

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
PNP FACILITY QUESTIONNAIRE

O.M.B. Control Number: 1660-0017
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PAPERWORK BURDEN DISCLOSURE NOTICE

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 submitting 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 (1660-0017) **NOTE: Do not send your completed form to this address.**

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.

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? Yes 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? Yes No

8. Did the facility sustain damage as a direct result of the disaster? Yes No

9. What type of assistance is being requested? _____

10. Does the PNP organization own the facility? Yes No

11. If "Yes" obtain proof of ownership; check here if attached.

12. Does the PNP organization have the legal responsibility to repair the facility? Yes No

13. If "Yes", provide proof of legal responsibility; check here if attached. Yes No

14. Is the facility insured? Yes No

15. If "Yes", obtain a copy of the insurance policy; check here if attached.

Additional information or comments:

Contact Person

Date