



Homeland Security and Emergency Services

RETURN THIS COMPLETED FORM TO:
 Alternate Governor's Authorized Representative
 Attn: Public Assistance Chief
 NYS Division of Homeland Security and Emergency Services
 1220 Washington Ave, Building 7A –4th Floor
 Albany, NY 12242
 Telephone: (518) 292-2293 Fax: (518) 322-4984

STATE TIME EXTENSION REQUEST

A) FEMA Disaster # _____ **P.A. ID. #** _____ **Applicant Name:** _____

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

C) PW #	D) Category	E) Current Deadline	F) Project Start Date	G) % Complete	H) Requested Deadline	I) Approved Deadline	J) Comment
						NYS DHSES USE ONLY	

K) Primary Point of Contact: Check box if the person listed below is the new Primary Point of Contact for your organization.

Local Representative signature (name, title)	Date Submitted	Governor's Authorized Representative / Alternate Governor's Authorized Representative / Public Assistance Chief	Date of Approval