



Daily Activity Report – Inmates



Purpose:

This form is used to track the daily activity for the officers and inmates during the event. The fields below should be submitted to support prison labor costs claimed.

Fields:

- **Applicant:** Entity, organization, or applicant name will be entered.
- **Event:** Enter the event type, number, or name if known.
- **Date:** Date the log is reported.
- **Lead Officer:** The name of the Lead Officer.
- **Officer ID:** The unique identifying number for the officer.
- **Crew Name:** Name of the crew.
- **Crew ID:** The unique identifying number for the crew.
- **Cat:** FEMA Public Assistance category of work A-I
- **Start Time:** Start time (entered as military time with a colon HH:MM)
- **End Time:** End time (entered as military time with a colon HH:MM)
- **Total Time:** Total time worked.
- **Detailed Description of Work:** Detail of the eligible work being performed.
- **Prisoner Name:** Name of Inmate.
- **Prisoner ID:** The unique identifying number for the Inmate.
- **Work Location:** Location the work is performed, this can be entered as GPS or physical address.
 - Enter coordinates in decimal format (e.g., 34.0522, -118.2437).
- **Equipment Operator:** Name of person operating the equipment.
- **Equip ID:** Unique ID for the equipment being used.
- **Vehicle/ Equipment Description:** Detail description of the equipment or vehicle being used.
- **Hours:** Hours the equipment was used.
- **Additional Comments:** Optional free text fields to provide additional clarification
- **Lead Officer signature:** Certification of the lead officer.

Documentation Requirements:

FEMA provides PA funding for inmate labor costs based on the rate that the Applicant normally pays prison inmates. FEMA also provides PA funding for inmate transportation to the worksite and extraordinary costs of security guards, food, and lodging.

The Applicant should submit the following to support inmate labor costs claimed (not an all-inclusive list):

Organizational Information	
	Estimated Hours and Rates for Work to be Completed
	Inmate Labor Pay Policy and Pay Rate (required)
For Each Individual	
	Name
	Days and Hours Worked
	Description of Work Performed (required) Should Include a Representative Sample of Daily Logs or Activity Reports
	Locations Worked





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VEHICLE AND EQUIPMENT ACTIVE USAGE (DRIVER / OPERATOR ONLY)

Operator	Equip ID	Vehicle / Equipment Description	Hours	Additional Comments

I CERTIFY THE INFORMATION ON THIS FORM IS ACCURATE

LEAD OFFICER SIGNATURE:

DATE:

