DEPARTMENT OF HOMELAND SECURITY See Paperwork O.M.B. No. 1660-0083 FEDERAL EMERGENCY MANAGEMENT AGENCY Burden Disclosure Expires June 30, 2009 APPLICATION FOR FEDERAL ASSISTANCE Notice on page 2 (Application for Community Disaster Loan) APPLICANT IDENTIFIER 2 DATE SUBMITTED 1. TYPE OF SUBMISSION (Application) (Preapplication) Construction STATE APPLICATION IDENTIFIER 3. DATE RECEIVED BY STATE Construction Loan Non-Construction Non-Construction FEDERAL IDENTIFIER 4. DATE RECEIVED BY FEDERAL AGENCY 5. APPELLATION INFORMATION b. ORGANIZATIONAL UNIT a. LEGAL NAME d. NAME AND TELEPHONE NUMBER OF THE PERSON TO BE c. ADDRESS (Give city, county, state, and zip code) CONTACTED INVOLVING THIS APPLICATION (Give area code) 6. EMPLOYER IDENTIFICATION NUMBER (EIN) 7. TYPE OF APPLICANT (Enter appropriate letter in box) 8. TYPE OF APPLICATION (* First see 44 CFR 206.363(a)) LOAN NEW CONTINUATION h. Independent School Dist. a. State REVISION i. State Controlled Institution of Higher Learning b. County j. Private University c. Municipal If Revision, enter appropriate letter(s) in boxe(s) d. Township k. Indian Tribe b Decrease Award e. Interstate I. Individual a Increase c. Increase Duration d. Decrease Duration f. Intermunicipal m. Profit Organization Other (Specify): g. Special District n. Other (Specify) 9. NAME OF FEDERAL AGENCY 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 3 6 FEDERAL EMERGENCY MANAGEMENT AGENCY TITLE: DISASTER ASSISTANCE 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 12. AREAS AFFECTED BY THE PROJECT (Cities, counties, states, etc.) APPLICATION FOR COMMUNITY DISASTER LOAN LOCAL GOVERNMENT 13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICT OF: START DATE ENDING DATE a. APPLICANT b. PROJECT 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? 15. ESTIMATED FUNDING a. YES. This application/preapplication was made available to the state executive order a. Federal .00 12372 process for review on: \$ b. Applicant .00 Date: c. State b. NO. .00 Program is not covered by E. O. 12372 \$ d. Local .00 Or program has not been selected by state for review e. Other \$.00 Review waived per FEMA - State agreement for major disaster f. Program \$.00 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBIT? a. YES, (If "YES" attach an explanation) g. TOTAL .00 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED a. TYPED NAME OF AUTHORIZED REPRESENTATIVE b. TITLE c. TELEPHONE No. d. SIGNATURE OF AUTHORIZED REPRESENTATIVE DATE

Certification

A. The State certifies that the applicant possesses the legal authority to apply for the loan in the amount requested.

The Applicant Certifies

- B. That it possesses the legal authority to apply for the loan amount requested.
- C. That a resolution, motion or similar action has been duly adopted as an official act of the applicant, city counsel or other governing body, authorizing the filling of the loan application, including all understandings and assurances contained therein, and directing and authorizing the person identified as the official representative of the applicant to act in connection with the application and to provide such additional information as may be requested.
- D. That (to the best of his/her knowledge and belief) the Community Disaster Loan herein requested is eligible in accordance with the criteria contained in 44 Code of Federal Regulation, Part 206, and applicable FEMA/EP&RD (DAP) Handbooks and guidelines.
- E. That this is the legal entity responsible under law for the repayment of the Community Disaster Loan and interest thereon or accepts such responsibility.
- F. That all information given by it herein is, to the best of my knowledge and belief, true and correct.

Assurances

G. The States agree to provide technical assistance in review of records of the Applicant which provide the basis for the application for the loan and for loan cancellation. The State further agrees to provide technical assistance in processing and administering the loan

The Applicant Certifies

- H. That it complies with all Federal statues relating to nondiscrimination. These include but are not limited to: (1) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (2) Title IX of the Education Amendment of 1972, as amended (20 U.S.C. 1681-1683, and 1685-1686) which prohibits discrimination on the basis of sex; (3) Section 504 of the Rehabilitation Act of 1973, as amended (29) U.S.C. 794) which prohibits discrimination on the basis of handicaps; (4) the Age Discrimination Act of 1975, as amended (42 U.S.C. 6101-6107) which prohibits discrimination on the basis of age (5) the Drug Abuse Office and Treatment Act of 197 2 (P.L. 93-255) as amended, relating to nondiscrimination on the basis of drug abuse; (6) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L.91-616) as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (7) 523 and 527 of the Public Health Service Act of 19 12 (42 U.S.C. 290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patients records; (8) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. 3601 et. seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (9) any other nondiscrimination provision the specific statue(s) under which application for Federal assistance is being made; and (10) the requirements on any other nondiscrimination Statue(s) which may apply to the application.
- I. That this assurance is given in consideration of and for the purpose of obtaining any and all Federal grants, loans reimbursements, advances, contracts, property, discounts or other Federal financial assistance extended after the date hereof to the Applicant by EP&RD/FEMA, that such Federal assistance will be extended in reliance on the representations an agreements made in the full assurance and that the United States shall have the right to seek judicial enforcement of this assurance. This assurance is binding on the Applicant, its successors, transferrers, and assignees, and the person or persons whose signatures appears on the reverse are authorized to sign this assurance on behalf of the Applicant.
- J. That it give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the assistance, and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
- K. That the loan funds do not duplicate funding provided from any other source.
- L. That it causes to be performed the required finical and compliance audits in accordance with the Single Audit Act of 1984.

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 1 hour per response. The burden estimate 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, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC, 20472, and Paperwork Reduction Project (1660-0083). NOTE: Do not send your completed form to the above address.

	I. ESTIMATE	OF REVE	NUE LO	SS AND DISASTE	R-RELATED	EXPENS	SES	7	
	(1) FISCAL YEAR PRECEDING DISASTER	FISCAL (FY) DISAS	YEAR	(3) FIRST SUCCEEDING	SECO SUCCEE	OND THIRE			(6) TOTAL (2 + 3 + 4 + 5)
	20	20_	_	20	20_	_	20	_	
A. Annual Operating Budget 1/									
B. Estimated Revenue Loss 2/									
C. Disaster Related Expenses 3/									
D. Total (B + C)									
E. Percent (D/A X 100)									
F. 25% OF (A)									
1/Provide copy of Operating Budget 2/Provide supporting information ind		s in the re	venue/ex	pense estimates w			ases/decreas	ses.	
	OUNT OF LOAN REQUESTED (Not to exceed 6 of Annual Operating Budget for Disaster Year) DURATION OF LOAN APPLICANT'S FISCAL YEAR ENDS FROM TO								
II.	OPERATIONAL	RESULTS	G (For Ye	ear of Disaster * a	nd Prior Thre	e Fisca	l Years)	7 2	
	THIRD PR	DISASTED		AR PROCEEDING F		FISCAL YEAR (FY) OF DISASTER 20			
A. Cash Balance (or Deficit) from Previous Fiscal Year(include investments)									-
B. Cash Balance (or Deficit) at End of Fiscal Year									
C. Liabilities at End of Fiscal Year		_							
D. Ratio of B. to C.									
E. Attach audited financial statements f	or each of the fou	r prior fisc	al years						
	N. DIETE		III. D	EBT HISTORY	MENEU.		WEST TO	The second	
A. Postponements and Defaults. Have applicant? YES NO B. Outstanding bonded indebtedness have a bearing on the loan requested. I	If, yes, explain to	ne circums	stances, and long	corrective action ta	ken and perti	nent date	es. Attach ex	planatio	n. n indebtedness as may
on obligations still outstanding.	J						,		
NAME OF OUTSTANDING INDEBTNESS	AMOU AS OF	AMOUNT OUTST		1	DATE ISSUE		VERAGE REST RATE	TOTAL TERM OF ISSUE	
				20			%		Yrs.
				20			%		Yrs.
				20			%	8	Yrs.
				20			%		Yrs.
		-		20			%		Yrs.
		-		20			%	8	Yrs.
				20			%		Yrs.
				20			%		Yrs.
		-	_	20			%		Yrs.
C. Federal Loans. If any bonds or instruments of indebtness.	other instrume	nts of in	debtne	ss are presently	neld by the	U.S. Go	vernment,	specify	the agency and the

	IV. TAX ASSESS	MENT (F)	Y of Disaster + 3 F	Prior FY's)							
A. PROPERTY ASSESSMENT AS OF	(Month, day, year)	F	B. PAYMENT AGAI	NST ASSESSMI	ENT (Month, da	y, year)					
	THIRD PRIOR	T SE	ECOND PRIOR	T FISC/	AL YEAR	FISCAL YEAR (FY) OF					
				PRECEDIN	NG DISASTER	DISASTER					
C. Real Property Taxes	FY 20	1	FY 20	FY 20	<u>'</u>	FY 20					
1. Market Value (\$)											
2. Assessment Ratio (%)											
3. Valuation (\$ = 1 x 2)											
4. Tax Rate (\$ = 3 x 4)											
5. Tax Levy (\$ = 3 x 4)											
6. Taxes Collected											
			NFORMATION	4197 119	THE LE						
A. Other Federal Assistance. Are you re assistance is requested in this application		nce from th	ne Federal Governr	ment for a reason	n which is simila	ir to the one for which					
□ VES □ NO If yes,	, provide the name of the										
other agency and project number											
	B. Has the loan been approved by the City Counsel? YES NO If was give date of loan.										
L TES L NO If yes, give date of loan. C. Does a State agency have to approve the proposed debt?											
If yes, identify the agency and											
D. Is this loan requested for \$	explain its authority. within the applican	nt's ceiling	for financial obligat	tions fixed by lav	w or by local gov	vernment body?					
					1 0 to some						
YES NO If No, attach explanation.											
E. Name and Address of Applicant's Ch	nief Fiscal Officer (Include zip o	code)									
Title of Applicant's Chief Fiscal Officer					PHONE No. ((Include area code)					
		CERTIF	FICATION	12-115-119-1	PER TENTE	C. CHIESTON STATES					
The Applicant certifies to t e best of his/l	ther knowledge and belief that			on is correct and	that the loan is	local and has been duly					
authorized by the governing body of the	applicant. (Penalties for false	and misle	ading information a	are covered by Fr	ederal laws)	legal and has been daily					
NAME AND TITLE OF APPROVING O	FFICIAL		SIGNATURE			DATE					
	RICHARD PART	FORW	ARDED		Walnes II						
NAME AND TITLE OF APPROVING OF	FFICIAL (Governor's Authorize	ed	SIGNATURE			DATE					
Authorized Representative)	•										
FOR FEMA USE ONLY RECOMMENDED: APPROVAL DISAPPROVAL											
NAME AND TITLE OF APPROVING OF	FFICIAL (FEMA Regional Dir.)	,	SIGNATURE			DATE					
APPROVED IN THE AMOUNT C	OF \$			D	DISAPPROVED						
NAME AND TITLE OF APPROVING OF	r.)	SIGNATURE		DATE							
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