

COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA EMERGENCY MANAGEMENT AGENCY

SUMMARY OF COSTS

PW No:	APPLICANT:
CATEGORY:	LOCATION AND DESCRIPTION:

DAP-5 WORKSHEET NUMBER	FORCE ACCOUNT			DAP-6 WORKSHEET NUMBER	CONTRACTOR/VENDOR	
	LABOR	EQUIPMENT	MATERIALS		CONTRACTOR'S NAME	AMOUNT
	\$	\$	\$			\$
TOTALS	\$	\$	\$			\$

SHEET TOTAL: \$ _____

NOTE: The suggested purpose of this form is to provide an organized summary of the cost of one PW. Totals from the activity worksheets may be transferred as appropriate to this summary log. This form should be maintained by the subgrantee in the specific PW/Case Management File.