

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 30 minutes per response. The burden estimates includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing, reviewing, and submitting the form. You are not required to respond to this collection of information unless a valid OMB control number appears in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing this 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. **Please do not send your completed form to the above address.**

FEMA and State personnel will use this questionnaire to determine the eligibility of specific facilities of an approved Private Non-Profit (PNP) organization (See 44 CFR 206.221). Owners of critical facilities (i.e., power, water (including provided by an irrigation organization or facility, if it is not provided solely for irrigation purposes), sewer, wastewater treatment, communications and emergency medical care) can apply directly to FEMA for assistance for emergency work (debris removal and emergency protective measures) and permanent work (repair, restore or replace a damaged facility). Owners of non-critical facilities can apply directly to FEMA for assistance for emergency work, but must first apply to the U.S. Small Business Administration (SBA) for assistance for permanent work. If the owner of a non-critical facility does not qualify for an SBA loan or the cost to repair the damaged facility exceeds the SBA loan amount, the owner may apply to FEMA for assistance.

1. Name of PNP Organization: _____
2. Name of the damaged facility and location: _____

3. What is the primary purpose of the damaged facility? _____
4. Is the facility a critical facility as defined above? Yes No
5. Who may use the facility? _____
6. What fee, if any, is charged for the use of the facility? _____
7. Was the facility in use at the time of the disaster? Yes No
8. Did the facility sustain damage as a direct result of the disaster? Yes No
9. What type of assistance is being requested? _____
10. Does the PNP organization own the facility? Yes No
11. If "Yes," obtain proof of ownership; check here if attached.
12. Does the PNP organization have legal responsibility to repair the facility? Yes No
13. If "Yes", provide proof of legal responsibility; check here if attached. Yes No
14. Is the facility insured? Yes No
15. If "Yes," obtain a copy of the insurance policy; check here if attached.

Additional information or comments:

CONTACT PERSON

TELEPHONE NO.