DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency

REQUEST FOR FIRE MANAGEMENT ASSISTANCE SUBGRANT

OMB Control No. 1660-0058 Expiration: January 31, 2018

PAPERWORK BURDEN DISCLOSURE NOTICE

| reviewing instructions, This collection of inform valid OMB control num reducing the burden | n for this data collection is estimated searching existing data sources, gath mation is required to obtain or retain I ober is displayed on this form. Send of to: Information Collections Manage SW., Room 7NE, Washington, DC 20 | nering and maintaining the data ne benefits. You are not required to re comments regarding the accuracy of ement, Department of Homeland 0472-3100, Paperwork Reduction | hse. The burden estimate includes the time for eded, and completing and submitting this form. espond to this collection of information unless a of the burden estimate and any suggestions for a Security, Federal Emergency Management Project (1660-0058) NOTE: Do not send your |
|---|---|---|---|
| 1. APPLICANT (Political subdivision or eligible applicant) | | 1.a DUNS NUMBER | 2. DATE |
| 3. COUNTY (location o | f firefighting activities. If located in mu | ltiple counties, please indicate) | |
| | APPLI | CANT PHYSICAL LOCATION | |
| 1. STREET ADRESS | | | |
| 2. CITY | 3. COUNTY | 4. STATE | 5. ZIP CODE |
| Primary Contact/Applicant's Authorized Agent | | Alternate Contact | |
| 1. NAME | | 1. NAME | |
| 2. TITLE | | 2. TITLE | |
| 3. BUSINESS PHONE | | 3. BUSINESS PHONE | |
| 4. FAX NUMBER | | 4. FAX NUMBER | |
| 5. HOME PHONE | | 5. HOME PHONE | |
| 6. CELL PHONE | | 6. CELL PHONE | |
| 7. EMAIL ADDRESS | | 7. EMAIL ADDRESS | |
| 8. PAGER & PIN NUMBER | | 8. PAGER & PIN NUMBER | |
| State grantee for a su tribal governments. (b) fire fighting organizati complex. (c) Eligibility | bgrant under an approved fire manage Entities that are not eligible to apply ons, may be reimbursed through a is contingent upon the finding that the | gement assistance grant: 1) State for a subgrant as identified in(a), contract or compact with an eligi applicant's resources were reques | ollowing entities are eligible to apply through a agencies; 2) Local government; and 3) Indian such as privately owned entities and volunteer ble applicant for cost associated with the fire sted by the Incident Commander or comparable ity, required as a result of the fire complex for |

FEMA FORM 089-0-24 (07/15)

which a fire management assistance declaration was approved, and located within the declared area.

Privacy Notice Form Request for Fire Management Assistance Subgrant

AUTHORITY: FEMA collects, uses, maintains, retrieves, and disseminates the records within this form under the Section 420 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5187 and §303 of the Disaster Mitigation Act of 2000.

PRINCIPAL PURPOSE: FEMA is collecting this information to determine which state(s), local, tribal, or territorial government(s) are eligible for Fire Management Assistance Grants. FEMA collects information from the political subdivision and/or the public agency, as well as the applicant's authorized representative.

ROUTINE USES:_FEMA may share the personal information of U.S. citizens and lawful permanent residents contained in their grant applications, as generally permitted under 5 U.S.C. § 552a(b) of the Privacy Act of 1974, as amended, including pursuant to routine uses published in DHS/FEMA/PIA - 013 Grant Management Programs (February 19, 2015).

DISCLOSURE: The disclosure of this information is voluntary, however, failure to furnish this information may result in a delay of FEMA assistance.