

# Iowa Disaster Recovery Employment Program: Heavy Equipment Form



Subrecipient Organization Name:

Region:

Justification:

Procurement:

Insurance:

Worksite	Work	Heavy Equipment Needs	Comments
	<b>TOTAL COST:</b>		

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: \_\_\_\_\_