DEPARTMENT OF HOMELAND SECURITY

Federal Emergency Management Agency

DR - 4929

REQUEST FOR PUBLIC ASSISTANCE

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 & PIN NUMBER	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

Federal Emergency Management Agency

The purpose of this form is to capture preliminary information about the Applicant's incident impacts. The information 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. The information lays the foundation for all future actions pertaining to acquiring grant funding. FEMA does not use the information to determine the level of financial assistance it will provide.

Impacted Recipient Name:

Incident Date:	Incident Type:

Impacted Applicant Name:

Overall Impacts

What is the total anticipated cost to address all incident-related impacts? *Select one.*

- ☐ Less than $1.1 million
- ☐ More than $1.1 million

Does the Applicant have any of the following incident-related impacts? *Select all that apply.*

- ☐ Debris
- ☐ Emergency response/protective measures
- ☐ Infrastructure damage

Debris Impacts (Category A)

What is the level of debris impact? *Select one*.

- ☐ Significant
- ☐ Moderate
- ☐ Minimal

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

What is the status of work to address debris impacts? *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.

Does the Applicant anticipate work with the following characteristics? *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:
- ☐ None of the above

What is the total approximate cost to address debris-related impacts? *Select one.*

- ☐ Less than $1.1 million
- ☐ More than $1.1 million

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Immediate Threat Impacts (Category B)

Does the Applicant have any impacts that require immediate attention or federal support?

- ☐ 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

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

Does the Applicant anticipate work with the following characteristics? *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:
- ☐ None of the above

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

- ☐ Less than $1.1 million
- ☐ More than $1.1 million

Infrastructure Damage (Categories C-G)

What type of facilities were damaged? *Select all that apply and provide an approximate number of facilities of each type that were damaged.*

- ☐ Buildings. *Approximate number of damaged facilities:* _____
  - ☐ Education
  - ☐ Emergency Services
  - ☐ Medical
  - ☐ Housing
  - ☐ Other, describe:
- ☐ Water/Flood Control. *Approximate number of damaged facilities:* _____
- ☐ Natural or Cultural. *Approximate number of damaged facilities:* _____
  - ☐ Beaches
  - ☐ Museums
  - ☐ Recreational
  - ☐ Other, describe:
- ☐ Transportation. *Approximate number of damaged facilities:* _____
  - ☐ Bridges
  - ☐ Roads/Culverts
  - ☐ Mass Transit
  - ☐ Other, describe:

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- ☐ Utilities. A*pproximate number of damaged facilities:* _____
  - ☐ Communications
  - ☐ Energy
  - ☐ Water or Wastewater
  - ☐ Other, describe:
- ☐ Vehicles or Equipment. A*pproximate number of damaged facilities:* _____
- ☐ Other. Describe and provide a*pproximate number of damaged facilities:* _____

Does the Applicant anticipate work with the following characteristics? S*elect 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. Describe:
- ☐ None of the above

Does the Applicant have any additional information about its infrastructure damage? Describe:

What is the status of work to address infrastructure damage? S*elect 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.

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

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

What is the total approximate cost to address infrastructure damage? S*elect one.*

- ☐ Less than $1.1 million
- ☐ More than $1.1 million

Does the Applicant know how it plans to conduct the work to address the impacts? *If yes, select all that apply.*

- ☐ Yes, the Applicant plans to contract for the work
- ☐ Yes, the Applicant plans to use its own staff for the work
- ☐ Yes, the Applicant plans to use donated resources or mutual aid for the work
- ☐ No
- ☐ Unsure

If yes, please provide any available and applicable documents such as labor policies, mutual aid agreements, or procurement and contracting documents.

APPLICANT IMPACT SURVEY

Does the Applicant have any insurance policies? S*elect 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 applicable insurance policies and related documentation.