



Donated Resources Daily Activity Report



Purpose:

This form will record the daily summary of donated/volunteer event related labor and equipment use.

Fields:

- **Event Name:** Type of event, Number, Name of Event if known will be entered.
- **Applicant Name:** Name of applicant will be entered.
- **Date**
- **Receiving Entity:** Group, municipality, government, etc. that receives the donated resources
- **Providing Entity:** Group, municipality, government, etc. that provides/donates the donated resources
- **Receiving Representative:** Individual from the receiving entity that has the authority to receive the donated resources and oversees their intake
- **Providing Representative:** Individual from the providing entity that has the authority to provide/donate the donated resources and oversees the provision/donation
- **Site Manager:** Individual who oversees and manages the site at which the work is being performed
- **Category:** Enter the type (Category A or B) of work being performed
- **Start Time:** Enter in 24-hour military time format "HH:MM" (include the colon).
- **End Time:** Enter in 24-hour military time format "HH:MM" (include the colon).
- **Total Hours:** The sum of the hours worked between the Start and End Times
- **Detailed Description of Event Work Performed:** Enter the specific activities that the individual performed at the specified site (geographical area of work)
- **Employee Name:** Enter the First and Last name of the individual performing work
- **Employee ID:** Unique ID number assigned by workplace, not SSN
- **Work Location:** Geographical area in which the work is performed. This could be entered as coordinates, neighborhoods, or cross streets (specificity is preferred)
- **Equipment Operator:** Enter the name of the individual that operated the equipment during the specified time on the Activity Report
- **Equipment ID:** Unique ID number assigned by workplace
- **Vehicle/Equipment Description:** Enter the type of vehicle/equipment that was used as well as its capabilities (horsepower, volume capacity, etc.)
- **Hours:** Enter the number of hours the vehicle/equipment was performing event related work
- **Additional Comments:** Optional free text fields used to provide additional clarification to the corresponding row.





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Event Name: _____ Applicant Name: _____ Date: _____

Receiving Entity: _____ Providing Entity: _____

Receiving Representative: _____ Providing Representative: _____

Site Manager: _____

- Cat. A – Debris Removal
Cat. D – Water Control Facilities
Cat. G – Recreational & Other
- Cat. B – Emergency Protective Measures
Cat. E – Building and Equipment
Cat. I – Building Code and Floodplain Management Administration and Enforcement
- Cat. C – Roads and Bridges
Cat. F – Utility Systems

Note: If conducting temporary repairs to a Cat C – G site, please utilize Cat B for this time

SITE MANAGER

Cat.	Event Hours Worked (e.g., 19:00 for 7:00 pm)			Detailed Description of Event Work Performed
	Start Time	End Time	Total Hours	

DONATED RESOURCE DAILY ACTIVITY

Event Hours Worked (i.e. 19:00)			Volunteer Name	Volunteer ID	Work Location	Additional Comments
Start Time	End Time	Total Hours				





VEHICLE AND EQUIPMENT ACTIVE USAGE (DRIVER / OPERATOR ONLY)

Operator	Equip ID	Vehicle / Equipment Description	Hours	Additional Comments

MATERIAL USAGE

Vendor	Quantity	Material Justification / Description	Cost	Additional Comments

I CERTIFY THE INFORMATION ON THIS FORM IS ACCURATE

SITE MANAGER
SIGNATURE:

