Date

FEMA Region Administrator

Federal Emergency Management Agency

Address

Address

RE: Reimbursement for Non-Congregate Sheltering

 Disaster: DR-XXXX-XX, Title

 Subrecipient: XYX

 PA ID: XXX-XXXXX-XX

Subsequent to President Trump’s March 13, 2020, Nationwide Emergency Declaration for

Coronavirus Disease 2019 (COVID-19) and the recognition that non-congregate sheltering may be

necessary to save lives and protect health and safety during this Public Health Emergency, [List name of requestor, ie State of X Division of XYZ] requests approval for reimbursement of costs associated with non-congregate sheltering for [DR-XXXX-XX Title].

[Requestor, ie- The State] requests a total of approximately [$XX] be approved for reimbursement under Public Assistance category B – Emergency Protective Measures. This request is being made to ensure [1-2 high-level points about urgency, rationale, point of funding request].

**Background:**

*Requestor to provide key information to describe contextual and geographic details, and explanation of situation that could potentially warrant non-congregate shelter reimbursement. Be sure to include numbers of people affected or in need of the sheltering, the specific situation that warrants the non-congregate shelter, and other implementation options that were assessed and justification for the option ultimately selected.*

*Describe the general situation*

*Describe the specific situation in question and include specific details of the public health order driving the non-congregate sheltering action*

*Explain options considered assessed to address problem, and the justification for the option selected*

*Explain targeted population by priority and estimated numbers*

Example:

1. Individuals who have tested positive for COVID-19 and who do not require hospitalization but need isolation (including those exiting from hospitals); and for
2. Individuals that have been exposed to COVID-19 and also do not require hospitalization

**Cost Analysis:**

Pursuant to the Public Assistance Program and Policy Guide (PAPPG), Chapter 2: VI.B.10.b *Sheltering,* the [Requestor] finds that non-congregate sheltering is the best available option for meeting the urgent public health needs of Covid-19 and to protect health and safety in the community. Initially, the sheltering will not extend beyond a 30-day duration as per PAPPG guidance. As the situation evolves, we will communicate with FEMA regarding any potential need for extension.

*Describe key financial considerations.*

Therefore, the costs associated with the use of [non-congregate shelter option selected, i.e. hotel rooms] for emergency sheltering from [initial dates of expected sheltering support] totals [$XX] for [X# people].

*Insert Table with financial information to include at minimum: number of people supported, cost per hotel room, number of days needed, and total costs estimated*

**Conclusion:**

*Provide summary version of critical context that should be taken into consideration*

[Requestor] actively chose non-congregate sheltering to address the immediate public health and safety needs of individuals that were [situation causing displacement]. [Requestor] conducted assessments to review [best alternative possibilities]. But due to [quick points of context to justify this option], [shelter option, i.e. hoteling] for the affected population is ultimately the best way forward to preserve the health and safety of the community.

We confirm our review of the Regional Administrator’s Memo re: Non-Congregate Sheltering Delegation of Authority and accept all criteria. Specifically, [Requestor] confirms that funding to support non-congregate sheltering has not been received by any other federal agency [insert any relevant information if needed]. [Requestor] will follow FEMA’s Procurement Under Grants Conducted Under Exigent or Emergency Circumstances guidance; and include a termination for convenience clause in contracts. And applicable Environmental and Historic Preservation laws, regulations, and executive orders apply and will be adhered to as a condition of assistance.

Thank you for your consideration of this request under Public Assistance Emergency Protective Measures.

If you have any questions, please contact [Person’s Name] at [Phone and Email].

Sincerely,

[Signature]

[Requesting Representative’s Name]

[Requesting Representative’s Title]

Attachments:

1. Official order for non-congregate shelter

[The non-congregate sheltering must be at the direction of and documented through an

official order signed by a state, local, tribal, or territorial public health official. Please provide official order with your request.]

1. Any other documentation supporting the request