

TIME EXTENSION REQUEST FORM

INSTRUCTIONS

COLUMN

- a Enter the FEMA disaster number.
Enter your Project Application.
- b Enter name of applicant.
- c Enter the Project Worksheet (PW) number.
- d Enter the category of work (A through G).
- e Enter the current date work is to be completed.
- f Enter the date the work will begin or the date work began.
- g Enter the percentage of work completed.
- h Enter the new requested deadline by which work will be completed.
- i NYS DHSES use only – leave blank.
- j Enter brief description of the reason new deadline is requested. Use additional sheets if necessary.

Ensure the request is signed and dated and a phone number is provided before forwarding to NYS DHSES. You will be notified by mail of approval/disapproval.

NYS Division of Homeland Security and Emergency Services
Public Assistance Section
1220 Washington Avenue
Building 22, Suite 101
Albany, New York 12226-2251
Phone: 518-292-2293
Fax No.: 518-322-4984



**Homeland Security
and Emergency Services**

TIME EXTENSION REQUEST

TO: Alternate Governor's Authorized Representative
 ATTN: Public Assistance Officer
 New York State Division of Homeland Security and Emergency Services
 1220 Washington Ave., Bldg. #22, Suite 101
 Albany, NY 12226-2251
 Telephone (518) 292-2293
 Fax (518) 322-4984

a

FEMA _____ - DR-NY

P.A. # _____

b

We _____ (applicant) are requesting an extension for the completion of work, based on the following information:

c	d	e	f	g	h	i	j
PW #	CATEGOR Y	CURRENT DEADLINE	PROJECT START DATE	% COMPLETE D	REQUESTED DEADLINE	APPROVED DEADLINE	JUSTIFICATION

NYS DHSES USE ONLY

Local Representative (name, title)

Phone: _____

*Governor's Authorized Representative /
 Alternate Governor's Authorized Representative /
 Public Assistance Chief*

Date of Submittal: _____

Date of Approval: _____