

Data Sheet:	First: Please complete all the information highlighted in pink, Second: You must then complete the Line Item Reconciliation sheets and the Explain sheets to complete the process, Third: The input information will populate on the appropriate forms including the PW & FIR only leaving you to complete the SC Form.		
State Abbreviation:	FL	State Disaster is in (Abb)	
Disaster No:	4673	FEMA Disaster Number	
County:	Pinellas County	County that damage was in	
Applicant Name:	Madeira Beach, City of	Organization Name	
Applicant Address:	300 Municipal Drive, Madeira Beach, FL, 33708-1916	Files Located at: Need Complete address	
Applicant Contact:	Anne Brooks	Contact Name	
Contact Title:	Mayor	Contact Title	
Closing Meeting Date:	9/22/2025	Date You meet to close FIR	
FEMA Contact at Mtg:		Your Name ?	
FIPS No:	103-42400-00	Applicant's NEMIS ID Number	
PW Category:	Z	FEMA Work Category	
Close Out PO ID:		Your Unique Project # (not used in output)	
Original PW Project ID:	751858	Original PO's Project ID (see original PW)	
NEMIS PW # :	2746	NEMIS PW Number you are closing	
If Version Written Enter #:	2746 V0	PW # ___ V _ If you are writing one to close out	
PA Proj Comp Date:	3/29/24	From NEMIS PW	
Act PW Proj Comp Date:	11/3/23	From Original PW if work Complete	
Location:	City of Madeira Beach	Where is it ?	
Description of Work Performed:	Management Costs	Like " Emergency Protective Measures "	
Damaged Facility:	City of Madeira Beach - Management Costs	What is it ?	
PW/FIR Prepared By:	Anshu Ajmera	Your Name	
Title:	Grant Manager	Your Title	
Date:	9/22/25	Date PW Written	
GPS Reading N :	N/A	GPS Reading at Damage Site	
GPS Reading W :	N/A	GPS Reading at Damage Site	
Original PW Version 0 Amount:	\$ 8,054.06	Enter Total Dollars & Cents	
Obligated PW Version 1 Amount:		Enter Total Dollars & Cents	
Obligated PW Version 2 Amount:		Enter Total Dollars & Cents	
This project closes as written with no version necessary			
This project closes with the attached final PW Version			
DON'T FORGET TO FILL YOUR "SPECIAL CONSIDERATIONS FORM" MANUALLY			
All Project Worksheets must have "SPECIAL CONSIDERATION" Form			
PLEASE REMEMBER TO CHECK ALL FORMS - THIS IS ONLY A TOOL TO HELP YOU COMPLETE YOUR WORK EFFICIENTLY			
Please provide short narrative explaining why the over-run / under-run occurred (Mandatory-will populate on PW)			
The closeout team reviewed supporting documentation for management costs. Discrepancies were identified in the documentation reviewed and will be addressed in this version. Force account labor payroll register was reviewed to determine that all regular time was documented and that each employee was eligible for overtime. The closeout team reviewed the applicant overtime policy and benefits calculations and did not identify exempt employees included in the overtime expenses. The payroll register and proof of payment documentation were reviewed for consistency with the scope of work. Obligated costs were \$8,054.06, however the applicant submitted claimed costs of \$4,332.71, which were \$3,721.25 less than obligated. Ineligible amounts were:\$432.07 due to paystubs not provided, \$91.02 due to discrepancies between claimed hours and timesheet hours for an employee, and \$42.28 due to variances exceeding \$1 between individual claimed amounts and recalculated amounts. All previous versions of this project worksheet have been obligated for a total amount of \$8,054.06. Based on an inspection of the supporting documentation, \$3,767.34 has been identified as eligible resulting in a closeout net under-run of \$4,286.72.			

Madeira Beach, City of FIPS # = 103-42400-00 2746 = NEMIS ID Number FEMA - 4673 DR - FL CAT= Z		
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LINE ITEM RECONCILIATION

Sheet 1

Location = City of Madeira Beach Facility = City of Madeira Beach - Management Costs

[illegible]**Summary:**

The closeout team reviewed supporting documentation for management costs. Discrepancies were identified in the documentation reviewed and will be addressed in this version.

Force account labor payroll register was reviewed to determine that all regular time was documented and that each employee was eligible for overtime. The closeout team reviewed the applicant overtime policy and benefits calculations and did not identify exempt employees included in the overtime expenses. The payroll register and proof of payment documentation were reviewed for consistency with the scope of work. Obligated costs were \$8,054.06, however the applicant submitted claimed costs of \$4,332.71, which were \$3,721.25 less than obligated. Ineligible amounts were: \$432.07 due to paystubs not provided, \$91.02 due to discrepancies between claimed hours and timesheet hours for an employee, and \$42.28 due to variances exceeding \$1 between individual claimed amounts and recalculated amounts.

All previous versions of this project worksheet have been obligated for a total amount of \$8,054.06. Based on an inspection of the supporting documentation, \$3,767.34 has been identified as eligible resulting in a closeout net under-run of \$4,286.72.

Recommendation:

Madeira Beach, City of 103-42400-00 2746 = NEMIS ID Number FEMA - 4673 DR - FL CAT= Z	
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DI #	DI Description	Original PW Amount	Final Eligible Cost	Final Eligible Overrun/ Underrun	Comments
1383358	Management Costs (Madeira Beach, City of)	\$ 8,054.06	\$ 3,767.34	\$ (4,286.72)	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
	Totals	\$ 8,054.06	\$ 3,767.34	\$ (4,286.72)	

Large Project Closeout

Date: 9/22/2025

Applicant: Madeira Beach, City of

FEMA - 4673 DR - FL

PW # 2746

Original Amount On PW: \$ 8,054.06

Applicant Claimed Amount: \$ 3,767.34

Total Project Amount Eligible : \$ 3,767.34

Prepared by: Anshu Ajmera

I. Background: (Damage description, dimensions and other pertinent info.)

SCOPE OF WORK: Subrecipient Management Cost for Project #751858

WORK COMPLETED:

This is a Public Assistance Subrecipient Management Costs project which allows the Subrecipient to receive actual costs for Management Costs, up to a fixed estimate Management Costs award. The final fixed estimate cannot exceed 5.00% of all of the Subrecipient's eligible emergency and permanent work subawards.

The applicant utilized force account labor to conduct Management Cost related activities pertaining to eligible PA awards.

Cost share for this version is 100%. All work and costs on this project fall from 10/3/2022 to 11/3/2023.

For additional detail, please see the project report.

II. Discussion: Review and analysis of submitted documentation resulted in the following determinations:

1. Item: 9905 (Management Costs)

Units = Lump Sum

A. Work Accomplished by: ☒ Force Account ☐ Contractor ☐ N/A

B.	PW Quantity =	1	Claimed Quantity =	1	Eligible Quantity =	1
	Unit Cost =	\$ 8,054.06	Unit Cost =	\$ 3,767.34	Unit Cost =	\$ 3,767.34
	PW Cost =	\$ 8,054.06	Claimed Cost =	\$ 3,767.34	Eligible Cost =	\$ 3,767.34

C. **Decision Basis:**

Force account labor payroll register was reviewed to determine that all regular time was documented and that each employee was eligible for overtime. The closeout team reviewed the applicant overtime policy and benefits calculations and did not identify exempt employees included in the overtime expenses. The payroll register and proof of payment documentation were reviewed for consistency with the scope of work. Obligated costs were \$8,054.06, however the applicant submitted claimed costs of \$4,332.71, which were \$3,721.25 less than obligated. Ineligible amounts were: \$432.07 due to paystubs not provided, \$91.02 due to discrepancies between claimed hours and timesheet hours for an employee, and \$42.28 due to variances exceeding \$1 between individual claimed amounts and recalculated amounts.

2. Item: 0

Units = 0

A. Work Accomplished by: ☐ Force Account ☐ Contractor ☐ N/A

B.	PW Quantity =	0	Claimed Quantity =	0	Eligible Quantity =	0
	Unit Cost =	\$ -	Unit Cost =	\$ -	Unit Cost =	\$ -
	PW Cost =	\$ -	Claimed Cost =	\$ -	Eligible Cost =	\$ -

C. **Decision Basis:**

FINAL INSPECTION REPORT

DATE: September 22, 2025

APPLICANT NAME: Madeira Beach, City of	FIPS NUMBER: 103-42400-00	FEMA DECLARATION NUMBER: FEMA - 4673 DR - FL
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P A COMPLETION DATE: 3/29/2024	NEMIS PW # 2746	CATEGORY: Z	PW ESTIMATED AMOUNT: \$ 8,054.06
ACTUAL COMPLETION DATE: 11/3/2023	PW VER 1 NA PW VER 2 NA		\$ - \$ -
APPLICANT CLAIMED AMOUNT: \$ 3,767.34	ORIGINAL PW ID: 751858		
ACTUAL DOCUMENTED AMOUNT: \$ 3,767.34	ESTIMATED PROJECT TOTAL:		\$ 8,054.06
	RECOMMENDED ELIGIBLE TOTAL:		\$ 3,767.34
THE FINAL INSPECTION IS FOR AN UNDER RUN IN THE AMOUNT OF:			\$ (4,286.72)

FINAL INSPECTION PW #	<u>2746 V0</u>	HAS BEEN PREPARED AS THE FINAL ACTION FOR THE PROJECT.
THE FINAL INSPECTION PW IS FOR AN UNDER RUN IN THE AMOUNT OF:		\$ <u>(4,286.72)</u> .
PERCENT OF DIFFERENCE BETWEEN ESTIMATED PROJECT COST AND ACTUAL COST:		<u>-53.22%</u>

COMMENTS / SUMMARY : This project closes with the attached final PW Version
On 9/22/2025 FDEM Grant Manager discussed the final inspection report and large project closeout with the applicant representative Anne Brooks, Mayor for the Madeira Beach, City of. There are no pending time extension requests, no pending amendments, and no other pending requests. NOTE: All documentation is on file at the Applicant's Office located at the following address: 300 Municipal Drive, Madeira Beach, FL, 33708-1916

FEMA INSPECTOR (PRINT NAME)

SIGNATURE

DATE _____

Anshu Ajmera

Anshu.Ajmera

Digitally signed by Anshu.Ajmera
DN: cn=Anshu.Ajmera,
email=Anshu.Ajmera@ey.com
Date: 2025.09.22 12:14:36 -
04'00'

9/22/25

GRANT MANAGER (PRINT NAME)

SIGNATURE

DATE _____

Anne Brooks

LOCAL REPRESENTATIVE (PRINT NAME)

SIGNATURE

DATE _____

FEDERAL EMERGENCY MANAGEMENT AGENCY PROJECT WORKSHEET				O.M.B. No. 3067-0151 Expires April 30, 2001	
PAPERWORK BURDEN DISCLOSURE NOTICE					
Public reporting burden for this form is estimated to average 30 minutes. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing and submitting the forms. You are not required to respond to this collection of information unless a valid OMB control number is displayed in the upper right corner of the forms. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collection Management, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472, Paperwork Reduction Project (3067-0151). NOTE: Do not send your completed form to this address.					
DECLARATION NO: FEMA- 4673 -DR- FL		PROJECT NO. 2746 V0	FIPS NO. 103-42400-00	DATE 09/22/25	CATEGORY Z
DAMAGE FACILITY City of Madeira Beach - Management Costs				WORK COMPLETE AS OF: 11/03/23 : 100 %	
APPLICANT Madeira Beach, City of			COUNTY Pinellas County		
LOCATION City of Madeira Beach				LATITUDE N/A	LONGITUDE N/A
<u>DAMAGE DESCRIPTION AND DIMENSIONS</u>					
FINAL INSPECTION OF FEMA PW # 2746					
<u>SCOPE OF WORK</u> This PW is written to de-obligate the difference between the Actual Documented Cost and the costs shown on the Original Project Work Sheet including any Versions and/or Approved Hazard Mitigation (See accompanying Final Inspection Report & Reconciliation Forms for details). On 9/22/2025 FDEM Grant Manager discussed the final inspection report and large project closeout for this project with Anne Brooks, Mayor representing the Madeira Beach, City of. The closeout team reviewed supporting documentation for management costs. Discrepancies were identified in the documentation reviewed and will be addressed in this version. Force account labor payroll register was reviewed to determine that all regular time was documented and that each employee was eligible for overtime. The closeout team reviewed the applicant overtime policy and benefits calculations and did not identify exempt employees included in the overtime expenses. The payroll register and proof of payment documentation were reviewed for consistency with the scope of work. Obligated costs were \$8,054.06, however the applicant submitted claimed costs of \$4,332.71, which were \$3,721.25 less than obligated. Ineligible amounts were: \$432.07 due to paystubs not provided, \$91.02 due to discrepancies between claimed hours and timesheet hours for an employee, and \$42.28 due to variances exceeding \$1 between individual claimed amounts and recalculated amounts. All previous versions of this project worksheet have been obligated for a total amount of \$8,054.06. Based on an inspection of the supporting documentation, \$3,767.34 has been identified as eligible resulting in a closeout net under-run of \$4,286.72. The FDEM Grant Manager reviewed the records and recommends that this project be approved as amended. The applicant understands that this Project Worksheet Version completes the Final Project Closeout process.					
Does the Scope of Work change the pre-disaster condition at site? ☐ Yes ☒ No Special Consideration issues included? ☒ Yes ☐ No Hazard Mitigation proposal included? ☐ Yes ☒ No Is there insurance coverage on facility? ☐ Yes ☒ No					
ITEM	CODE	NARRATIVE	QUANTITY/UNIT	UNIT PRICE	COST
			/	\$ -	\$ -
			/	\$ -	\$ -
1	9999	Actual Documented Cost	1 / Lump Sum	\$ 3,767.34	\$ 3,767.34
2	9999	Less Previous Version(s)	1 / Lump Sum	\$ (8,054.06)	\$ (8,054.06)
			/	\$ -	\$ -
			/	\$ -	\$ -
				TOTAL COST	\$ (4,286.72)
PREPARED BY: Anshu Ajmera			TITLE: Grant Manager		
FEMA Form 90-91, SEP 98					
Anne Brooks					
Applicant - Printed Name		Applicant - Signature		Date	

FEDERAL EMERGENCY MANAGEMENT AGENCY SPECIAL CONSIDERATION QUESTION		O.M.B. No. 3067-0151 Expires September 30, 2005
APPLICANT'S NAME Madeira Beach, City of	PA ID NO. 103-42400-00	DATE 9/22/2025
PROJECT NAME Management Costs	LOCATION City of Madeira Beach	
Form must be filled out - for each project.		
1. Does the damaged facility or item of work have insurance and/or is it an insurable risk? (e.g., buildings, equipment, vehicles, etc.) ☐ Yes ☒ No ☐ Unsure Comments _____		
2. Is the damaged facility located within a floodplain or coastal high hazard area/or does it have an impact on a floodplain or wetland? ☐ Yes ☐ No ☐ Unsure Comments <u>N/A - Management Costs</u>		
3. Is the damaged facility or item of work located within or adjacent to a Coastal Barrier Resource System Unit or an Otherwise Protected Area? ☐ Yes ☐ No ☐ Unsure Comments <u>N/A - Management Costs</u>		
4. Will the proposed facility repairs/reconstruction change the pre-disaster condition? (e.g., footprint, material, location, capacity, use or function) ☐ Yes ☐ No ☐ Unsure Comments <u>N/A - Management Costs</u>		
5. Does the applicant have a hazard mitigation proposal or would the applicant like technical assistance for a hazard mitigation proposal? ☐ Yes ☒ No ☐ Unsure Comments _____		
6. Is the damaged facility on the National Register of Historic Places or the state historic listing? Is it older than 50 years? Are there other, similar buildings near the site? ☐ Yes ☐ No ☐ Unsure Comments <u>N/A - Management Costs</u>		
7. Are there any pristine or undisturbed areas on, or near, the project site? Are there large tracts of forestland? ☐ Yes ☐ No ☐ Unsure Comments <u>N/A - Management Costs</u>		
8. Are there any hazardous materials at or adjacent to the damaged facility and/or item of work? ☐ Yes ☐ No ☐ Unsure Comments <u>N/A - Management Costs</u>		
9. Are there any other environmentally or controversial issues associated with the damaged facility and/or item of work? ☐ Yes ☐ No ☐ Unsure Comments <u>N/A - Management Costs</u>		