DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY

REQUEST FOR PUBLIC ASSISTANCE

O.M.B. NO. 1660-0017 Expires April 30, 2013

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unless it displays a valid OMB num	nber. NO 7	ΓΕ: Do not send your	completed question	onnaire to t	his address.	
APPLICANT (Political subdivision or eligible applicant)						DATE SUBMITTED
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COUNTY (Location of Damages. If located in multiple counties, please indicate)					DUNS NUMBER	
APPLICANT PHYSICAL LOCATION						
STREET ADDRESS						
CITY		COUNTY		STATE		ZIP CODE
MAILING ADDRESS (If different from Physical Location)						
STREET ADDRESS						
POST OFFICE BOX	CITY STA			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 Assessment (PDA)? YES NO						
Private Non-Profit Organization? YES 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 services of a governmental nature. All such facilities must be open to the general public."						
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.						
OFFICIAL USE ONLY: FEMA -		-DR	FIPS#		DATE F	RECEIVED