

## Project Description and Details Form

<b>Name of Community or State Agency:</b>	
<b>Contact Person:</b>	
<b>Damaged Facility:</b>	
<b>Who owns this facility:</b>	
<b>Work Complete as of _____:                    %</b>	
<b>Location (include Milepost if road related or address if building related):</b>	
<b>Latitude:</b>	<b>Longitude:</b>
<b>What caused the damages:</b>	
<b>Damage Description and Dimensions:</b>	
<b>Scope of Work:</b>	
<ul style="list-style-type: none"><li>• <b>Work Completed:</b></li></ul>	
<ul style="list-style-type: none"><li>• <b>Work to be Completed:</b></li></ul>	
<b>Any Special Considerations (Insurance Coverage, Environmental, Historic):</b>	
<b>Proposed Hazard Mitigation:</b>	