

REQUEST FOR PUBLIC ASSISTANCE

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

APPLICANT PHYSICAL LOCATION

STREET ADDRESS

CITY	COUNTY	STATE	ZIP CODE
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MAILING ADDRESS (If different from Physical Location)

STREET ADDRESS

POST OFFICE BOX	CITY	STATE	ZIP CODE
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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 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

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.

Does the Applicant have any of the following incident-related impacts?

Debris

Emergency Response/Protective Measures

Infrastructure Damage

What is the total approximate cost to address incident-related impacts?

Less than \$132,800

Between \$132,800 and \$1,000,000

\$1,000,000 or more

What is the approximate total number of facilities with incident-Related impacts? _____

What is the status of all work to address incident-related impacts?

Work is completed and costs are documented.

Work is completed and costs are not documented.

Work has started. What date do you believe you will be done with the work _____

Work has not started.

Does the Applicant have any impacts that are of such severity that require immediate attention or federal support?

Yes

No

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