## FEDERAL EMERGENCY MANAGEMENT AGENCY REQUEST FOR PUBLIC ASSISTANCE

O.M.B. No. 3067-0151 Expires September 30, 2005

## PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 10 minutes. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing and submitting the forms. 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 the forms. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472, Paperwork Reduction Project (3067-0151). Submission of the form is required to obtain or retain benefits under the Public Assistance Program. **NOTE: Do not send your completed survey to the above address.** 

Paperwork Reduction Project (3067 Assistance Program. <b>NOTE: Do 1</b>	'- 0151). Submi not send your co	ssion of the for ompleted surv	m is required to obtain ey to the above addres	or retain ber s.	nefits under the Public
APPLICANT (Political subdivision or eligible applicant.)					DATE SUBMITTED
COUNTY (Location of Damages. If loca	ated in multiple co	ounties, please ir	ndicate.)		
	Д	APPLICANT PHY	SICAL LOCATION		
STREET ADDRESS					
CITY		COUNTY		STATE	ZIP CODE
	MAILING ADDRI	ESS ( <i>If differe</i>	nt from Physical Loc	ation)	
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 Asses			essment (PDA)?	Yes	No
Private Non-Profit Organization? If yes, which of the facilities identified	Yes below best describ	No e your organizat	ion?		
Title 44 CFR, part 206.221(e) defines at custodial care facility, including a facili public, and such facilities on Indian rese homeless shelters, senior citizen centers governmental nature. All such facilities	ty for the aged or of ervations." "Other s, rehabilitation fac	disabled, and oth essential govern ilities, shelter wo	er facility providing essen mental service facility me orkshops and facilities who	itial governme ans museums	ental type services to the general s, zoos, community centers, libraries.
Private Non-Profit Organizations mul If your organization is a school or edu	st attach copies of ucational facility,	f their Tax Exer please attach in	nption Certificate and O formation on accreditati	rganization ( on or certific	Charter or By-Laws. cation.
Official Use Only: FEMA	DR	FIP	S#	Date R	eceived: