

DEPARTMENT OF HOMELAND SECURITY  
Federal Emergency Management Agency  
**REQUEST FOR PUBLIC ASSISTANCE**

OMB Control Number 1660-0017  
Expires December 31, 2019

<b>Paperwork Burden Disclosure Notice</b>			
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) <b>NOTE: Do not send your completed form to this address.</b>			
<b>Privacy Act Statement</b>			
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
DUNS NUMBER		FEDERAL TAX ID NUMBER	
COUNTY (Location of Damages. If located in multiple counties, please indicate)			
<b>APPLICANT PHYSICAL LOCATION</b>			
STREET ADDRESS			
CITY	COUNTY	STATE	ZIP CODE
<b>MAILING ADDRESS (If different from Physical Location)</b>			
STREET ADDRESS			
POST OFFICE BOX	CITY	STATE	ZIP CODE
<b>Primary Contact/Applicant's Authorized Agent</b>		<b>Alternate Contact</b>	
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	
Did you participate in the Federal/State Preliminary Damage Assessment (PDA)? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Private Non-Profit Organization? <input type="checkbox"/> YES <input type="checkbox"/> 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."			
<b>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.</b>			
<b>OFFICIAL USE ONLY: FEMA -</b>		<b>-DR-</b>	<b>FIPS#</b>
_____		_____	<b>DATE RECEIVED</b>
_____		_____	_____