

# 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



New York State  
 Division of 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:

<b>c</b>	<b>d</b>	<b>e</b>	<b>f</b>	<b>g</b>	<b>h</b>	<b>i</b>	<b>j</b>
PW #	CATEGORY	CURRENT DEADLINE	PROJECT START DATE	% COMPLETED	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:* \_\_\_\_\_