 Oklahoma City, Ok 73123  
 405-720-1421  
 Contractor's Cost: \$2,040.00

Work To Be Completed: NONE

Comments:

Backup: See attached invoices and maintenance records on communication tower.

9903 – No Direct Administrative Costs Claimed for SubGrantee –

The Subgrantee chooses not to claim costs to manage and administer this project as part of the Public Assistance Program's grant award. Declining such costs does not exempt the Subgrantee from maintaining records adequately and documenting the source and application of funds as required in 44 CFR - 13.22.

Mitigation

Applicant has decided not to incorporate mitigation. 406 Hazard Mitigation has been discussed with this applicant. No mitigation opportunities were identified by the applicant or the project specialist.

As described in 44 CFR 13.42 (2) (b), 3(c), Subgrantee must maintain all work-related records for a period of three (3) years from Subgrantee closure (final payment), all records relative this project worksheet are subject to examination and audit by the State, FEMA and the Comptroller General of the United States and must reflect work related to disaster specific costs (M.Dunn/IBD FEMA).

All documentation was reviewed, validated and found reasonable by FEMA Project Specialist assigned (R.Snider/PS).

|   |   |
|---|---|
| Does the Scope of Work change the pre-disaster conditions at the site?    Yes    No | Special Considerations included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No              |
| Hazard Mitigation proposal included?    Yes    No                                   | Is there insurance coverage on this facility? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

## PROJECT COST

| ITEM                         | CODE | NARRATIVE                      | QUANTITY/UNIT                          | UNIT PRICE        | COST               |
|------------------------------|------|--------------------------------|--|-------------------|--------------------|
| 1                            | 0000 | Work Completed                 | 0/LS                                   | \$ 0.00           | \$ 0.00            |
| 2                            | 9001 | Contract                       | 1/LS                                   | \$ 2,040.00       | \$ 2,040.00        |
| 3                            | 9903 | No Direct Administrative Costs | 1/LS                                   | \$ 0.00           | \$ 0.00            |
|                              |      |                                |  | <b>TOTAL COST</b> | <b>\$ 2,040.00</b> |
| PREPARED BY Robert Snider    |      |                                | TITLE Project Specialist               | SIGNATURE         |                    |
| APPLICANT REP. David Grizzle |      |                                | TITLE Emergency Management Coordinator | SIGNATURE         |                    |