

Daily Shelter Report For Cost Recovery (SP-2)

Disaster Name		FEMA DR Number	
Report for date of		Shelter Manager Name	
Shelter name		Manager phone #	
Shelter address		Manager cell #	
Shelter phone #		Manager email	
Shelter facility owner name		Shelter operator organization name	
Square feet		Bed capacity	
Congregate shelter	Yes / No		
Pre-opening photos	Yes / No	Damage update photos	Yes / No
Overnight census count		Red Cross Report #	
# of meals provided	Breakfast	Lunch	Dinner
Facility owner support staff	Yes / No / Attach ¹	Agency support staff	Yes / No / Attach ¹
Agency DSW Volunteers	Yes / No / Attach ¹	Other volunteers	Yes / No / Attach ¹
Utility bills (all)	Yes / No / Attach ²	Security services	Yes / No / Attach ²
Temporary power	Yes / No / Attach ²	Trash hauling	Yes / No / Attach ²
Toilets/sanitation services.	Yes / No / Attach ²	Facility repairs	Yes / No / Attach ²
Medical/bio waste disposal	Yes / No / Attach ²	Janitorial services	Yes / No / Attach ²
Food & kitchen supplies	Yes / No / Attach ²	Other facility services	Yes / No / Attach ²
Laundry: kitchen and shelter	Yes / No / Attach ²	Shelter supplies	Yes / No / Attach ²
Hyper cleaning services	Yes / No / Attach ²	Other <small>(Specify)</small>	
Donations of equipment	Yes / No / Attach ²	Donations of supplies	Yes / No / Attach ²
Daily counts for services			
Services	Provider(s)	Count	Notes
First Aid - Medical			
Mental Health			
Child/Elder Care			
Victims Assistance			
Animal Care			
Transportation			
Special Services			
Other Services			
Notes:			
Post-closing photos			

¹ Attach time sheets with job duties performed for each employee assigned to shelter.

² Attach invoices, job orders, or shipping tickets for all supplies or services received at the shelter each day.