

# DR - 4490

## SMALL PROJECT DOCUMENTATION

The small project threshold for DR – 4490 is \$131,100.00. This dramatic rise in the project threshold has intensely magnified the importance of obtaining and maintaining accurate and comprehensive documentation for small projects.

It is critical that every applicant, thoroughly document small project expenses, both to support the PA program reimbursement and to successfully retain the reimbursement following an audit. The acquisition and retention of source documentation to support the project expenses is imperative. The Code of Federal Regulations (CFR), 2 CFR, § 200.302 (b) (3) states: "Records that identify adequately the source and application of funds for federally-funded activities. These records must contain information pertaining to Federal awards, authorizations, obligations, unobligated balances, assets, expenditures, income and interest, and be supported by source documentation."

Applicant files should be maintained **by project number**, with all the documentation pertaining to the project in one folder/file.

All projects, and the corresponding documentation, are subject to inspection by SEMA, FEMA and auditors.

Applicants are required to maintain project documentation a minimum of three years following the closeout of their disaster application.

### IN ORDER TO MEET NEW AUDIT REQUIREMENTS:

**For each small project, where the work was completed before the project is written and obligated, please upload the project cost documentation to the Grants Portal and send us a notice that this has been done or send us a copy of the documentation for our files.**

**For each small project, with work to be completed when the project is written and obligated, when the cost documentation is obtained, please upload the documentation to the Grants Portal and send us a notice that this has been done or send us a copy for our files.**

**I have read, understand, and we will comply with the information and requirements above.**

**SA/PW #:**

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\_\_\_\_\_

\_\_\_\_\_  
PRINTED NAME - AUTHORIZED REPRESENTATIVE

\_\_\_\_\_  
JURISDICTION

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

**PLEASE:** Complete the information above, make a copy for your disaster files, and **mail the original signature document to the following address:**

State Emergency Management Agency  
ATTN: Public Assistance Program  
2302 Militia Drive P.O. Box 116  
Jefferson City, Missouri 65102