ORGANIZATION PROFILE

Paperwork Burden Disclosure Notice
Public reporting burden for this data collection is estimated to average 18 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
The collection of this information is authorized by the Robert T. Stafford Disaster Relief and Emergency Assistance Act, §§ 402-403, 406-407, 417, 423, 427, 428, 502, and 705; 42 U.S.C. 5170a-b, 5172-73, 5184, 5189a, 5189e, 5189f, 5192, 5205; 44 C.F.R. § 206 Subpart G; and 2 C.F.R. § 200. This information is collected to provide assistance to eligible jurisdictions and organizations to facilitate the response to and recovery from a Presidentially-declared disaster or emergency, or to provide assistance for hazard mitigation measures during the recovery process. The disclosure of information on this form is voluntary; however, failure to provide the requested information may delay or prevent the agency from receiving funds from FEMA's Public Assistance program.
Purpose and Applicability
FEMA Public Assistance Recipients and Applicants complete this form to create a Grants Portal account, manage user accessibility, and provide general information needed for the Public Assistance Program. Recipients are State, Tribal, or Territorial governments that may receive and administer federal awards. Applicants are State, local, Tribal, or Territorial government entities or private nonprofit organizations that may receive subawards under a State, Tribal, or Territorial Public Assistance award. Please contact the State, Tribal, Territorial, or local emergency management office for additional information.
Recipients and Applicants should use PA Grants Portal to submit all documentation and information to FEMA. Questions are displayed in an intuitive manner to show the information and documentation needed based on answers provided. All signatures are official and legally binding.
The following information is needed to complete this form: • Organization-level information

Section I – Organization Type

Please select the type of organization that best describes the entity:

☐ Government entity

   ☐ Recipient[1]

   ☐ Applicant[2]

☐ Private nonprofit organization

Section II – Recipient Information[3]

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[1] (*Help text*) *Recipient means the State, Territorial, or Tribal government that receives funding under the disaster declaration and disburses funding to approved Applicants.*

[2] *(Help text) Entities submitting a request for assistance under the Recipient's federal award.*

[3] *Functionality: Populate if "Recipient" was selected. Generate Employer Identification Number, Unique Entity ID #, and Mailing Address from SAM.gov.*

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Recipient Identification

What is the legal name of the government organization that will serve as the recipient of Public Assistance?[4]

Employer Identification Number [system generated]	**Unique Entity ID #**[5] [system generated]
Mailing address [system generated]	**Physical address** [street address, city, state, ZIP code]
	☐ Same as mailing address

Which of the following best describes the organization? *Please select one.*

☐ State or Territorial government

☐ Federally recognized Tribal government (includes Alaska Native villages and organizations)

Recipient Contact Information – Account Manager

Name: (first, middle initial, last)	**Title:**	**Email:**
Office phone: (XXX) XXX-XXXX	**Cell phone:** (XXX) XXX-XXXX	

Recipient Contact Information – Additional User(s)[6]

Name [first, middle initial, last]	**Title**	**Email**
Office phone (XXX) XXX-XXXX	**Cell phone** (XXX) XXX-XXXX	

Employee Type. *Please select one.*

☐ Employee of the organization[7]

☐ Contractor/Consultant.[8] *Please provide the contract end date*: *(MM/DD/YYYY)* [9]

Recipient Documentation

Documentation. *Please provide the following documentation:*

☐ Public Assistance State/Tribe/Territory Administrative Plan.[10]

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[4] *(Help Text) The organization's legal name must match the organization's SAM.gov legal name of record.*

[5] *(Help Text) To transition your DUNS Number to Uniquity Entity ID go to* SAM.gov.

[6] *Functionality: Allow multiple entries.*

[7] *(Help Text) Any staff employed directly by the organization such as permanent, part-time, seasonal, or temporary employees.*

[8] *(Help Text) Contractor/consultant user roles must align with authorized functions in the contract statement of work.*

[9] *(Help Text) The system will revoke user access on the end date, unless extended by the Account Manager based on a revised contract period of performance end date. Account Managers will receive a system notification five days prior to the end of the period of performance entered. The Account Manager must update the end date of the period of performance if it is extended to prevent the contractor's access privileges from being revoked in accordance with* DHS 4300A Sensitive Systems Handbook.

[10] *(More Info) Recipients must have a FEMA-approved Administrative Plan that describes how it intends to administer the Public Assistance Program before FEMA provides Public Assistance funding for any project. At a minimum, the*

☐ (Optional) Debris Management Plan

☐ (Optional) Climate Adaptation Plan

☐ (Optional) Hazard Mitigation Plan[11]

☐ (Optional) Host-State/Tribe Sheltering Agreement

☐ (Optional) Inspection Reports[12]

☐ (Optional) Labor Policy

☐ (Optional) Prison Pay Policy

☐ (Optional) Procurement Policy

☐ (Optional) State-led Operational Agreement

☐ (Optional) Travel Policy

☐ (Optional) Facility Maintenance Schedule(s)/Record(s)

☐ (Optional) Mutual Aid Agreement/Emergency Management Assistance Compact

What insurance coverage does the Recipient have?[13]

☐ Traditional insurance. *Please select all that apply and upload insurance policies as applicable:*

☐ Property Insurance Policy (Declaration Pages, Schedule of Values, Policy Forms & Endorsements, Inland Marine Section, Equipment Breakdown Section).
Please provide the Policy Period: (MM/DD/YYYY) - (MM/DD/YYYY).

☐ Auto Insurance Policy – Commercial (Non-NFIP) Please provide the Policy Period: (MM/DD/YYYY) - (MM/DD/YYYY).

☐ Flood Insurance Policy – National Flood Insurance Program (NFIP) or commercial (Non-NFIP)
Please provide the Policy Period: (MM/DD/YYYY) - (MM/DD/YYYY).

☐ Wind Insurance Policy or Wind Pool
Please provide the Policy Period: (MM/DD/YYYY) - (MM/DD/YYYY).

☐ Other. Please describe: and provide the Policy Period: (MM/DD/YYYY) - (MM/DD/YYYY).

☐ Self-insurance or Self-insured Retention Policy. *Please* describe: and provide the

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Administrative Plan must include the items listed in 44 C.F.R. § 206.207. Administrative Plan templates for States and Territories are available at Public Assistance State/Territory Administrative Plan Template. Administrative Plan templates for Tribes are available at Public Assistance Tribe Administrative Plan Template. State and Territory Recipients must update the Administrative Plan on an annual basis and all Recipients must incorporate the approved Plan into its emergency plan.

[11] *(Help Text) Hazard mitigation planning reduces loss of life and property by minimizing the impact of disasters. It begins with state, tribal and local governments identifying natural disaster risks and vulnerabilities that are common in their area. After identifying these risks, they develop long-term strategies for protecting people and property from similar events. Mitigation plans are key to breaking the cycle of disaster damage and reconstruction.*

[12] (Help Text) Examples of inspection reports includes but is not limited to bridges, buildings, and critical infrastructure (e.g., water/waste water, power generation, transmission, or distribution).

[13] *(Help text) Applicants are required to take reasonable efforts to recover insurance proceeds that it is entitled to receive from its insurers. FEMA will consider final insurance settlements that may be less than the insurance policy limits when an applicant demonstrates that it has taken reasonable efforts to recover insurance proceeds that it is entitled on a case-by-case basis. See Recovery Policy FP 206-086-1, Public Assistance Policy on Insurance for more information.*

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Policy Period: (MM/DD/YYYY) - (MM/DD/YYYY). *Upload insurance policies as applicable.* ☐ No insurance[14]

Section III – Applicant Information[15]

Applicant Identification

What is the legal name of the government or private nonprofit organization?[16]

Employer Identification Number [system generated]	**Unique Entity ID #[17]** [system generated]
Mailing address [system generated]	**Physical address** [street address, city, state, ZIP code] ☐ Same as mailing address

Which of the following best describes the organization? *Please select one.*

☐ State or Territorial government agency or instrumentality

☐ Federally recognized Tribal government (includes Alaska Native villages and organizations)

☐ Local government. *Please select one.*

☐ Agency or instrumentality of a local government	☐ City, municipality, town, township or borough	☐ Community development district[18],
☐ Council of government[19]	☐ County or parish	☐ Interstate or regional government
☐ Intrastate district	☐ Local public authority	☐ School district
☐ Special district established under state law	☐ State-recognized Tribe	☐ Other. *Please describe*:

Does the organization have departments that it may allow to submit project applications directly to the Recipient and FEMA?[20]

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[14] (*Help text) If an applicant received Public Assistance funding on a previous event and was required to obtain and maintain insurance for a specific amount, failure to do so could jeopardize funding for the current event. Functionality: If "No, the facilities and work were not insured" is selected, notify PDMG and Insurance Specialist for review.*

[15] *Functionality: Populate if "Applicant" was selected.*

[16] (*Help text) The organization's legal name needs to match the organization's SAM.gov legal name of record.*

[17] (*Help Text) To transition your DUNS Number to Uniquity Entity ID go to SAM.gov.*

[18] (*Help Text) Community Development Districts are special districts that finance, plan, establish, acquire, construct or reconstruct, operate, and maintain systems, facilities, and basic infrastructure within their respective jurisdictions. To be eligible, a Community Development District must own and be legally responsible for maintenance and operation of an eligible facility that is open to and serves the general public. For more information, see the Community Development District section of the Public Assistance Program and Policy Guide (PAPPG).*

[19] (*Help Text) Regardless of whether incorporated as nonprofit corporations under State law.*

[20] (*Help text) This enables departments of the organization to submit project applications independently as a subdivision under the organization. Most Applicants select "No" to this question. This option is typically useful for very large*

☐ No ☐ Yes. *Please list departments:*	

Applicant Contact Information – Account Manager		
Name: (first, middle initial, last)	**Title:**	**Area of Responsibility[21]:**
Office phone: (XXX) XXX-XXXX	**Cell phone:** (XXX) XXX-XXXX	**Email:**

Applicant Contact Information – Additional User(s)[22]		
Name: (first, middle initial, last)	**Title:**	**Area of Responsibility[23]:**
Office phone: (XXX) XXX-XXXX	**Cell phone:** (XXX) XXX-XXXX	**Email:**

Employee Type. *Please select one.* ☐ Employee of the organization[24] ☐ Contractor/Consultant.[25] *Please provide the contract end date: (MM/DD/YYYY)[26]*

Applicant Documentation
Documentation. *Please upload the following:* ☐ (Optional) Debris Management Plan ☐ (Optional) Hazard Mitigation Plan[27] ☐ (Optional) Host-State/Tribe Sheltering Agreement ☐ (Optional) Inspection Reports[28]

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jurisdictions, such as a large city, with multiple departments that may choose to request funding separately. This distinction is referred to as "subdivisions".

[21] (*Help Text*) *This information will help FEMA understand who to contact for specific functions (e.g., insurance, roads, parks, resiliency, planning, etc.). Functionality: This field is optional.*

[22] *Functionality: Allow multiple entries.*

[23] (*Help Text*) *This information will help FEMA understand who to contact for specific functions (e.g., insurance, roads, parks, resiliency, planning, etc.). Functionality: This field is optional.*

[24] *(Help Text) Any staff employed directly by the organization such as permanent, part-time, seasonal, or temporary employees.*

[25] *(Help Text) Contractor/consultant user roles must align with authorized functions in the contract statement of work.*

[26] *(Help Text) The system will revoke user access on the end date, unless extended by the Account Manager based on a revised contract period of performance end date. Account Managers will receive a system notification five days prior to the end of the period of performance entered. The Account Manager must update the end date of the period of performance if it is extended to prevent the contractor's access privileges from being revoked in accordance with* DHS 4300A Sensitive Systems Handbook*.*

[27] *(Help Text) Hazard mitigation planning reduces loss of life and property by minimizing the impact of disasters. It begins with state, tribal and local governments identifying natural disaster risks and vulnerabilities that are common in their area. After identifying these risks, they develop long-term strategies for protecting people and property from similar events. Mitigation plans are key to breaking the cycle of disaster damage and reconstruction.*

[28] (Help Text) Examples of inspection reports includes but is not limited to bridges, buildings, and critical infrastructure (e.g., water/waste water, power generation, transmission, or distribution).

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☐ (Optional) Labor Policy
☐ (Optional) Prison Pay Policy
☐ (Optional) Procurement Policy
☐ (Optional) Travel Policy
☐ (Optional) Facility Maintenance Schedule(s)/Record(s)
☐ (Optional) Mutual Aid Agreement

What insurance coverage does the Applicant have? [29]
☐ Traditional insurance. *Please select all that apply and upload insurance policies as applicable:*
  ☐ Property Insurance Policy (Declaration Pages, Schedule of Values, Policy Forms & Endorsements, Inland Marine Section, Equipment Breakdown Section).
  Please provide the Policy Period: (MM/DD/YYYY) - (MM/DD/YYYY).
  ☐ Auto Insurance Policy – Commercial (Non-NFIP) Please provide the Policy Period: (MM/DD/YYYY) - (MM/DD/YYYY).
  ☐ Flood Insurance Policy – National Flood Insurance Program (NFIP) or commercial (Non-NFIP)
  Please provide the Policy Period: (MM/DD/YYYY) - (MM/DD/YYYY).
  ☐ Wind Insurance Policy or Wind Pool
  Please provide the Policy Period: (MM/DD/YYYY) - (MM/DD/YYYY).
  ☐ Other. Please describe:＿＿＿ and provide the Policy Period: (MM/DD/YYYY) - (MM/DD/YYYY).
☐ Self-insurance or Self-insured Retention Policy. *Please* describe:＿＿＿ and provide the Policy Period: (MM/DD/YYYY) - (MM/DD/YYYY). *Upload insurance policies as applicable.*
☐ No insurance[30]

Section IV – Socio-geographical Information (Optional)[31]

Which areas does the organization serve? *Please provide census tracts:*＿＿＿ [32]

Climate Adaptation

Does the organization have climate adaptation plans for the areas served?[33]

[29] *(Help text) Applicants are required to take reasonable efforts to recover insurance proceeds that it is entitled to receive from its insurers. FEMA will consider final insurance settlements that may be less than the insurance policy limits when an applicant demonstrates that it has taken reasonable efforts to recover insurance proceeds that it is entitled on a case-by-case basis. See Recovery Policy FP 206-086-1, Public Assistance Policy on Insurance for more information.*

[30] (*Help text) If an applicant received Public Assistance funding on a previous event and was required to obtain and maintain insurance for a specific amount, failure to do so could jeopardize funding for the current event. Functionality: If "No, the facilities and work were not insured" is selected, notify PDMG and Insurance Specialist for review.*

[31] *Functionality: Display section individually for Recipient and Applicant. Section is optional, not required.*

[32] *Functionality: Automate list of Census tracts where possible such as for states, territories, counties, cities, and towns through United States Census Bureau.*

[33] (Help text*) States and communities around the country have begun to prepare for the climate changes that are already underway. This planning process typically results in a document called a [climate] adaptation plan. Based on this information an adaptation plan can be developed for an organization to prepare and adapt its assets for changes in climate. There are various climate change adaptation frameworks available.*

☐ No

Does the organization want FEMA's support to develop plans for climate adaptation?

☐ No

☐ Yes.[34] *Please provide any additional information*:

☐ Yes. *Please upload plan documentation and select the Census Tracts addressed in the plan or assessment:[35]*

Underserved Communities

Do historically underserved communities[36] exist within the organization's area served?

☐ No

☐ Yes. *Please select all that apply.*

   ☐ Socioeconomic status. *Please select the applicable indices[37]:*

   ☐ Household composition and disability. *Please select the applicable indices:*

   ☐ Minority status and language. Please select the applicable indices:

   ☐ Housing type and transportation. *Please select the applicable indices:*

   ☐ Other. *Please describe:*   *Please select the applicable indices:*

(Optional) Please identify whether any of the following underserved communities exist within the area served by the organization.[38]

☐ Minority religious groups. *Census tract(s):*

☐ Limited access to technology or broadband internet. *Census tract(s):*

☐ Low literacy rates. *Census tract(s):*

☐ Immigrants. *Census tract(s):*

☐ LGBTQ+. *Census tract(s):*

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[34] *Functionality: Notify the Recipient and the FEMA Public Assistance and Hazard Mitigation Group Supervisors that the Applicant requests support to develop plans for climate adaptation.*

[35] *Functionality: For each document uploaded provide a dropdown list of census tracts.*

[36] *(Help text) Underserved communities refers to populations sharing a particular characteristic, as well as geographic communities, that have been systematically denied a full opportunity to participate in aspects of economic, social, and civic life, such as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality. Underserved communities may include communities where English is not the primary language; communities with high social vulnerability according to the CDC's Social Vulnerability Index or other index; communities with limited access to technology or broadband internet; communities with significant financial need or facing economic hardship; elderly communities (aged over 65); immigrant communities.*

[37] *Functionality: Drop down options (multiple selections allowed): Census' Community Resilience Estimates, Center for Disease Control Social Vulnerability Index, Health and Human Services Health Disparities Portal, State-provided demographic data, Other. If "State-provided demographic data" or "Other" selected, additional question should be asked "Please describe".*

[38] *Functionality: Automate list of Census tracts for selection based on response to "Which areas does the organization serve?"*

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☐ Prison populations.[39] *Census tract(s):*

☐ Rural or geographically disconnected from critical resources. *Census tract(s):*

☐ Other. *Please describe:*   *Census tract(s):*

Does the organization have additional information on the types or locations of underserved communities?

☐ No

☐ Yes. *Please describe:*

Has the organization engaged with these communities to understand the needs that typically arise after an incident and develop plans to address the needs in advance of a future incident?

☐ No

☐ Yes. **Please briefly describe the plans and process the Applicant uses to:**
  • Identify these communities:
  • Ensure it prioritizes response and recovery for underserved communities:
  • Evaluate and improve its response and recovery assistance to underserved communities?[40]

Section V – Information Repository[41] (Optional)

The information in this section is populated based on responses provided by the Applicant and Recipient throughout the Public Assistance process. This information is housed here so that it is easily accessible and can be applied, as needed, across projects and disasters, reducing the need to enter the information more than once. The information can be edited at any time before, during, or after an event.

Employee Information

Employee Information			Pay Information			
Employee Name	**Job title / Function**	**Employee Type** [optional]	**Straight Time Pay Rate with Benefits**	**Overtime Pay Rate with Benefits**	**Premium Pay Rate with Benefits**	**Hazard Pay Rate with Benefits**
		☐ **Exempt** ☐ Budgeted ☐ Unbudgeted ☐ **Non-exempt** ☐ Budgeted ☐ Unbudgeted				

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[39] *Functionality: Auto-populate based on prison locations.*

[40] *(Help text) Please see the Department of Homeland Security Civil Rights Evaluation Tool or the FEMA Civil Rights Checklist for more information on continuous improvement plans.*

[41] *(Help text) Recipients and Applicants can use this section to provide employee, equipment, and facility information.*

Equipment Information

This section is used to store equipment information when FEMA approves a rate(s) for an Applicant or Recipient that either meets State, local, Territorial, or Tribal rates or establishes a rate for equipment when there is no published FEMA rate. Once an equipment rate is established by being approved by FEMA, the rate is valid for current and future use for that Applicant or Recipient. For more information, please see Applicant-Owned and Purchased Equipment rates in the Public Assistance Program and Policy Guide. This section also houses a list of the equipment, specifications, and rates for the Applicant and Recipient which can be selected and applied to projects.

Equipment Identification	Item Description (Size and Capacity)	Type of Rate	Equipment Cost Code	Equipment Rate
		☐ FEMA Cost Code ☐ State, Territorial, or Tribal Rate (FEMA-approved) ☐ Local Rate ☐ GSA Milage Rate		

Contract Information

Contractor Name	Total Contract Amount	Type	Declaration #	Project #	Category of Work

Facility Information

Facility Name	Site or Campus Name	Facility Location[42]	Facility Details[43]	Does the facility serve historically underserved communities?[44]
		Address: Latitude: Longitude:		

Special Considerations

Facility Name	Facility Location	Special	Instruction/

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[42] *Functionality: Provide either address or Latitude and Longitude*

[43] *Functionality: Information comes from Facility Details section of the Impact List (e.g., bridge identification number, engineered or natural beach, use of welded steel moment frame, etc.). These are the specific facility characteristics that will not readily change from disaster to disaster.*

[44] *Functionality: Information comes from Impact List.*

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		Consideration[45]	Comment

Environmental Studies				
Facility Name	**Facility Location**	**Study Type**	**Date**	**Active?**

Debris		
Site Name	**Site Location**	**Description**
		☐ Temporary Debris Staging or Reduction Site ☐ Final Disposal Location

Insurance
Obtain & Maintain Insurance Requirement[46]

Disaster #	Project #	Facility/Equipment Description	Minimal Insurance Requirement
			$

Resiliency
Public Assistance Resiliency Measures Implemented

Disaster #	Project #	Facility Type[47]	Measure Type[48]	Scope of Work	Status [Open/ Closed]

FEMA-Approved State/Tribe/Territory and Local Government Codes & Standards				
Code or Standard	**Facility Type**	**Standard Setting**	**Approval Date**	**Active?**

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[45] *Functionality: Options include 1.) Under the authority of another Federal agency, 2.) Near a non-attainment area, 3.) In/near a Brownfield or Superfund site, 4.) Located in a Special Flood Hazard Area, 5.) On a beach or coastal facility, 6.) In/within 200 feet of a waterway, body of water, floodway, or wetland, 7.) Near threatened or endangered species or designated critical habitat, 8.) Near a conservation area or wildlife refuge, 9.) In an invasive species quarantine area, 10.) On /adjacent to a facility constructed 45 or more years ago, 11.) On /adjacent to a facility listed on a local, state, tribal, or national register, 12.) On/adjacent to a facility registered as a landmark*

[46] *(Help Text) Applicants that receive PA funding for permanent work to replace, repair, reconstruct, or construct a facility must obtain and maintain insurance to protect the facility against future loss. This requirement applies to insurable facilities or property (buildings, contents, equipment, and vehicles), including those funded as an Alternate, Improved, or Alternative Procedures Project. FP 206-086-1 Public Assistance Policy on Insurance, describes these requirements in detail.*

[47] *Functionality: Match facility types on Impact List.*

[48] *Functionality: Options include PA Hazard Mitigation, Codes & Standards type (e.g., consensus based, state, local, etc., Good Construction Practice).*

Name[49]		Organization		
Hydrologic and Hydraulic (H&H) Study				
Facility Name	**Facility Location**	**H&H Study Name[50]**	**Date**	**Active?**

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[49] *Functionality: Provide link to the code or standard document.*
[50] *Functionality: Provide link to the study document.*