DEPARTMENT OF HOMELAND SECURITY

Federal Emergency Management Agency

REQUEST FOR PUBLIC ASSISTANCE

OMB Control Number 1660-0017
Expires November 30, 2023

Paperwork Burden Disclosure Notice

Public reporting burden for this data collection is estimated to average 15 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

Authority: FEMA is authorized to collect the information requested pursuant to the Robert T. Stafford Disaster Relief and Emergency Assistance Act, §§ 402-403, 406-407. 417, 423, and 427, 42 U.S.C. 5170a-b, 5172-73, 5184, 5189a, 5189e; The American Recovery and Reinvestment Act of 2009, Public Law No. 111-5, § 601; and "Public Assistance Project Administration," 44 C.F.R. §§ 206.202, and 206.209.

APPLICANT (Political subdivision or eligible applicant)	DATE SUBMITTED

COUNTY (Location of Damages. If located in multiple counties, please indicate)

APPLICANT PHYSICAL LOCATION

STREET ADDRESS

CITY	COUNTY	STATE	ZIP CODE

MAILING ADDRESS (If different from Physical Location)

STREET ADDRESS

POST OFFICE BOX	CITY	STATE	ZIP CODE

Primary Contact/Applicant's Authorized Agent	**Alternate Contact**
NAME	NAME
TITLE	TITLE
BUSINESS PHONE	BUSINESS PHONE
FAX NUMBER	FAX NUMBER
HOME PHONE (Optional)	HOME PHONE (Optional)
CELL PHONE	CELL PHONE
E-MAIL ADDRESS	E-MAIL ADDRESS
PAGER & PIN NUMBER	PAGER & PIN NUMBER

Did you participate in the Federal/State Preliminary Damage Assessment (PDA)? ☐ YES ☐ NO

Private Non-Profit Organization? ☐ YES ☐ NO

If yes, which of the facilities identified below best describe your organization? _____

Title 44 CFR, part 206.221(e) defines an eligible private non-profit facility as: "... any private non-profit educational, utility, emergency, medical or custodial care facility, including a facility for the aged or disabled, and other facility providing essential governmental type services to the general public, and such facilities on Indian reservations." "Other essential governmental service facility means museums, zoos, community centers, libraries, homeless shelters, senior citizen centers, rehabilitation facilities, shelter workshops and facilities which provide health and safety safety services of a governmental nature. All such facilities must be open to the general public."

Private Non-Profit Organizations must attach copies of their Tax Exemption Certificate and Organization Charter or By-Laws. If your organization is a school or educational facility, please attach information on accreditation or certification.

OFFICIAL USE ONLY: FEMA - _____ **-DR-** _____ **-** _____ **FIPS#** _____ **DATE RECEIVED** _____

CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

This certification is required by the regulations implementing the Drug-Free Workplace Act of 1988, 2 CFR Part 182, Subpart B. The regulations, published in the May 25, 1990 Federal Register, require certification by sub grantees, prior to award, that they will maintain a drug-free workplace. The certification set out below is a material representation of fact upon which reliance will be placed when the Division of Homeland Security and Emergency Services determines to award the sub grant. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of grants or government wide suspension or debarment. (See 2 CFR Part 180, Subpart G, 180.700, and Subpart H, 180.800)

A. The sub grantee certifies that it ☐ will or ☐ will not continue to provide a drug-free workplace by:

(a) publishing a statement notifying employees that the unlawful manufacture, distribution, dispersing, possession, or use of a controlled substance is prohibited in the sub grantees workplace and specifying the actions that will be taken against employees for violation of such prohibition;

(b) establishing an ongoing drug-free awareness program to inform employees about-

(1) the dangers of drug abuse in the workplace;

(2) the sub grantees policy of maintaining a drug-free workplace;

(3) any available drug counseling, rehabilitation, and employee assistance programs;

(4) the penalties that may be imposed upon the employee for drug abuse violations occurring in the workplace;

(c) making it a requirement that each employee to be engaged in the performance of the sub-grant be given a copy of the statement required by paragraph (a);

(d) notifying the employee in the statement required by paragraph (a) that, as a condition of employment under sub grant, the employee will-

(1) abide by the terms of that statement; and

(2) notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

(e) notifying the Division of Homeland Security and Emergency Services in writing within ten calendar days after receiving notice under subparagraph (d) (2) from an employee or otherwise receiving actual notice of such conviction. Such notice shall include the position title of the employee and the federal identification number of the sub grantee.

(f) taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d) (2), with respect to any employee who is so convicted-

(1) taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
(2) requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

(g) making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a),(b), (c), (d), (e), and (f).

B. The sub grantee may insert in the space provided below the site (s) for the performance of work done in connection with this grant:

Organization Name: _____ Disaster Name: FEMA- 4839 -DR or EM-NY

(Please Print) Name and Title of Authorized Representative: _____

Signature: _____ Date: _____

PRESIDENTIAL DECLARATION
FEMA-4839-DR or EM-NY

DIVISION OF HOMELAND SECURITY AND EMERGENCY SERVICES
APPLICANT CERTIFICATION

This is to certify the receipt of the guidelines, and associated documents for the Presidential Declaration as administered by the Division of Homeland Security and Emergency Services (DHSES).

The signature below indicates the intent of the (circle one and PRINT in the name):

County City Town Village State Agency School Fire District Non-profit

of _____, hereinafter referred to as the sub grantee, to participate in the Presidential Declaration FEMA-4839-DR or EM-NY

The public assistance program is voluntary. It is understood that by choosing to participate in the grant program, the sub grantee is responsible to: 1) comply with all federal and state laws, regulations, policies, and procedures; 2) fulfill the eligibility requirements to participate as a sub grantee of the State; and 3) certify that all figures to be provided in the application are true and correct for costs associated with the declaration provisions.

If debris removal is authorized, the sub grantee agrees to indemnify and hold harmless the State of New York and the United States of America for any claims arising from the removal of debris or wreckage for this disaster. The sub grantee agrees that debris removal from public and private property will not occur until all state and federal requirements are met.

The undersigned agrees to participate in this program and certifies that to the best of their Knowledge and belief, all work and costs claimed are eligible in accordance with the grant conditions and all work claimed has been or will be completed.

SIGNED: _____ DATE: _____
CHIEF EXECUTIVE OFFICER

NAME: _____ PHONE: (_____) _____-_____
Please type or print name/address

ADDRESS: _____

CITY, STATE: _____ ZIP CODE: _____

Designation of the Point of Contact if different from above:

NAME: _____ PHONE: (_____) _____-_____
Please type or print name

TITLE & ADDRESS: _____

UEI NUMBER
Disaster No. FEMA- 4839 -DR-NY
(REQUIRED FOR ALL APPLICANTS)

In order to process your payment for disaster assistance funds, the Division of Homeland Security and Emergency Services will need to provide the Federal Emergency Management Agency with your UEI Number. Please provide this number with submission of your application.

Located in the County of: _____

UEI #: _____

Applicant Name: _____

Applicant Address: _____

City, Zip Code + 4 digits: _____, _____ - _____

Telephone #: _____

Authorized Representative: _____

Date: _____

Please provide this number, as it will assist us in providing your funding in a timely manner.

Please email, mail, or fax, as soon as possible,

to: Public Assistance/Recovery Section
Division of Homeland Security and Emergency Services
1220 Washington Avenue
Building 7A, 4th Floor
Albany, New York 1224
Phone: 518-292-2293
Fax: 518-322-4984
dhses.sm.PASupport@dhses.ny.gov

FEDERAL TAX IDENTIFICATION NUMBER
(Not for use by State Agencies or Local Political Sub- Divisions)
Disaster No. FEMA - 4839 -DR / EM-NY

In order to process your payment for disaster assistance funds, the Division of Homeland Security and Emergency Services will need to provide the State Comptroller's Office with your PAYEE IDENTIFICATION NUMBER.

For an individual, the Payee ID is the social security number. For corporations, including Private non-profits, partnerships and other business entities, the Payee ID is the Federal Tax Identification Number (the number used to report Federal withholding taxes to the government). In either case, it is a nine-digit number as follows:

Individual: 123-45-6789
Business: 12-3456789

Federal Tax ID #: _____

Applicant Name: _____

Applicant Address: _____

City, Zip Code: _____

Telephone #: _____

Signature: _____ Date: _____

Please provide this number, as it will assist us in providing your funding in a timely manner

Public Assistance/Recovery Section
Division of Homeland Security and Emergency Services
1220 Washington Avenue
Building 7A, 4th Floor
Albany, New York 12242
Phone: 518-292-2293
Fax: 518-322-4984
Dhses.sm.PASupport@dhses.ny.gov

Instructions to Complete the Request for Public Assistance (RPA) Form

Submission of the Request for Public Assistance (RPA) form is the first step for participation in the Public Assistance Program. Any governmental entity (village, town, county, or state agency), Native American Tribal organization, or certain non-profit organizations that wish to apply must complete a Request for Public Assistance (RPA) form.

Submittal of the RPA does not make an Applicant eligible for Public Assistance under the Stafford Act. The RPA is used by a potential Applicant to indicate interest in the Public Assistance Program.

The Applicant must designate their Representative(s) or point(s) of contact on the RPA. The Representative(s) should have the authority of the Chief Elected Official and should be:

- Knowledgeable of the work to be inspected,
- Knowledgeable of the location of damages,
- Easily accessible by telephone (day & evening), and
- Available for future FEMA or State inquiries.

The Representative(s) will also have the overall responsibility to:

- Consolidate the disaster documentation activities among departments.
- Ensure completion of disaster work.
- Submit applicable forms.

Completing the RPA Form: All potential Applicants must complete the Request for Public Assistance Form:

- Fill in the appropriate declaration number at the top of the form.
- Enter the date the form is completed.
- Ensure names, addresses, telephone numbers, and email addresses are clear and correct.

Send Completed Forms to:

Dhses.sm.PASupport@dhses.ny.gov

Office : 518-391-4575
Cell: 518-949-0014