PNP FACILITY QUESTIONNAIRE

1. Name of PNP Organization
2. Name of the damaged facility and location
3. What was the primary purpose of the damaged facility
4. Is the facility a critical facility as described above?  
   - Yes  
   - No
5. Who may use the facility
6. What fee, if any, is charged for the use of the facility
7. Was the facility in use at the time of the disaster?  
   - Yes  
   - No
8. Did the facility sustain damage as a direct result of the disaster?  
   - Yes  
   - No
9. What type of assistance is being requested?
10. Does the PNP organization own the facility?  
    - Yes  
    - No
11. If "Yes" obtain proof of ownership; check here if attached.
12. Does the PNP organization have the legal responsibility to repair the facility?  
    - Yes  
    - No
13. If "Yes", provide proof of legal responsibility; check here if attached.
14. Is the facility insured?  
    - Yes  
    - No
15. If "Yes", obtain a copy of the insurance policy; check here if attached.

Additional information or comments:

Contact Person

Date

FEMA FORM 009-0-121

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency

PNP FACILITY QUESTIONNAIRE

Public reporting burden for this data collection is estimated to average 0.5 hours per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. This collection of information is not required to obtain or retain benefits. You are not required to respond to this collection of information unless a valid OMB control number is displayed in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW., Washington, DC 20472, Paperwork Reduction Project (1660-0017) NOTE: Do not send your completed form to this address.
Private Non-Profit Organization Documentation

The attached PNP questionnaire, completed original.

UEI Number:

FEIN Number:

Missouri State Tax ID Number:

An effective ruling letter from the U.S. Internal Revenue Service, granting tax exemption under Sections 501 (c), (d), or (e) of the Internal Revenue Code of 1954,

OR

Satisfactory evidence from the State that the nonrevenue producing organization or entity is a nonprofit one organized or doing business under State law.
(A letter form the Missouri Secretary of State’s office meets this requirement; the Missouri Department of Revenue Sales Tax Exemption letter does not meet this requirement, however, it may be used to show the Missouri State Tax ID number.)

A copy of the organizations Charter / By-Laws.

A copy of the current Insurance policy for any affected / insured facilities / structures.

Proof of ownership or a copy of the current lease / rental agreement, if applicable.

Maintenance plans / requirements for the facility and records of the performance of that maintenance.

What is your primary function / purpose as a PNP?