

COVID-19 Pandemic DR-4524
Materials/Supplies Distribution and Usage Affidavit

Project Applicant: _____

State PW #: _____ FEMA PW #: _____

Project Name: _____

Information below is to be completed by the Agency/Organization that received and used (expended) the materials, or distributed them further to another Agency/Organization. This is not necessarily the same as the Project Applicant.

Agency/Organization: _____

Representative's Name: _____

Agency we received the materials from: _____

As documented within the attached *Final Disposition Workbook* and any additional supporting documentation, I, _____ on behalf of _____

hereby do attest that:

- The information attached is true,
- The materials used/expended were utilized for FEMA Public Assistance eligible activities,
- The materials were distributed to the other listed Agency(ies)/Organization(s), and
- Any remaining material at the end of the Period of Performance will be utilized or disposed of, in accordance 2 C.F.R., the FEMA Public Assistance program, the Public Assistance Program and Policy Guide version 3.1, and any other policies, regulations related to this event.

You must complete Page II of this document using the Summary Tab of the *Final Disposition Workbook*

Representative's Signature: _____

Representative's Title: _____

Date: _____

For questions regarding how to fill out this form, please contact DEMA Recovery at 602-464-6499.

This page must be completed and accompany the signature page

Obtain the below information from the Summary Tab of the *Final Disposition Workbook*

	Total Materials Received or Distributed	Total Consumption of Materials	Total Further Distribution	Remaining Amount (In stock)
Antibacterial Soap				
Antimicrobial Soap				
Batteries AAA				
Biohazard Bags				
Bleach				
Coveralls				
Disinfectant Spray				
Disinfecting Wipes				
Face Shields				
Gloves				
Gowns				
Hand Sanitizer				
Hand Soap				
Isolation Bag				
Medical Gowns				
N95				
Other 1				
Other 2				
Other 3				
Other 4				
Other 5				
Other 6				
Other 7				
Other 8				
Other 9				
Other 10				
Other 11				
Other 12				
Other 13				
Other 14				
Other 15				
Other 16				
Other 17				
Other 18				
Other 19				
Other 20				
Pad, Alcohol, Prep, SRT Med				
PAPRs				
PAPRs, Cartridges, Replacem				
PAPRs, Filter, Replacement				
PAPRs, Hood, Replacement				
PAPRs, Kit, Air Boss, Hood, F				
Specimen Bag				
Surgical Masks				
Thermometers				
Totals				

Please explain what "Other 1" is: _____

Please explain what "Other 2" is: _____

Please explain what "Other 3" is: _____

Please explain what "Other 4" is: _____

Please explain what "Other 5" is: _____

Please explain what "Other 6" is: _____

Please explain what "Other 7" is: _____

Please explain what "Other 8" is: _____

Please explain what "Other 9" is: _____

Please explain what "Other 10" is: _____

Please explain what "Other 11" is: _____

Please explain what "Other 12" is: _____

Please explain what "Other 13" is: _____

Please explain what "Other 14" is: _____

Please explain what "Other 15" is: _____

Please explain what "Other 16" is: _____

Please explain what "Other 17" is: _____

Please explain what "Other 18" is: _____

Please explain what "Other 19" is: _____

Please explain what "Other 20" is: _____