

DR-4885

DEPARTMENT OF HOMELAND SECURITY  
Federal Emergency Management Agency  
REQUEST FOR PUBLIC ASSISTANCEFEIN: \_\_\_\_\_  
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

NAME

TITLE

TITLE

BUSINESS PHONE

BUSINESS PHONE

FAX NUMBER

FAX NUMBER

HOME PHONE (Optional)

HOME PHONE (Optional)

CELL PHONE

CELL PHONE

E-MAIL ADDRESS

E-MAIL ADDRESS

PAGER &amp; PIN NUMBER

PAGER &amp; PIN NUMBER

Did you participate in the Federal/State Preliminary Damage Assessment (PDA)? ☐ YES ☐ NOPrivate 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 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 -

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FIPS#

DATE RECEIVED

# Request for Public Assistance Applicant Impact Survey

Applicant Name: \_\_\_\_\_

<b>Overall Impacts</b>
<p>1.) Does the Applicant have any of the following incident-related impacts? What is the anticipated costs to address these issues?</p> <p><input type="checkbox"/> Debris: <input type="checkbox"/> between \$4,000 and \$1,062,900 <b>or</b> <input type="checkbox"/> above \$1,062,900?</p> <p><input type="checkbox"/> Emergency protective measures: <input type="checkbox"/> between \$4,000 and \$1,062,900 <b>or</b> <input type="checkbox"/> above \$1,062,900?</p> <p><input type="checkbox"/> Infrastructure damage: <input type="checkbox"/> between \$4,000 and \$1,062,900 <b>or</b> <input type="checkbox"/> above \$1,062,900?</p>
<b>Debris Impacts (Category A)</b>
<p>1.) What is the level of debris impacts?</p> <p><input type="checkbox"/> Significant</p> <p><input type="checkbox"/> Moderate</p> <p><input type="checkbox"/> Minimal</p> <p>2.) What is the status of work to address debris impacts?</p> <p><input type="checkbox"/> Work is completed and costs are documented.</p> <p><input type="checkbox"/> Work is completed and costs are not documented.</p> <p><input type="checkbox"/> Work has started. Please provide a projected end date, if known: _____.</p> <p><input type="checkbox"/> Work has not started.</p> <p>3.) Does the Applicant anticipate work with the following characteristics?</p> <p><input type="checkbox"/> In a river, lake, or other body of water.</p> <p><input type="checkbox"/> Within 200 feet of a waterway, body of water, or wetland.</p> <p><input type="checkbox"/> Ground disturbance activities.</p> <p><input type="checkbox"/> Removing stumps, trees, or limbs.</p> <p><input type="checkbox"/> Root ball extraction for stumps or trees</p> <p><input type="checkbox"/> Near endangered species</p> <p><input type="checkbox"/> Other environmental concerns, please describe: _____</p>
<b>Emergency Protective Measures (Category B)</b>
<p>1.) Does the Applicant have any impacts that require immediate attention or federal support? <i>Please select all that apply</i></p> <p><input type="checkbox"/> Operations being conducted from temporary locations due to damaged facilities</p> <p><input type="checkbox"/> Damaged facilities that require temporary relocation of services</p> <p><input type="checkbox"/> Operations dependent on temporary equipment</p> <p><input type="checkbox"/> Inaccessible areas</p> <p><input type="checkbox"/> Inaccessible facilities</p> <p><input type="checkbox"/> Other, describe immediate need: _____</p> <p><input type="checkbox"/> No.</p>

2.) What is the status of emergency response/protective measures?

- ☐ 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 protective measures?

- ☐ 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: \_\_\_\_\_

### 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.*

- ☐ Buildings: number of facilities: \_\_\_\_\_
  - ☐ Education
  - ☐ Emergency Services
  - ☐ Medical
  - ☐ Housing
  - ☐ Other \_\_\_\_\_
- ☐ Water/Flood Control: number of facilities: \_\_\_\_\_
- ☐ Natural or Cultural: number of facilities: \_\_\_\_\_
  - ☐ Beaches
  - ☐ Museums
  - ☐ Recreational
  - ☐ Other \_\_\_\_\_
- ☐ Transportation: number of facilities: \_\_\_\_\_
  - ☐ Bridges
  - ☐ Roads/Culverts
  - ☐ Mass Transit
  - ☐ Other \_\_\_\_\_
- ☐ Utilities: number of facilities: \_\_\_\_\_
  - ☐ Communications
  - ☐ Energy
  - ☐ Water or Wastewater
  - ☐ Other \_\_\_\_\_
- ☐ Vehicles or Equipment: amount damaged: \_\_\_\_\_
- ☐ Other: \_\_\_\_\_: number of facilities: \_\_\_\_\_

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

- ☐ In a river, lake, or 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, describe immediate need: \_\_\_\_\_

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?

- ☐ Change the size, capacity, or interior design of a facility
  - ☐ Yes
  - ☐ No
  - ☐ Unsure
- ☐ Replace or relocate the facility
  - ☐ Yes
  - ☐ No
  - ☐ Unsure
- ☐ Abandon a facility and use the funds towards a facility with a different function
  - ☐ Yes
  - ☐ No
  - ☐ Unsure

### All Impacts

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

- ☐ Contract. *Please provide procurement policy*
- ☐ Force Account Labor. *Please provide labor policy*
- ☐ Donated resources or mutual aid.
- ☐ No.
- ☐ Unsure.

2.) Does the Applicant have any insurance policies? *If yes, please provide insurance policy*

- ☐ 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.

### Applicant Certification

3.) 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.

4.) Did a representative of the Jurisdiction 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 standard 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/Primary Contact

\_\_\_\_\_  
Date