

APPLICANT IMPACT SURVEY

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

Applicants complete this form to collect preliminary information regarding incident impacts. FEMA uses this information to assess the Applicant's incident impacts to identify resources needed to assist the Applicant. FEMA does not use this information to determine the level of funding it provides. For more information, please contact the State, local, Tribal, or Territorial 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.

The following information is needed to complete this form:

- Applicant-level information
- Impact information
- Status of work
- Estimated cost including insurance information
- Effects to environmental, floodplain, and historic resources

Section I – Declaration Information

| | | | |
|---|--|-------------------------------------|----------------------------------|
| Declaration # [system generated] | Declaration Date [system generated] | Recipient [system generated] | Region [system generated] |
|---|--|-------------------------------------|----------------------------------|

Section II – Applicant Information

| | |
|--------------------------------------|--------------------------------------|
| Legal Name [system generated] | FEMA PA ID [system generated] |
|--------------------------------------|--------------------------------------|

Section III – Impact Information

Applicant will select activities associated with impacts and provide additional information in the sections below based only on selected activities.

Which of the following incident-related activities is the Applicant claiming under FEMA's Public Assistance program? Select all that apply.

- ☐ Debris removal
- ☐ Emergency protective measures
- ☐ Infrastructure damage
- ☐ Building code and floodplain management administration and enforcement
- ☐ Administrative costs related to managing Public Assistance awards

| Please identify whether the Applicant has impacts that require immediate attention or federal support. Please select all that apply. | | |
|--|-----------------------------------|------------------------------|
| Impact | Impacts an underserved community? | |
| <input type="checkbox"/> Insufficient resources available to conduct emergency protective measures or debris removal. Please select the resources not available and provide context about the shortage: <input type="checkbox"/> Financial: <input type="checkbox"/> Contract services: <input type="checkbox"/> Equipment: <input type="checkbox"/> Materials: <input type="checkbox"/> Staffing: | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| <input type="checkbox"/> Damaged facilities require temporary relocation of services. <input type="checkbox"/> Services have already been relocated. Please provide new location: | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| <input type="checkbox"/> Lack of access to: <input type="checkbox"/> Populated areas. Please describe: <input type="checkbox"/> Critical facilities. Please describe: <input type="checkbox"/> Potable water. Please describe: | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| <input type="checkbox"/> Operations dependent on temporary equipment due to power outages. Please describe: | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| <input type="checkbox"/> Other. Please describe immediate need: | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Please identify which historically underserved communities within the organization's jurisdiction are impacted by this incident? <input type="checkbox"/> Minority religious groups. Census tract(s): <input type="checkbox"/> Limited access to technology or broadband internet. Census tract(s): <input type="checkbox"/> Low literacy rates. Census tract(s): <input type="checkbox"/> Immigrants. Census tract(s): <input type="checkbox"/> LGBTQ+. Census tract(s): <input type="checkbox"/> Prison populations. Census tract(s): <input type="checkbox"/> Rural or geographically disconnected from critical resources. Census tract(s): <input type="checkbox"/> Other. Please describe: Census tract(s): | | |
| Does the Applicant have insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes. Please select all that apply and upload insurance policies as applicable: <input type="checkbox"/> 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). <input type="checkbox"/> Auto Insurance Policy – Commercial (Non-NFIP) Please provide the Policy Period: (MM/DD/YYYY) - (MM/DD/YYYY). <input type="checkbox"/> 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).

Has the Applicant filed a claim?

☐ No. *Please select one.*

☐ Gathering information to file a claim. Anticipated date of filling: (MM/DD/YYYY)

☐ Insurance does not cover damages from the incident.

☐ Other. *Please describe:*

☐ Yes. **Has the Applicant received payment or denial?**

☐ No

☐ Yes. *Please upload correspondence. (optional)*

How would you describe the debris impacts in your community? *Please select one.*

☐ Significant (e.g., widespread high piles of debris strewn across public and private property)

☐ Moderate (e.g., debris on roads and public property)

☐ Minimal (e.g., some debris clearance but no major debris operations and no debris on private property)

Please describe in one or two sentences the debris impacts, including types of debris and approximate quantity if known:

Has your organization begun work to address impacts and damage? *Please select one.*

☐ All work is complete.

☐ Work has started and is approximately % complete. *Please provide a projected end date, if known: (MM/DD/YYYY).*

☐ Work has not started. *Please provide a projected start date, if known: (MM/DD/YYYY).*

What type(s) of labor does the Applicant intend to use to conduct the work? *Please select all that apply.*

☐ Contractors. *Please upload procurement policy. [optional]*

☐ Volunteers

☐ Employees. *Please upload labor policies applicable to the types of staff performing work. [optional]*

☐ Mutual aid. *Please upload mutual aid agreement. [optional]*

☐ National Guard

☐ Prison labor

☐ Unsure

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

☐ Buildings. *Approximate number:*

☐ Education

☐ Emergency Services

☐ Housing

☐ Medical

☐ Other. *Please describe:*

☐ Transportation. *Approximate number:*

☐ Bridges

☐ Natural or Cultural. *Approximate number:*

☐ Beaches

☐ Museums

☐ Recreational

☐ Other. *Please describe:*

☐ Utilities. *Approximate number:*

☐ Communications

☐ Energy

| | |
|---|--|
| <input type="checkbox"/> Mass Transit | <input type="checkbox"/> Water or Wastewater |
| <input type="checkbox"/> Roads/Culverts | <input type="checkbox"/> Other. <i>Please describe:</i> |
| <input type="checkbox"/> Other. <i>Please describe:</i> | <input type="checkbox"/> Water/Flood Control. <i>Approximate number:</i> |
| <input type="checkbox"/> Vehicles or Equipment. <i>Approximate number:</i> | <input type="checkbox"/> Other. <i>Approximate number:</i> <i>Please list the other facility types:</i> |
| Did the damage occur in an area identified in a climate adaptation plan? | |
| <input type="checkbox"/> No | |
| <input type="checkbox"/> Yes. <i>Please describe:</i> | |