

SUBMITTING A REQUEST FOR PUBLIC ASSISTANCE (FOR APPROVED APPLICANTS)

- Eligible Applicants with a Grants Portal profile can submit a Request for Public Assistance (RPA) in the system



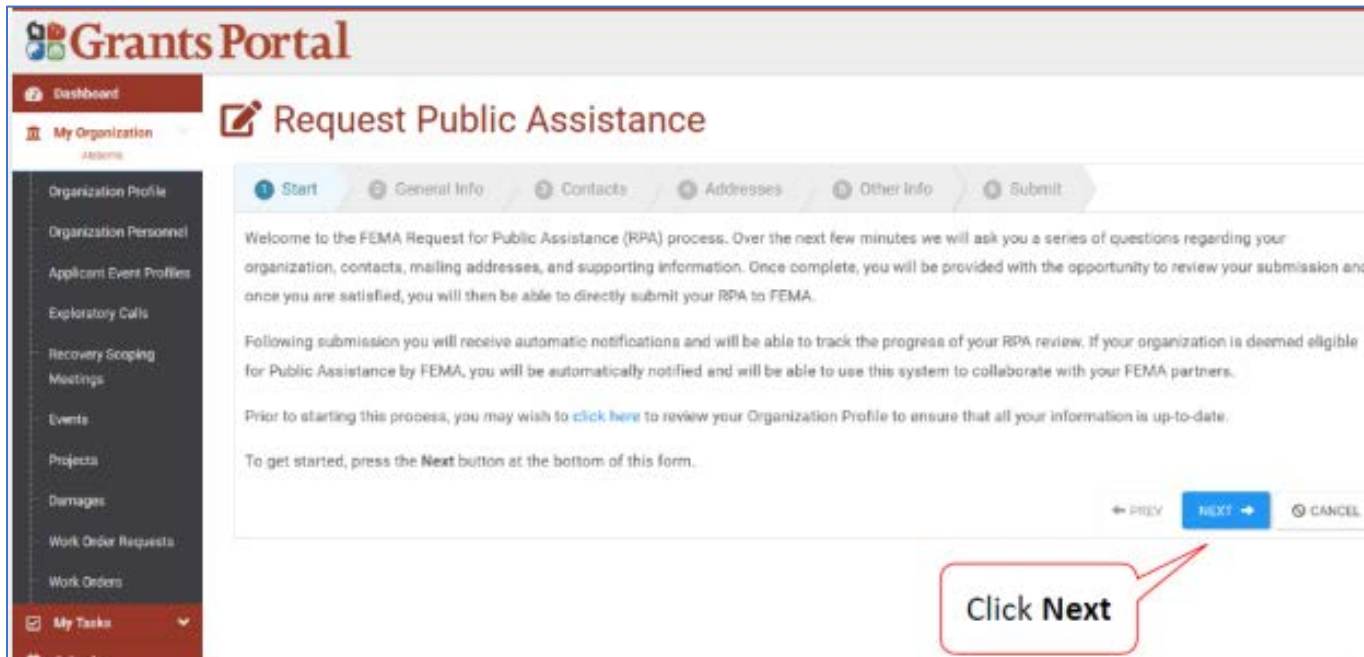
- When prompted, select the requested disaster number (e.g. 4589DR-ID)

Section I - Declaration and Applicant Information

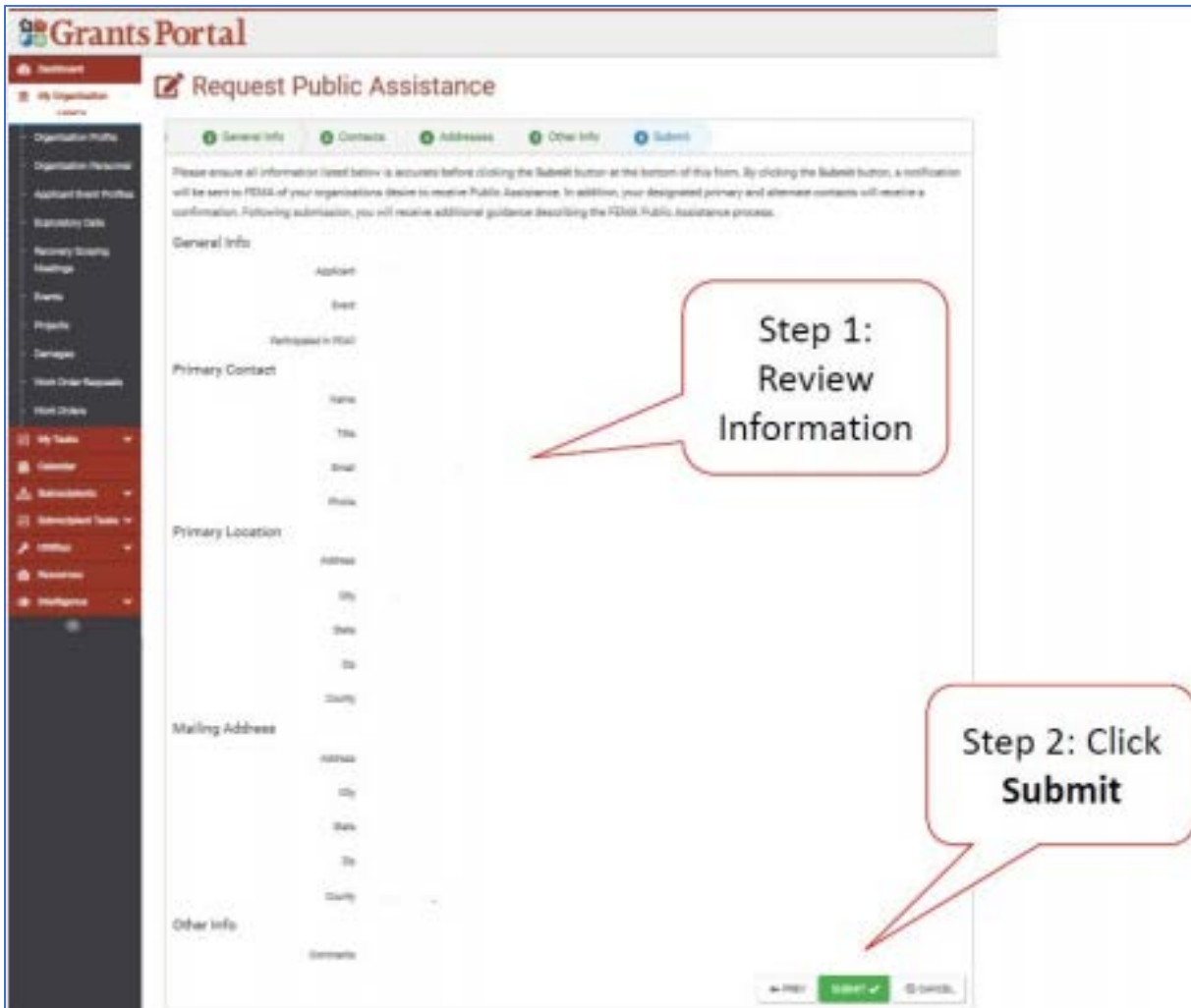
General Info

Organization	<input type="text"/>
FEMA PA Code	<input type="text"/>
DUNS #	<input type="text"/>
Event	<input type="text" value="4589DR-ID (4589DR)"/>

- The Request for Public Assistance will prompt for the necessary information



- When information has been input, review and select "Submit"



- Applicants may request an RPA be submitted by IOEM on their behalf
- The Applicant must fill out a Request for Public Assistance form:

https://www.fema.gov/sites/default/files/2020-06/fema-public-assistance-request-for-public-assistance_form009-0-49_06-2020.pdf

DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency REQUEST FOR PUBLIC ASSISTANCE				OMB Control Number 1660-0017 Expires June 30, 2020
Paperwork Burden Disclosure Notice Public reporting burden for this data collection is estimated to average 15 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. This collection of information is required to obtain or retain benefits. 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 this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW., Washington, DC 20472, Paperwork Reduction Project (1660-0017) NOTE: Do not send your completed form to this address.				
Privacy Act Statement Authority: FEMA is authorized to collect the information requested pursuant to the Robert T. Stafford Disaster Relief and Emergency Assistance Act, §§ 402-403, 406-407, 417, 423, and 427, 42 U.S.C. 5170a-b, 5172-73, 5184, 5189a, 5189e; The American Recovery and Reinvestment Act of 2009, Public Law No. 111-5, § 501; and "Public Assistance Project Administration," 44 C.F.R. §§ 206.202, and 206.209.				
APPLICANT (Political subdivision or eligible applicant)			DATE SUBMITTED	
COUNTY (Location of Damages. If located in multiple counties, please indicate)				
APPLICANT PHYSICAL LOCATION				
STREET ADDRESS				
CITY	COUNTY	STATE	ZIP CODE	
MAILING ADDRESS (if different from Physical Location)				
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 Assessment (PDA)? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Private Non-Profit Organization? <input type="checkbox"/> YES <input type="checkbox"/> 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 - <input type="checkbox"/> -DR- <input type="checkbox"/> - <input type="checkbox"/> FIPS# <input type="checkbox"/> DATE RECEIVED <input type="checkbox"/>				
FEMA Form 009-0-49 9/16			PREVIOUS EDITION OBSOLETE	

- Eligible Private Non-Profit (PNP) organizations must complete the PNP Facility Questionnaire:

https://www.fema.gov/sites/default/files/2020-06/fema-public-assistance-pnp-facility-questionnaire_form009-0-121_06-2020.pdf

DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency		O.M.B. Control Number: 1665-0017 Expires: June 30, 2020
PNP FACILITY QUESTIONNAIRE		
<p style="text-align: center;">PAPERWORK BURDEN DISCLOSURE NOTICE</p> <p>Public reporting burden for this data collection is estimated to average 5 hours per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing this form. This collection of information is not required to obtain or retain benefits. 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 this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW., Washington, DC 20472, Paperwork Reduction Project (1665-0017) NOTE: Do not send your completed form to this address.</p>		
<p>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 providing 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.</p>		
1. Name of PNP Organization _____		
2. Name of the damaged facility and location _____		
3. What was the primary purpose of the damaged facility _____		
4. Is the facility a critical facility as described above? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. Did the facility sustain damage as a direct result of the disaster? <input type="checkbox"/> Yes <input type="checkbox"/> No		
9. What type of assistance is being requested? _____		
10. Does the PNP organization own the facility? <input type="checkbox"/> Yes <input type="checkbox"/> No		
11. If "Yes" obtain proof of ownership; check here if attached. <input type="checkbox"/>		
12. Does the PNP organization have the legal responsibility to repair the facility? <input type="checkbox"/> Yes <input type="checkbox"/> No		
13. If "Yes", provide proof of legal responsibility; check here if attached. <input type="checkbox"/> Yes <input type="checkbox"/> No		
14. Is the facility insured? <input type="checkbox"/> Yes <input type="checkbox"/> No		
15. If "Yes", obtain a copy of the insurance policy; check here if attached. <input type="checkbox"/>		
Additional information or comments:		
Contact Person _____		Date _____
FEMA FORM 009-0-121 PREVIOUS EDITION OBSOLETE		

- Private non-profits will be required to provide the additional documentation referenced in the form