

Federal Emergency Management Agency A-Number Submission Template

Please enter the following six fields in the next sheet entitled "Input":

Information (where available) should be provided for all noncitizen migrants (NCMs) served by funding requested for this application.

Column A: Input 9-digit Alien Registration Number (A-Number). An A-Number may start with a zero, please include all 9 digits.

Column B: Input first name without any prefixes/suffixes. If there are two first names, please remove all spaces and dashes between names.

Column C: Input last name without any suffixes. If there are two last names, please remove all spaces and dashes between names.

Column D: Input Department of Homeland Security (DHS) release date in MM/DD/YY format.

Column E: Input the Start service dates of the served population in MM/DD/YY format.

Column F: Input the End service dates of the served population in MM/DD/YY format (if relevant).

Once you have entered your information and verified that it is correct, please save this file and submit through the FEMA GO system under the "Project Worksheet" field.

If you have any questions or concerns, please reach out to fema-ssp@fema.dhs.gov.

OMB No. 1660-0158

Expiration: 1/31/2024

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this data collection is estimated to average 16 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. 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 the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472-3100, Paperwork Reduction Project (1660-0156) NOTE: Do not send your completed form to this address.

PRIVACY NOTICE

GENERAL: This information is being collected for the primary purpose of determining eligibility and administration of SSP and to ensure compliance with existing laws and regulations regarding SSP.

AUTHORITY: The collection of this information is authorized by 2 CFR Part 200.

USES AND SHARING: FEMA will not share the information collected from POCs, including personally identifiable information, outside of the collecting agency. Further information regarding FEMA's use and sharing of information can be found within the DHS/FEMA/PIA-013 Grant Management Programs Privacy Impact Assessment. The Department's list of Privacy Impact Assessments can be found on the Department's website at <https://www.dhs.gov/privacy-impact-assessments>.

EFFECTS OF NONDISCLOSURE: The disclosure of information on this form is voluntary; however, failure to provide the information requested may delay or prevent the organization from receiving grant funding.

**Alien Registration
Number 9 digit
numeric or other
evidence**

First Name

Last Name

909875647

John

Doe

DHS Release Date
(MM/DD/YYYY)

**Input the beginning
Service Date of each
NCM Served**
(MM/DD/YYYY)

11/5/2023

12/7/2023

**Input the end Service
Date of each NCM
Served
(MM/DD/YYYY)**

12/8/2023