

PA-09-GU-4495-PW-00031(0)**P**

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| Applicant Name: | Application Title: |
| DEPARTMENT OF PUBLIC HEALTH & SOCIAL SERVICES | 162926 - Emergency Protective Measure - PPE and Medical |
| Period of Performance Start: | Period of Performance End: |
| 03-27-2020 | 03-27-2021 |

| | |
|----------------------------------|--------------|
| Bundle Reference # (Amendment #) | Date Awarded |
| PA-09-GU-4495-PW-00031(27) | 10-29-2021 |

Subgrant Application - FEMA Form 90-91

Note: The Effective Cost Share for this application is 100%

| FEDERAL EMERGENCY MANAGEMENT AGENCY PROJECT WORKSHEET | | | | | | |
|--|------|-------------|----|-----------|----------------------|--------------|
| DISASTER | | PROJECT NO. | | PA ID NO. | DATE | CATEGORY |
| FEMA | 4495 | - | DR | -GU | 162926 | 000-U7OZN-00 |
| APPLICANT: DEPARTMENT OF PUBLIC HEALTH & SOCIAL SERVICES | | | | | WORK COMPLETE AS OF: | |
| | | | | | 03-15-2021 : 0 % | |
| Site 1 of 1 | | | | | | |
| DAMAGED FACILITY: | | | | | COUNTY: Statewide | |
| Damage # 421532; Emergency Protective Measures (Damage for Project [162926] Emergency Protective Mea | | | | | | |
| LOCATION: | | | | | LATITUDE: | LONGITUDE: |
| PA-09-GU-4495-PW-00031(0): 123 Chalan Kareta Rte. 10, Mangilao, GU 96923 | | | | | | |
| Current Version: | | | | | | |
| DAMAGE DESCRIPTION AND DIMENSIONS: | | | | | | |
| PA-09-GU-4495-PW-00031(0): The Disaster #4495DR, which occurred between 1/20/2020 and Ongoing, caused: | | | | | | |
| Damage # 421532; Emergency Protective Measures (Damage for Project [162926] Emergency Protective Measure - PPE and Medical Resource - March) | | | | | | |
| On March 13, 2020, the President declared the ongoing Corona virus Disease 2019 (COVID-19) pandemic of sufficient severity and magnitude to warrant an emergency declaration for all states, tribes, territories, and the District of Columbia pursuant to section 501 (b) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5121-5207 (the "Stafford Act"). State, territorial, tribal, and local government entities and certain private non-profit organizations are eligible to apply for Public Assistance. | | | | | | |
| In response to the pandemic, on March 27, 2020 the Territory of Guam received a Major Disaster Declaration under Presidentially declared FEMA-DR-4495-GU, (the Guam COVID-19 Pandemic event). The incident Period is from January 20, 2020 and ongoing. | | | | | | |
| During the incident period of 1/20/2020 through Ongoing, COVID-19 created an immediate threat to the health and safety of the general public requiring emergency response and protective measures. | | | | | | |
| Provided Provision of Supplies and Commodities for employees at the Department of Health and Social Services, Division of Public Health at 123 Chalan Kareta Rte. 10, Mangilao, GU 96923 from 3/5/2020 to 3/31/2020. | | | | | | |
| Current Version: | | | | | | |
| SCOPE OF WORK: | | | | | | |
| PA-09-GU-4495-PW-00031(0): 421532 [162926] Emergency Protective Measures - PPE and Medical Resource - March | | | | | | |
| The purpose of this Streamlined Project is to provide funding to the Department of Public Health & Social Services for COVID-19 emergency response activities including PPE and other supplies and materials starting from March 5, 2020 through March 31, 2020. | | | | | | |
| The project cost estimate is prepared based on applicant-provided costs in response to FEMA DR-4495-GU (a COVID-19 declared event). | | | | | | |
| Work Completed | | | | | | |

In response to the COVID-19 Public Health Emergency, the applicant is providing PPE and disinfectant for use by employees at the Department of Health and Social Service, Division of Public Health.

Department of Public Health & Social Services

1.Materials: \$71,554.75
-Materials purchased include:
-Hand Sanitizer: \$7,610.00
-Masks: \$32,869.75
-Face Shield: \$6,500.00
-Disinfecting Wipes: \$9,395.00
-Cover Gown: \$9,980.00
-Gloves: \$4,000.00
-Duct Tape: \$1,200.00

Work Completed Total: \$71,554.75

Total Project Cost: \$71,554.75

Project Notes:

1.Costs associated with this project have been validated. See attachment: SL 162926 Cost Estimate and Validation

Grant Conditions

Contracts must include a Termination for Convenience clause.

FEMA will not approve PA funding that duplicates funding or assistance provided by another Federal agency, including the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, and the United States Department of Agriculture.

FEMA will only reimburse for PPE/medical supplies and equipment provided to and used by Applicants and essential workers as necessary to prevent the spread of infection as directed by public health officials not to exceed the duration of the HHS public health emergency declaration for COVID-19.

Approval of funding for the purchase of PPE is conditioned upon the Applicant meeting the following requirements prior to close-out and/or final version for expedited projects:

1.The Recipient, and any subrecipient funded through this and associated subgrants, must provide an internal control plan for accounting for intake, distribution, tracking, and handling of excess commodities and personal protective equipment (PPE) funded by this and associated prior subgrants for the same purpose. Handling of excess must comply with 2 CFR § 200.314 (supplies) and 2 CFR § 200.313 (equipment).
2.The Recipient and any subrecipient must provide the current burn rate for each identified category of PPE under this and associate subawards purchased (for example, N95 masks, surgical masks, and gowns)
3.The Recipient and any subrecipient must provide a current accounting of previously distributed PPE under this and associate subawards by jurisdiction or entity (i.e. by local government, hospital system, etc.)

Current Version:

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

| PROJECT COST | | | | | |
|--------------|------|-------------------|---------------|--------------|--------------|
| ITEM | CODE | NARRATIVE | QUANTITY/UNIT | UNIT PRICE | COST |
| | | *** Version 0 *** | | | |
| | | Work Completed | | | |
| 1 | 9009 | Material | 1/LS | \$ 71,554.75 | \$ 71,554.75 |
| | | | | TOTAL COST | \$ 71,554.75 |

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| PREPARED BY RANI CHERKOORI | TITLE PDMG | SIGNATURE |
| APPLICANT REP. Tommy Taitague | TITLE Administrative Services Officer | SIGNATURE |

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