

DEPARTMENT OF HOMELAND SECURITY  
 FEDERAL EMERGENCY MANAGEMENT AGENCY  
**REQUEST FOR PUBLIC ASSISTANCE**

**O.M.B. NO. 1660-0017**  
**Expires April 30, 2013**

**PAPERWORK BURDEN DISCLOSURE NOTICE**

Public reporting burden for this form is estimated to average 10 minutes. Burden means the time, effort and financial resources expended by persons to generate, maintain, disclose, or to provide information to us. You may send comments regarding the burden estimate or any aspect of the collection, including 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 (OMB Control Number 1660-0017). You are not required to respond to this collection of information unless it displays a valid OMB number. **NOTE: Do not send your completed questionnaire to this address.**

|  |             |                      |
|--|-------------|----------------------|
| APPLICANT (Political subdivision or eligible applicant)                        |             | DATE SUBMITTED       |
| COUNTY (Location of Damages. If located in multiple counties, please indicate) | DUNS NUMBER | <input type="text"/> |

**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** \_\_\_\_\_