

DEPARTMENT OF HOMELAND SECURITY  
**Federal Emergency Management Agency**  
**APPLICATION FOR FEDERAL ASSISTANCE**  
**(Application for Community Disaster Loan)**

OMB Control No. 1660-0083

Expires August 31, 2015

**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. 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 on 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 20472-3100 and Paperwork Reduction Project (1660-0083).  
**NOTE: Do not send your completed form to the above address.**

**PRIVACY NOTICE**

This information is being collected under the authority of Section 417 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, Public Law 93-288, as amended, (42 U.S.C. 5121-5207), and 44 CFR, § 206.364. DHS/FEMA will use this information to provide operational funding to help local governments that have incurred a significant loss in revenue, due to a major disaster, that has or will adversely affect their ability to provide essential municipal services. The information will be used by and disclosed to DHS personnel and contractors, state government officials, or other agents who need the information to assist in activities related to disaster relief. In addition, the information on this form may be disclosed as generally permitted under the Freedom of Information Act, as amended (5 U.S.C. § 552). Furnishing this information is voluntary; however, failure to furnish the requested information may delay or prevent the completion of your loan application and disbursement.

<b>1. TYPE OF SUBMISSION (Application)</b>  <input type="checkbox"/> Construction  <input type="checkbox"/> Loan  <input type="checkbox"/> Non-Construction	<b>(Preapplication)</b>  <input type="checkbox"/> Construction  <input type="checkbox"/> Non-Construction	<b>2. DATE SUBMITTED</b>  <b>3. DATE RECEIVED BY STATE</b>  <b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	<b>APPLICANT IDENTIFIER</b>  <b>STATE APPLICANT IDENTIFIER</b>  <b>FEDERAL IDENTIFIER</b>
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**5. APPELLATION INFORMATION**

<b>a. LEGAL NAME</b>	<b>b. ORGANIZATIONAL UNIT</b>
<b>c. ADDRESS (Give city, county, state, and zip code)</b>	<b>d. NAME AND TELEPHONE NUMBER OF THE PERSON TO BE CONTACTED INVOLVING THIS APPLICATION (Give area code)</b>

**6. EMPLOYER IDENTIFICATION NUMBER (EIN)** \_\_\_\_\_

<b>7. TYPE OF APPLICANT (Enter appropriate letter in box) *</b> (* First see 44 CFR 206.363(a)) <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>  <table style="width: 100%;"> <tr> <td style="width: 50%;">a. State</td> <td style="width: 50%;">h. Independent School District</td> </tr> <tr> <td>b. County</td> <td>i. State Controlled Institution of Higher Learning</td> </tr> <tr> <td>c. Municipal</td> <td>j. Private University</td> </tr> <tr> <td>d. Township</td> <td>k. Indian Tribe</td> </tr> <tr> <td>e. Interstate</td> <td>l. Individual</td> </tr> <tr> <td>f. Intermunicipal</td> <td>m. Profit Organization</td> </tr> <tr> <td>g. Special District</td> <td>n. Other (Specify) _____</td> </tr> </table>	a. State	h. Independent School District	b. County	i. State Controlled Institution of Higher Learning	c. Municipal	j. Private University	d. Township	k. Indian Tribe	e. Interstate	l. Individual	f. Intermunicipal	m. Profit Organization	g. Special District	n. Other (Specify) _____	<b>8. TYPE OF APPLICATION</b>  <input type="checkbox"/> LOAN <input type="checkbox"/> NEW <input type="checkbox"/> CONTINUATION  <input type="checkbox"/> REVISION  If Revision, enter appropriate letter(s) in box(es) <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>  <table style="width: 100%;"> <tr> <td style="width: 50%;">a. Increase</td> <td style="width: 50%;">c. Decrease Award</td> </tr> <tr> <td>b. Increase Duration</td> <td>d. Decrease Duration</td> </tr> </table> Other (Specify) _____	a. Increase	c. Decrease Award	b. Increase Duration	d. Decrease Duration
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<b>9. NAME OF FEDERAL AGENCY</b>  <b>FEDERAL EMERGENCY MANAGEMENT AGENCY</b>	<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> _____  <b>TITLE: DISASTER ASSISTANCE</b>
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<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b>  <b>APPLICATION FOR COMMUNITY DISASTER LOAN</b>	<b>12. AREAS AFFECTED BY THE PROJECT (Cities, counties, states, etc.)</b>  <b>LOCAL GOVERNMENT</b>
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<b>13. PROPOSED PROJECT</b>	<b>14. CONGRESSIONAL DISTRICT OF:</b>	
START DATE	ENDING DATE	a. APPLICANT
		b. PROJECT

## APPLICATION FOR FEDERAL ASSISTANCE (Application for Community Disaster Loan)

15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?  <b>a. YES.</b> This application/preapplication was made available to the state executive order 12372 process for review on:  DATE  <b>b. NO.</b> <input type="checkbox"/> Program is not covered by E. O. 12372 <input type="checkbox"/> Or program has not been selected by state for review  Review waived per FEMA - State agreement for major disaster
a. Federal	\$ .00	
b. Applicant	\$ .00	
c. State	\$ .00	
d. Local	\$ .00	
e. Other	\$ .00	
f. Program	\$ .00	
g. TOTAL		\$ .00

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBIT?

a. YES, (If "YES" attach an explanation)      NO

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.

## APPLICATION FOR FEDERAL ASSISTANCE (Application for Community Disaster Loan)

### I. ESTIMATE OF REVENUE LOSS AND DISASTER-RELATED EXPENSES

	(1) FISCAL YEAR PRECEDING DISASTER  20__	(2) FISCAL YEAR (FY) OF DISASTER  20__	(3) FIRST SUCCEEDING  20__	(4) SECOND SUCCEEDING  20__	(5) THIRD SUCCEEDING  20__	(6) TOTAL  (2 + 3 + 4 + 5)
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 for fiscal year (FY) of disaster, and explanation for significant future FY increases/decreases.

2/Provide supporting information indicating how figures in the revenue/expense estimates were developed.

AMOUNT OF LOAN REQUESTED (Not to exceed 25% of Annual Operating Budget for Disaster Year)	DURATION OF LOAN	APPLICANT'S FISCAL YEAR ENDS
	FROM TO	

### II. OPERATIONAL RESULTS (For Year of Disaster \* and Prior Three Fiscal Years)

	THIRD PRIOR 20__	SECOND PRIOR 20__	FISCAL YEAR PROCEEDING DISASTER 20__	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 for each of the four prior fiscal years

### III. DEBT HISTORY

**A. Postponements and Defaults.** Have there been postponements or defaults in any payments of principal or interest on past or current indebtedness by the applicant?

YES  NO If, yes, explain the circumstances, corrective action taken and pertinent dates. Attach explanation.

**B. Outstanding bonded indebtedness.** List below each medium and long-term indebtedness currently outstanding and such short-term indebtedness as may have a bearing on the loan requested. If for outstanding indebtedness of a particular series, there are two or more interest rates, show the average interest rate on obligations still outstanding.

NAME OF OUTSTANDING INDEBTNESS	AMOUNT OUTSTANDING AS OF _____ 20__	DATE OF ISSUE	AVERAGE INTEREST RATE	TOTAL TERM OF ISSUE
		20	%	Yrs.
		20	%	Yrs.
		20	%	Yrs.
		20	%	Yrs.
		20	%	Yrs.
		20	%	Yrs.
		20	%	Yrs.
		20	%	Yrs.
		20	%	Yrs.
		20	%	Yrs.

## APPLICATION FOR FEDERAL ASSISTANCE (Application for Community Disaster Loan)

**C. Federal Loans.** If any bonds or other instruments of indebtedness are presently held by the U.S. Government, specify the agency and the instruments of indebtedness.

### IV. TAX ASSESSMENT (FY of Disaster + 3 Prior FY's)

A. PROPERTY ASSESSMENT AS OF (Month, day, year)		B. PAYMENT AGAINST ASSESSMENT (Month, day, year)		
	THIRD PRIOR FY 20 _____	SECOND PRIOR FY 20 _____	FISCAL YEAR PRECEDING DISASTER FY 20 _____	FISCAL YEAR (FY) OF DISASTER FY 20 _____
C. Real Property Taxes				
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				

### V. OTHER INFORMATION

A. Other Federal Assistance. Are you requesting or receiving assistance from the Federal Government for a reason which is similar to the one for which assistance is requested in this application?

YES     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 yes, give date of loan

C. Does a State agency have to approve the proposed debt?

YES     NO    If yes, identify the agency and briefly explain its authority.

D. Is this loan requested for \$ \_\_\_\_\_ within the applicant's ceiling for financial obligations fixed by law or by local government body?

YES     NO    If No, attach explanation.

E. Name and Address of Applicant's Chief Fiscal Officer (Include zip code)

Title of Applicant's Chief Fiscal Officer	PHONE No. (Include area code)
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### CERTIFICATION

The Applicant certifies to the best of his/her knowledge and belief that the debt in the loan application is correct and that the loan is legal and has been duly authorized by the governing body of the applicant. (Penalties for false and misleading information are covered by Federal laws)

NAME AND TITLE OF APPROVING OFFICIAL	SIGNATURE	DATE
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### FORWARDED

NAME AND TITLE OF APPROVING OFFICIAL (Governor's Authorized Representative)	SIGNATURE	DATE
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**FOR FEMA USE ONLY**

**RECOMMENDED:**

**APPROVAL**

**DISAPPROVAL**

NAME AND TITLE OF APPROVING OFFICIAL (FEMA Regional Director)	SIGNATURE	DATE
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**APPROVED IN THE AMOUNT OF \$ \_\_\_\_\_**

**DISAPPROVED**

NAME AND TITLE OF APPROVING OFFICIAL (EP&RD Regional Dir.)	SIGNATURE	DATE
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