

ORGANIZATION PROFILE

Paperwork Burden Disclosure Notice

Public reporting burden for this data collection is estimated to average 18 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; 44 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

FEMA Public Assistance Recipients and Applicants complete this form to create a Grants Portal account, manage user accessibility, and provide general information needed for the Public Assistance Program. Recipients are State, Tribal, or Territorial governments that may receive and administer federal awards. Applicants are State, local, Tribal, or Territorial government entities or private nonprofit organizations that may receive subawards under a State, Tribal, or Territorial Public Assistance award. Please contact the State, Tribal, Territorial, or local emergency management office for additional information.

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:

- Organization-level information

Section I – Organization Type

Please select the type of organization that best describes the entity:

- ☐ Government entity
- ☐ Recipient
- ☐ Applicant
- ☐ Private nonprofit organization

Section II – Recipient Information

Recipient Identification

What is the legal name of the government organization that will serve as the recipient of Public Assistance?

Employer Identification Number [system generated] Unique Entity ID # [system generated]

Mailing address [system generated] Physical address [street address, city, state, ZIP code]
☐ Same as mailing address

Which of the following best describes the organization? *Please select one.*

- ☐ State or Territorial government
- ☐ Federally recognized Tribal government (includes Alaska Native villages and organizations)

Does the organization have a Host-State/Tribe Sheltering Agreement?

- ☐ No
- ☐ Yes

Recipient Contact Information – Account Manager

Name: (first, middle initial, last)

Title:

Email:

Office phone: (XXX) XXX-XXXX

Cell phone: (XXX) XXX-XXXX

Recipient Contact Information – Additional User(s)

Name [first, middle initial, last]

Title

Email

Office phone (XXX) XXX-XXXX

Cell phone (XXX) XXX-XXXX

Employee Type. *Please select one.*

- ☐ Employee of the organization
- ☐ Contractor/Consultant *Please provide the contract period of performance end date: (MM/DD/YYYY)*

Recipient Documentation

Documentation. *Please provide the following documentation:*

- ☐ Public Assistance State/Tribe/Territory Administrative Plan. Please upload annually.
- ☐ (Optional) Debris Management Plan
- ☐ (Optional) Climate Adaptation Plan
- ☐ (Optional) Hazard Mitigation Plan
- ☐ (Optional) Labor Policy
- ☐ (Optional) Prison Pay Policy
- ☐ (Optional) Procurement Policy
- ☐ (Optional) State-led Operational Agreement
- ☐ (Optional) Travel Policy
- ☐ (Optional) Host-State/Tribe Sheltering Agreement
- ☐ (Optional) Mutual Aid Agreement/Emergency Management Assistance Compact

Does the Recipient have insurance?

- ☐ No
- ☐ Yes. *Please select all that apply and upload insurance policies as applicable:*
- ☐ Property Insurance Policy (Declaration Pages, Schedule of Values, Policy Forms & Endorsements, Inland Marine Section, Equipment Breakdown Section). **Please provide the Policy Period:** (MM/DD/YYYY) - (MM/DD/YYYY).
- ☐ Auto Insurance Policy – Commercial (Non-NFIP) **Please provide the Policy Period:** (MM/DD/YYYY) - (MM/DD/YYYY).

- ☐ Flood Insurance Policy – National Flood Insurance Program (NFIP) or commercial (Non-NFIP) **Please provide the Policy Period:** (MM/DD/YYYY) - (MM/DD/YYYY).
- ☐ Wind Insurance Policy – Wind Pool **Please provide the Policy Period:** (MM/DD/YYYY) - (MM/DD/YYYY).

Section III – Applicant Information

Applicant Identification

What is the legal name of the government or private nonprofit organization?

Employer Identification Number [system generated] **Unique Entity ID #** [system generated]

Mailing address [system generated]

Physical address [street address, city, state, ZIP code]

☐ Same as mailing address

Which of the following best describes the organization? *Please select one.*

- ☐ State or Territorial government agency or instrumentality
- ☐ Federally recognized Tribal government (includes Alaska Native villages and organizations)
- ☐ Local government. *Please select one.*
- | | | |
|--|--|--|
| <input type="checkbox"/> Agency or instrumentality of a local government | <input type="checkbox"/> City, municipality, town, township or borough | <input type="checkbox"/> Community development district |
| <input type="checkbox"/> Council of government | <input type="checkbox"/> County or parish | <input type="checkbox"/> Interstate or regional government |
| <input type="checkbox"/> Intrastate district | <input type="checkbox"/> Local public authority | <input type="checkbox"/> School district |
| <input type="checkbox"/> Special district established under state law | <input type="checkbox"/> State-recognized Tribe | <input type="checkbox"/> Other. <i>Please describe:</i> |

Does the organization have a Host-State Sheltering Agreement?

- ☐ No
- ☐ Yes

Is the organization comprised of multiple departments?

- ☐ No
- ☐ Yes

Does the organization have departments that it may allow to submit project applications directly to the Recipient and FEMA?

- ☐ No
- ☐ Yes. *Please list departments:*

Applicant Contact Information – Account Manager

Name: (first, middle initial, last)

Title:

Email:

Office phone: (XXX) XXX-XXXX

Cell phone: (XXX) XXX-XXXX

Applicant Contact Information – Additional User(s)

Name [first, middle initial, last]

Title

Email

Office phone (XXX) XXX-XXXX

Cell phone (XXX) XXX-XXXX

Employee Type. Please select one.

- ☐ Employee of the organization
- ☐ Contractor/Consultant *Please provide the contract period of performance end date: (MM/DD/YYYY)*

Applicant Documentation

Documentation. Please upload the following:

- ☐ (Optional) Debris Management Plan
- ☐ (Optional) Hazard Mitigation Plan
- ☐ (Optional) Labor Policy
- ☐ (Optional) Prison Pay Policy
- ☐ (Optional) Procurement Policy
- ☐ (Optional) Travel Policy
- ☐ (Optional) Host-State/Tribe Sheltering Agreement
- ☐ (Optional) Mutual Aid Agreement

Does the Applicant have insurance?

- ☐ No
- ☐ Yes. *Please select all that apply and upload insurance policies as applicable:*
- ☐ Property Insurance Policy (Declaration Pages, Schedule of Values, Policy Forms & Endorsements, Inland Marine Section, Equipment Breakdown Section).
Please provide the Policy Period: (MM/DD/YYYY) - (MM/DD/YYYY).
- ☐ Auto Insurance Policy – Commercial (Non-NFIP) **Please provide the Policy Period: (MM/DD/YYYY) - (MM/DD/YYYY).**
- ☐ Flood Insurance Policy – National Flood Insurance Program (NFIP) or commercial (Non-NFIP)
Please provide the Policy Period: (MM/DD/YYYY) - (MM/DD/YYYY).
- ☐ Wind Insurance Policy – Wind Pool
Please provide the Policy Period: (MM/DD/YYYY) - (MM/DD/YYYY).

Section IV – Socio-geographical Information (Optional)

Which areas does the organization serve? Please provide *census tracts*:

Climate Adaptation

Does the organization have climate adaptation plans for the areas served?

- ☐ No
- Does the organization want FEMA's support to develop plans for climate adaptation?**
- ☐ No
- ☐ Yes. *Please provide any additional information:*
- ☐ Yes. *Please upload plan documentation and select the Census Tracts addressed in the plan or assessment:*

Underserved Communities

Based on the Center for Disease Control's Social Vulnerability Index, the following historically underserved communities exist within the organization's area served:

- ☐ Socioeconomic status. Census tract(s):
- ☐ Household composition and disability. Census tract(s):
- ☐ Minority status and language. Census tract(s):
- ☐ Housing type and transportation. Census tract(s):



Does the organization have additional information on the types or locations of underserved communities?

- ☐ No
- ☐ Yes. Please describe:

(Optional) Please identify whether any of the following underserved communities exist within the area served by the organization.

- ☐ Minority religious groups. Census tract(s):
- ☐ Limited access to technology or broadband internet. Census tract(s):
- ☐ Low literacy rates. Census tract(s):
- ☐ Immigrants. Census tract(s):
- ☐ LGBTQ+. Census tract(s):
- ☐ Prison populations. Census tract(s):
- ☐ Rural or geographically disconnected from critical resources. Census tract(s):
- ☐ Other. Please describe: Census tract(s):

Has the organization engaged with these communities to understand the needs that typically arise after an incident and develop plans to address the needs in advance of a future incident?

- ☐ No
- ☐ Yes. Please describe the plans and process the Recipient uses to:
 - Identify these communities:
 - Ensure it prioritizes response and recovery for underserved communities:
 - Evaluate and improve its response and recovery assistance to underserved communities?

Section V – Information Repository (Optional)

The information in this section is populated based on responses provided by the Applicant and Recipient throughout the Public Assistance process. This information is housed here so that it is easily accessible and can be applied, as needed, across projects and disasters, reducing the need to enter the information more than once. The information can be edited at any time before, during, or after an event.

Employee Information

Employee Information			Pay Information			
Employee Name	Job title / Function	Employee Type [optional]	Straight Time Pay Rate with Benefits	Overtime Pay Rate with Benefits	Premium Pay Rate with Benefits	Hazard Pay Rate with Benefits
		<input type="checkbox"/> Exempt <input type="checkbox"/> Budgeted <input type="checkbox"/> Unbudgeted <input type="checkbox"/> Non-exempt <input type="checkbox"/> Budgeted <input type="checkbox"/> Unbudgeted				

Equipment Information

This section is used to store the FEMA approved rate(s) for an Applicant or Recipient that either meets State, local, Territorial, or Tribal rates or establishes a rate for equipment when there is no published FEMA rate. Once an equipment rate is established by being approved by FEMA, the rate is valid for current and future use for that Applicant or Recipient. For more information, please see Applicant-Owned and Purchased Equipment rates in the [Public Assistance Program and Policy Guide](#). This section also houses a list of the equipment, specifications, and rates for the Applicant and Recipient which can be selected and applied to projects.

Equipment Identification	Item Description (Size and Capacity)	Type of Rate	Equipment Cost Code	Equipment Rate
		<input type="checkbox"/> FEMA Cost Code <input type="checkbox"/> State, Territorial, or Tribal Rate (FEMA-approved) <input type="checkbox"/> Local Rate <input type="checkbox"/> GSA Milage Rate		

Contract Information

Contractor Name	Total Contract Amount	Type	Declaration #	Project #	Category of Work

Facility Information

Facility Name	Site or Campus Name	Facility Location	Debris Location
		Address: Latitude: Longitude:	<input type="checkbox"/> Temporary Debris Staging or Reduction Site <input type="checkbox"/> Final Disposal Location

Under the authority of another Federal agency:	Near a non-attainment area	In/near a Brownfield or Superfund site	
Located in a Special Flood Hazard Area	On a beach or coastal facility	In/within 200 feet of a waterway, body of water, floodway, or wetland	
Near threatened or endangered species or designated critical habitat	Near a conservation area or wildlife refuge	In an invasive species quarantine area	
On /adjacent to a facility constructed 45 or more years ago	On /adjacent to a facility listed on a local, state, tribal, or national register	On/adjacent to a facility registered as a landmark	
Obtain & Maintain Insurance Requirement			
Disaster	Project #	Facility/Equipment Description	Amount
			\$
Public Assistance Hazard Mitigation Measures Implemented			
Disaster	Project #	Status [Open/Closed]	Hazard Mitigation Scope of Work
Code(s) or Standard(s)			
Disaster	Project #	Project Status [Open/Closed]	Code(s) or Standard(s) Upgrades