

Paperwork Burden Disclosure Notice

Public reporting burden for this data collection is estimated to average 7 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

The collection of this information is authorized by the Robert T. Stafford Disaster Relief and Emergency Assistance Act, §§ 402-403, 406-407, 417, 423, 427, 428, 502, and 705; 42 U.S.C. 5170a-b, 5172-73, 5184, 5189a, 5189e, 5189f, 5192, 5205; Title 44 Code of Federal Regulations (C.F.R.) § 206 Subpart G; and 2 C.F.R. § 200. This information is collected to provide assistance to eligible jurisdictions and organizations to facilitate the response to and recovery from a Presidentially-declared disaster or emergency, or to provide assistance for hazard mitigation measures during the recovery process. The disclosure of information on this form is voluntary; however, failure to provide the requested information may delay or prevent the agency from receiving funds from FEMA's Public Assistance program.

Purpose and Applicability

Government entities and Private Nonprofit organizations complete this form to register for FEMA's Public Assistance program. The Recipient and FEMA use this information to determine whether the Applicant is eligible for Public Assistance and the level of resources required to assist the Applicant. FEMA does not use this information to determine the level of funding it provides. For more information, please see *Chapter 3 Applicant Coordination and Eligibility* in the [Public Assistance Program and Policy Guide](#) or contact the State, local, Tribal, or Territorial emergency management office for additional information.

This information is time sensitive. Applicants and Recipients must complete this information within 30 days of the date of declaration or the respective area being designated in the declaration. Applicants not able to submit the information within the allotted time may request a time extension describing the extenuating circumstances.

Recipients and Applicants should use PA Grants Portal to submit all documentation and information to FEMA. Questions are displayed in an intuitive manner to show the information and documentation needed based on answers provided. All signatures are official and legally binding.

The following information is needed to complete this form:

- Applicant-level information
- Impact information
- Impacted community information
- Estimated cost

Additionally, Private Nonprofit organizations will also need to provide:

- Nonprofit documentation, including tax exempt status
- Impacted facility information, including services provided by the impacted facilities
- Facility ownership and legal responsibility documentation
- Small Business Administration loan documentation, if applicable

Section I – Declaration Information

Declaration # <i>Please select one.</i>	Declaration Date [system generated]	Recipient [system generated]	Region [system generated]
Section II – Applicant Information			
Legal name [system generated]	FEMA PA ID [system generated]	EIN # [system generated]	Unique Entity ID # [system generated]
Physical address [system generated]		Mailing address [system generated]	

How much funding does the Applicant expect to request from FEMA as a result of the disaster? Please select one.

- ☐ Less than \$1,000,000
☐ More than \$1,000,000

(Optional) How much experience does the organization's current staff have with FEMA's Public Assistance program?

- ☐ The staff has recent experience with FEMA's Public Assistance Program.
Is the Applicant comfortable with proceeding through the Public Assistance process without a FEMA Program Delivery Manager but with access to technical assistance as needed?
☐ No. *Please describe:*
☐ Yes
☐ It has been several years since the Applicant has had experience with FEMA's Public Assistance Program OR the staff that were involved are no longer with the Applicant.
☐ The Applicant has never had experience with FEMA's Public Assistance Program.
☐ Other. *Please describe:*

(Optional) Does the Applicant have sufficient technology resources to utilize FEMA's Grants Portal?

- ☐ No. *Please describe technology resource issue(s):*
☐ Yes

Did a representative attend an Applicant Briefing?

- ☐ No. *Please inquire with the State/Tribal/Territorial Emergency Management Agency whether there are future Applicant Briefings planned.*
☐ Yes

Section III – Private Nonprofit Organization

Which status best describes this private nonprofit organization? Please upload documentation to support answer.

- ☐ Tax exempt under sections 501 (c), (d), or (e) of the Internal Revenue Code. *Please provide a ruling letter from the Internal Revenue Service that was in effect on the declaration date and granted tax exemption.*
☐ Non-revenue producing under applicable State law. *Please provide documentation from the State substantiating it is a non-revenue producing, nonprofit entity organized or doing business under State law.*
☐ Exempt from both 501(c)(3) requirements and State tax requirements. *Please provide articles of association, bylaws, or other documents indicating it is an organized entity and a certification that it is compliant with Internal Revenue Code section 501(c)(3) and State law requirements.*
☐ Other. *Please describe:*

Please provide the facility [facilities] owned or operated by the Private Nonprofit.

Facility name	Physical address [Street address City, State, ZIP code]	County, Parish, or Municipality [system generated]
Does the Applicant own or operate the facility?		

- ☐ Owns and operates the facility. *Please upload documentation to support proof of ownership.*
- ☐ Owns, but does not operate the facility (i.e., leases the facility to another entity). *Please upload lease or other proof of legal responsibility to repair incident-related damage.*
- ☐ Operates, but does not own the facility (i.e., leases the facility from another entity). *Please upload lease or other proof of legal responsibility to repair incident-related damage.*
- ☐ Other. *Please describe how the Applicant owns or operates the facility:*

What is the primary purpose of the facility? Please select one.

Critical Service

- ☐ Educational:
 - ☐ Primary or secondary education as determined under State law and provided in a day or residential school, including parochial schools. *Please upload documentation to support that the school is recognized by the state as providing elementary or secondary education.*
 - ☐ Higher-education institution. *Please upload documentation to support that the school is recognized or accredited by its State Department of Education.*
- ☐ Emergency Medical Care (diagnosis or treatment of mental or physical injury or disease) provided in:
 - ☐ Clinic
 - ☐ Dialysis facility
 - ☐ Hospice or nursing home
 - ☐ Hospital
 - ☐ In-patient facility
 - ☐ Long-term care facility
 - ☐ Outpatient facility
 - ☐ Rehabilitation center
 - ☐ Other. *Please describe:*
- ☐ Emergency Services:
 - ☐ Ambulance
 - ☐ Fire protection
 - ☐ Public broadcasting that monitors, receives, and/or distributes communication from the Emergency Alert System to the public
 - ☐ Rescue
 - ☐ Other. *Please describe:*
- ☐ Utility:
 - ☐ Communications transmission and switching, and distribution of telecommunications traffic
 - ☐ Electric power generation, transmission, and distribution
 - ☐ Irrigation to provide water for drinking water supply, fire suppression, or electricity generation
 - ☐ Sewer and wastewater collection, transmission, and treatment
 - ☐ Water treatment, transmission, and distribution by a water company supplying municipal water
 - ☐ Other. *Please describe:*

Non-Critical Essential Social Service

- ☐ Assisted living facility

☐ Childcare, including center-based childcare. *Please upload proof that the State Department of Children and Family Services, Department of Human Services, or similar agency, recognizes it as a licensed childcare facility.*

☐ Community center. *Please describe services provided:*

☐ Custodial care facility

☐ Day care for individuals with disabilities or access and functional needs

☐ Food assistance programs, including Food Banks and storage of food for Food Banks

☐ Health and safety services, including animal control services

☐ Homeless shelter

☐ House of worship (religious institution)

☐ Library

☐ Low-income housing

☐ Museum

☐ Performing arts center

☐ Rehabilitation facility (not providing medical services as listed in Critical Services above)

☐ Residential or other services for families of domestic abuse or individuals with disabilities

☐ Senior citizen center

☐ Shelter workshop

☐ Zoo

☐ Other. *Please describe:*

Other. *Please describe the primary service the facility provides:*

Does the facility provide additional services?

☐ No

☐ Yes. *Please describe the other services provided:* . *To be eligible for Public Assistance, the primary purpose of the facility must be an eligible service. Please provide proof of the primary service of the facility such as building floorplans; Internal Revenue Service documentation; pre-disaster charter, by-laws, and amendments; evidence of longstanding, routine (day-to-day) use (e.g., a calendar of activities.)*

Has the Applicant applied for a [Small Business Administration \(SBA\) loan](#) for its infrastructure damage?

☐ No. *Applicant must apply for an SBA loan before proceeding.*

☐ Yes, and the loan was approved. *Please upload SBA application and any correspondence.*

☐ Yes, and the loan was denied. *Please upload SBA application and any correspondence.*

☐ Yes, but have not yet received a response. *Please upload SBA application and any correspondence.*

Is access to the facility limited to specific individuals or a specific population?

☐ No

☐ Yes. *Please describe how access is limited:*

Is there a membership fee or fee to use the facility?

☐ No

☐ Yes. *Please upload a copy of the fee policy, including rates and any waivers and describe:*

Section VI – Applicant Acknowledgements and Certifications

I acknowledge and certify that I have reviewed and understand the following information regarding overarching requirements to receive Public Assistance. Please initial next to each statement.

As required by Title VI of the Civil Rights Act of 1964, Sections 308 and 309 of the Stafford Act, and applicable provisions of laws and authorities prohibiting discrimination, all work claimed was [will be] delivered in an impartial and equitable manner.

All information provided regarding the form is true and correct to the best of my knowledge. Upon submittal this form becomes a legal document. The Recipient or FEMA may use external sources to verify the accuracy of the information entered. It is a violation of Federal law to intentionally make false statements or hide information when applying for Public Assistance. The False Claims Act (31 U.S.C. §§3729-3733) prohibits the submission of false or fraudulent claims for payment to the federal government. Suspicion of fraudulent activities should be reported to the FEMA Disaster Fraud Hotline, the Department of Homeland Security's Office of the Inspector General, or the Department of Justice Fraud Hotline. I understand that, if I intentionally make false statements or conceal any information in an attempt to obtain Public Assistance, it is a violation of Federal laws, which carry severe criminal and civil penalties including a fine of up to \$250,000, imprisonment, or both. (18 U.S.C. §§ 287, 1001, 1040, and 3571).

Applicant Authorized Representative [system generated]

Title [system generated]

Signature [system generated]

Date submitted [system automated]

Section V – Recipient Recommendation

Does the Applicant meet the criteria to be an eligible Applicant for Public Assistance funding?

- ☐ No. *Please describe why:*
☐ Yes

What is the Applicant's non-compliance risk level?

- ☐ High
☐ Medium
☐ Low

(Optional) Which factors led to this determination? Please select all that apply.

- ☐ The Applicant's prior experience with Public Assistance funding and other awards.
☐ Previous audit findings.
☐ The results of Federal award monitoring.
☐ Other. *Please describe:*

Does the Recipient recommend that this Applicant be assigned a Program Delivery Manager?

- ☐ No
☐ Yes

Recipient Authorized Representative [system generated]

Title [system generated]

Signature [system generated]

Date submitted [system automated]

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