



PNP APPLICATION

OES-PA-126PNP (Rev. 10/2022)

PNP APPLICATION

For Internal Use Only

Cal OES Application #: _____

Disaster No #: _____

UEI #: _____

1. INTERMEDIARY PNP? ☐ (check if applicable)

2. PNP APPLICANT'S NAME AND ADDRESS

APPLICANT: _____

ADDRESS: _____

CITY & ZIP: _____

PHONE: _____

3. PNP APPLICANT'S AUTHORIZED AGENT (Attach Resolution of Designation)

NAME: _____

TITLE: _____

ADDRESS: _____

CITY & ZIP: _____

PHONE: _____

FAX: _____

EMAIL: _____

4. FEDERAL TAX EXEMPT ID#: _____

STATE EXEMPT ID#: _____

ASSURANCES AND AGREEMENTS

A. The applicant certifies (to the best of his or her knowledge and belief) the emergency or disaster assistance activities or herein described for which state financial assistance is requested, is eligible in accordance with the criteria contained in the California Disaster Assistance Act (Government Code, Section 8680 et seq.).

B. The applicant has performed the activities detailed in accordance with Title 19, Division 2, Chapter 6.



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- C. The applicant certifies that the emergency or disaster assistance activities herein described for which state financial assistance is requested does not, or will not duplicate benefits received for the performance of the same activities from another source.
- D. The applicant certifies that these activities have been performed at the request of a local agency. If an Intermediary PNP, the applicant certifies that these activities have been performed at the request of a local agency and in accordance with an agreement with that local agency.
- E. The applicant agrees to hold and save the State of California, its officers, agents and employees free from damages due to the emergency or disaster assistance activities.
- F. (1) The applicant agrees to comply with Section 3700 of the Labor Code which requires every employee to be insured against liability for Workmen's Compensation or to undertake self insurance in accordance with provisions of the code; and will comply with such provisions before commencing the performance of the assistance activities as requested.
- (2) The applicant agrees to comply with the Fair Practices Act in connection with the performance of assistance activities under this agreement wherein it agrees it will not willfully discriminate against any employee or applicant for employment because of race, color, religion, ancestry, sex, age or national origin, and hereby gives assurance that it will immediately take any measures necessary to effectuate this agreement.
- (3) This assistance is given in consideration of, and for the purpose of obtaining any and all state grants, loans, reimbursements, advances, contracts, property, discount, or other state financial assistance extended after the date herein to the applicant. The applicant recognizes and agrees that such state financial assistance will be extended in reliance on the representations and agreements made in this assurance and that the state shall have the right to seek judicial enforcement of this assurance. This assurance is binding on the applicant, its successors, transferees and assignees, and a person or person whose signatures appears on the reverse, or authorized to sign this assurance on behalf of the applicant.
- G. The PNP or Intermediary PNP applicant certifies that all financial assistance received under this application has been expended in accordance with applicable laws and regulations. The applicant certifies that the activities are performed in accordance with the federal or state constitution, federal or state law, or federal or state regulation and local laws regulation and local laws governing the performance of such activities.
- H. The applicant certifies that all information given herein is to the best of its knowledge and belief, true and correct.

BY ACCEPTING THESE FUNDS, THE PNP APPLICANT IS NOT FORFEITING ANY RIGHTS WHATSOEVER, INCLUDING THE RIGHT TO A FAIR HEARING.



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5. SIGNATURE OF PNP APPLICANT'S AUTHORIZED AGENT
(Indicates concurrence with assurances and agreements)

SIGNATURE: _____

DATE: _____

TITLE: _____

6. Cal OES APPROVAL

SIGNATURE: _____

DATE APPROVED: _____

TITLE: _____

7. ACTIVITIES DESCRIPTION

Describe each activity(ies) below. NOTE: If an Intermediary PNP is submitting this application, attach the list below for each PNP that the Intermediary coordinated its/their performance of essential community services.

PNP ACTIVITIES LIST				
ITEM #	LOCATION	DESCRIPTION OF ACTIVITY	REQUESTING LOCAL AGENCY	COST ESTIMATE
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$