



Wisconsin Emergency Management Public Assistance – Project Worksheet Scope of Work (SOW) Change Request

Name of Organization/Applicant:		
Disaster #: DR–	Project Worksheet #: PW–	Category of Work:
Date of SOW Change Request:		
Type of SOW Change Request:		
Current Project Worksheet Cost:		
Estimated SOW Change Cost:		
Description of SOW Change:		
Supporting Documentation Attached – summary of costs, timetable, drawings/designs, etc.		
For WEM use only:		
Scope of Work Change Request:	Approved	Denied
State Public Assistance Officer		
(print name & sign)		(date)
Comments/Requirements for Approval; Explanation for Denial:		