

DR-4803

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
REQUEST FOR PUBLIC ASSISTANCE

FEIN:
UEI#:

OMB Control Number 1660-0017
Expires November 30, 2023

Paperwork Burden Disclosure Notice

Public reporting burden for this data collection is estimated to average 15 minutes 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 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.

Privacy Act Statement

Authority: FEMA is authorized to collect the information requested pursuant to the Robert T. Stafford Disaster Relief and Emergency Assistance Act, §§ 402-403, 406-407, 417, 423, and 427, 42 U.S.C. 5170a-b, 5172-73, 5184, 5189a, 5189e; The American Recovery and Reinvestment Act of 2009, Public Law No. 111-5, § 601; and "Public Assistance Project Administration," 44 C.F.R. §§ 206.202, and 206.209.

APPLICANT (Political subdivision or eligible applicant) DATE SUBMITTED

COUNTY (Location of Damages. If located in multiple counties, please indicate)

APPLICANT PHYSICAL LOCATION

STREET ADDRESS

CITY COUNTY STATE ZIP CODE

MAILING ADDRESS (If different from Physical Location)

STREET ADDRESS

POST OFFICE BOX CITY STATE ZIP CODE

Primary Contact/Applicant's Authorized Agent

Alternate Contact

NAME TITLE BUSINESS PHONE FAX NUMBER HOME PHONE (Optional) CELL PHONE E-MAIL ADDRESS PAGER & PIN NUMBER

Did you participate in the Federal/State Preliminary Damage Assessment (PDA)? YES NO

Private Non-Profit Organization? YES NO

If yes, which of the facilities identified below best describe your organization?

Title 44 CFR, part 206.221(e) defines an eligible private non-profit facility as: "... any private non-profit educational, utility, emergency, medical or custodial care facility, including a facility for the aged or disabled, and other facility providing essential governmental type services to the general public, and such facilities on Indian reservations." Other essential governmental service facility means museums, zoos, community centers, libraries, homeless shelters, senior citizen centers, rehabilitation facilities, shelter workshops and facilities which provide health and safety safety services of a governmental nature. All such facilities must be open to the general public.

Private Non-Profit Organizations must attach copies of their Tax Exemption Certificate and Organization Charter or By-Laws. If your organization is a school or educational facility, please attach information on accreditation or certification.

OFFICIAL USE ONLY: FEMA - DR- FIPS# DATE RECEIVED

APPLICANT IMPACT SURVEY

Paperwork Burden Disclosure Notice

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Instructions

The purpose of this form is to capture preliminary information about the Applicant's incident impacts. The information on this form helps FEMA understand the severity of the Applicant's disaster impacts and determine the specific types of staff required to provide the Applicant with effective customer service. FEMA does not use the information to determine the level of financial assistance it will provide. Complete one form per Applicant at grantee.fema.gov. Please upload documents on grantee.fema.gov.

The estimated time to complete this form is XXX minutes. Information you will need:

- Estimated cost of all incident-related impacts
- Estimated cost of all debris impacts
- Estimated cost of all immediate threat impacts
- List of insurance policies (if applicable)

Declaration & Applicant Information

1. Declaration Information [System Generated]

2. Applicant Information [System Generated]

Section I – Overall Impacts

Please provide information on the Applicant's overall impacts so FEMA and the Recipient can determine the best way to quickly provide Public Assistance grant funding.

1. What is the total anticipated cost to address all incident-related impacts? Please update selection from the Applicant's Request for Public Assistance with the most recent information.

- Less than the Large Project Threshold
- Between the Large Project Threshold and \$1,000,000
- \$1,000,000 or more

2. Does the Applicant have any of the following incident-related impacts? Please update selection from the Applicant's RPA with the most recent information. Select all that apply.

- Debris
- Emergency response/protective measures
- Infrastructure damage

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APPLICANT IMPACT SURVEY

Section II - Specific Impacts

Please provide information on the Applicant's impacts so FEMA can assign relevant staff to support [Applicant name]'s recovery. The sections below are broken down by FEMA's damage categories: Debris Impacts (A), Immediate Threat Impacts (B), and Infrastructure Damage (C-G).

Debris Impacts (Category A)

1. What is the level of debris impacts? Please select one.

- Significant
- Moderate
- Minimal

Please describe in 1 or 2 sentences the debris impacts, including types of debris and approximate quantity if known:

2. What is the status of work to address debris impacts? Please select one.

- Work is completed and costs are documented.
- Work is completed and costs are not documented.
- Work has started. Please provide a projected end date, if known: _____.
- Work has not started.

3. Does the Applicant anticipate work with the following characteristics? Please select all that apply.

- In a river, lake, or other body of water
- Within 200 feet of a waterway, body of water, or wetland
- Ground disturbance activities
- Removing stumps, trees, or limbs
- Root ball extraction for stumps or trees
- Near endangered species
- Other environmental concerns, please describe: _____

4. What is the total approximate cost to address debris-related impacts? Please select one.

- Less than the Large Project Threshold
- Between the Large Project Threshold and \$1,000,000
- \$1,000,000 or more

Immediate Threat Impacts (Category B)

1. Does the Applicant have any impacts that require immediate attention or federal support? Please select all that apply. Please update with most recent information.

- Operations being conducted from temporary locations due to damaged facilities
- Damaged facilities that require temporary relocation of services
- Operations dependent on temporary equipment (such as generators or mobile boilers)
- Inaccessible areas
- Inaccessible facilities
- Other, describe immediate need: _____
- No.

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2. What is the status of emergency response/protective measures? *Please select one. Please update with most recent information.*

Work is completed and costs are documented.

Work is completed and costs are not documented.

Work has started. Please provide a projected end date, if known: _____.

Work has not started.

3. Does the Applicant anticipate work with the following characteristics in its emergency response/protective measures? *Please select all that apply.*

In a river, lake, or other body of water

Within 200 feet of a waterway, body of water, or wetland

Ground disturbance activities

On facilities over 45 years old

Near endangered species

Other environmental concerns. Please describe: _____

4. What is the total approximate cost of emergency response/protective measures? *Please select one.*

Less than the Large Project Threshold

Between the Large Project Threshold and \$1,000,000

Greater than \$1,000,000

Infrastructure Damage (Categories C-G)

1. What type of facilities were damaged? *Please select all that apply and provide an approximate number of facilities of each type that were damaged. Provide based on most recent information.*

<input type="checkbox"/> Buildings. <i>Approximate number of damaged facilities:</i> _____	<input type="checkbox"/> Transportation. <i>Approximate number of damaged facilities:</i> _____
<input type="checkbox"/> Education	<input type="checkbox"/> Bridges
<input type="checkbox"/> Emergency Services	<input type="checkbox"/> Roads/Culverts
<input type="checkbox"/> Medical	<input type="checkbox"/> Mass Transit
<input type="checkbox"/> Housing	<input type="checkbox"/> Other _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Utilities. <i>Approximate number of damaged facilities:</i> _____
<input type="checkbox"/> Water/Flood Control. <i>Approximate number of damaged facilities:</i> _____	<input type="checkbox"/> Communications
<input type="checkbox"/> Natural or Cultural. <i>Approximate number of damaged facilities:</i> _____	<input type="checkbox"/> Energy
<input type="checkbox"/> Beaches	<input type="checkbox"/> Water or Wastewater
<input type="checkbox"/> Museums	<input type="checkbox"/> Other
<input type="checkbox"/> Recreational	<input type="checkbox"/> Vehicles or Equipment. <i>Approximate number damaged:</i> _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other. <i>Approximate number of damaged facilities:</i> _____. <i>Please list the other facility types:</i> _____

2. Does the Applicant anticipate work with the following characteristics? *Please select all that apply.*

In a river, lake, or other body of water

Within 200 feet of a waterway, body of water, or wetland

Ground disturbance activities

On facilities over 45 years old

Near endangered species

Other environmental concerns. *Please describe:*

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3. Does the Applicant have any additional information about its infrastructure damage? Please describe.

4. What is the status of work to address infrastructure damage? Please select one.

Work is completed and costs are documented.

Work is completed and costs are not documented.

Work has started. Please provide a projected end date, if known: _____.

Work has not started.

5. Does the Applicant anticipate pursuing any of the following options for one or more facilities? Please select all that apply.

Change the size, capacity, or interior design of a facility	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Replace or relocate the facility	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Abandon a facility and use the funds towards a facility with a different function	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure

If yes or unsure is selected for any option above, please describe:

6. What is the total approximate cost to address infrastructure damage? Please select one.

Less than the Large Project Threshold

Between the Large Project Threshold and \$1,000,000

Greater than \$1,000,000

Section III – All Impacts

1. Does the Applicant know how it plans to conduct the work to address the impacts? Please select all that apply.

Yes, the Applicant plans to contract for the work. *Please provide procurement policy.*

Yes, the Applicant plans to use its own staff for the work. *Please provide labor policies for the various departments and types of staff performing work, as applicable.*

Yes, the Applicant plans to use donated resources or mutual aid for the work.

No.

Unsure.

2. Does the Applicant have any insurance policies? Please select one.

Yes, but the Applicant has not filed a claim.

Yes, the Applicant has filed a claim but not received settlement.

Yes, the Applicant has filed a claim and received settlement.

No.

If yes, please provide flood, wind, auto, and/or General Property insurance policies. Ensure that documentation includes the following information:

- Property policy declaration pages
- Schedule of values/covered locations
- Equipment breakdown section
- Property policy forms and endorsements
- Inland marine coverage section (if applicable)

Applicant Impact Survey

What is the Applicant's experience and level of support needed with the Public Assistance application process?

- Unfamiliar, and likely to need dedicated, in-person support navigating the process.
- Unfamiliar, but likely to be comfortable with limited or remote support navigating the process.
- Familiar, but likely to need dedicated, in-person support navigating the process.
- Familiar, and likely to be comfortable with limited or remote support navigating the process.

Did an Applicant representative attend an applicant Briefing?

- Yes
- No

General Certification

I certify that I have reviewed the following information regarding requirements to receive Public Assistance: *Please initial next to each statement*

_____ Applicants should document damages with photos and track all resources used at the site including dates and quantities.

_____ Applicants must comply with the applicable codes, specifications and standards requirements when restoring infrastructure.

_____ In accordance with the Public Assistance Program and Policy Guide, the Applicant must comply with applicable federal, state, and local laws, must provide all documentation requested to allow FEMA to ensure project applications comply with federal Environmental and Historic Preservation (EHP) laws, implementing regulations, and Executive Orders; and must comply with any EHP compliance conditions placed on all grants.

_____ Applicants that utilize contractors for work conducted with FEMA PA funding must follow the procurement and contracting rules detailed in 2 CFR §200.318-326.

Signature of Authorized Representative

Date