Private Non-Profit Eligibility (PNP) Guidelines

Facilities not owned by public entities also may be eligible for disaster assistance if certain criteria are met. The program is intended for organizations that have sustained extensive disaster losses. Obtaining disaster funding involves significant administrative effort and time which includes detailed inspections, preparation of records and documentation. Further information can be obtained by the county emergency management office.

ALL eligible private non-profit organizations, whether a school district, volunteer fire department or an alcohol and drug rehabilitation center MUST also follow the procedures regarding Documentation Requirements, Instructions, and Eligibility as noted in the Applicant's Handbook.

PNP facilities are grouped into one of two different categories:

1. **Critical PNPs** – a facility that provides a critical service which is defined as: education, utility, emergency, or medical.

2. **Non-critical PNP's** – a facility that provides a non-critical, but essential, government service AND is open to the general public such as: community centers, museums, and zoos.

The following facilities are generally eligible for assistance: educational, utilities, irrigation, emergency, medical, and custodial care facilities and facilities that provide essential government services. Those that provide "other essential government services", must be open to the general public include, irrigation facilities, museums, zoos, community centers, libraries, homeless shelters, senior citizens centers, shelter workshops, and health and safety services of a governmental nature.

To be considered as a PNP applicant: the following information is <u>required and must be submitted BEFORE a determination of eligibility can be made. See Appendix III.</u>

- Tax Exemption Certificate granted under sections 501(c) (d) or (e) of the Internal Revenue Code of 1954, as amended, or State certification that the organization is a nonprofit organization under State Law.

- Evidence from NYS that your organization is a non-revenue producing business.

- Organizational charter or by-laws.

- Other publications, brochures, pamphlets or literature that describe the organization and its services, purposes and functions.

- Description of membership policies or fee structures.

- Federal Tax Identification Number.

- Unique Entity ID (UEI).

Before expenditure can be considered as part of the public assistance application, it must meet the following criteria:

1. The damage must be a direct result of a Presidential declared disaster.
2. The damage must be within the federally designated disaster area.
3. The damage must have occurred within the designated incident period.
4. Eligible damage at a designated worksite must a minimum project threshold.

5. The damages infrastructure must be owed by and/or be the legal responsibility of an eligible applicant.
6. The damage and work to be performed must not be eligible for reimbursement under the authority of another federal program.
7. Assistance is supplemental to any insurance proceeds received.

Educational Institutions: Educational institutions are defined in terms of primary, secondary, and higher education schools. The school must satisfy the State requirements for compulsory attendance. Any elementary school as defined by section 801 of the Elementary and Secondary Education Act of 1965; or any secondary school as defined by section 801(h) of the Elementary and Secondary Education Act of 1965; or any institution of higher education as defined by section 1201 of the Higher Education Act of 1965.

PNP Medical: Any hospital, outpatient facility, rehabilitation facility, or facility for long term care.

Hospitals: Include general, tuberculosis and other types of hospitals and related facilities, such as laboratories, outpatient departments, nursing home facilities, extended care facilities, facilities related to programs for home health services, self-care units, and central service facilities operated in connection with hospitals. This category also includes education or training facilities for health profession personnel operated as an integral part of a hospital. A hospital that primarily furnishes home-based care is not considered a hospital under this definition.

Custodial Care Facility: Buildings, structures or systems which are used to provide institutional care for persons who require close supervision and some physical constraints on their daily activities for their protection, but do not require daily medical care.

Utility: Building, structures, equipment or systems of energy, communication, water supply, sewage collection and treatment of other similar public service facilities.

Emergency Facility: Buildings, structures, equipment or systems used to provide emergency services, such as fire protection, ambulance or rescue, to the general public.

Other essential Governmental Service Facility: Museums, zoos, community centers, libraries, homeless shelters, senior citizen centers, rehabilitation facilities, shelter workshops and facilities which provide health and safety service of a governmental nature.

Examples of Ineligible Services or Facilities are:

- Recreational facilities
- Job counseling or job training
- Facilities for advocacy groups not directly providing health services
- Conference facilities
- Political education
- Advocacy or lobbying
- Facilities for social events
- Roads owned and operated by a property owners association

RPA Forms for Private Non-Profit (PNP) Applicants Checklist

- ☐ **1. RPA Form FF-104-FY-21-131 (must include valid e-mail addresses, and Zip + 4 digits), instructions are included at the end of the packet.**
- ☐ **2. UEI Form**
- ☐ **3. Drug Free Work Place Form**
- ☐ **4. Applicant Certification Form**
- ☐ **5. Office of the State Comptroller - Substitute Form W-9, Instructions are included.**
- ☐ **6. Letter from IRS showing your 501 status, OR**

  NYS Tax Exempt Certificate ST-119 (sample attached)
- ☐ **7. PNP Facility Questionnaire (FEMA Form 009-0-121)**
- ☐ **8. Additional Back-up Information:**
  - **a. Deed/Lease** ☐
  - **b. Organization Charter or By-Laws** ☐
  - **c. Publications / brochures that describe your organization** ☐
  - **d. Description of membership policies or fee structures** ☐
  - **e. Valid Accreditation (Educational)** ☐
  - **f. Valid Certification (Medical Facilities: Operating Certificate)** ☐
  - **g. Insurance Policy (Commercial Property Policy: to include the Property Schedule)** ☐

Send Completed Forms To:

dhses.sm.PASupport@dhses.ny.gov
Office: 518-391-4575 Cell: 518-949-0014

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** _____

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

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: _____

NYS Office of the State Comptroller

Instructions for Completing Substitute Form W-9

New York State (NYS) must obtain your correct Taxpayer Identification Number (TIN) to report income paid to you or your organization. NYS Office of the State Comptroller uses the Substitute Form W-9 to obtain certification of your TIN in order to ensure accuracy of information contained in its payee/vendor database and to avoid backup withholding.[1] We ask for the information on the Substitute Form W-9 to carry out the Internal Revenue laws of the United States. You are required to give us the information.

Any payee/vendor who wishes to do business with New York State must complete the Substitute Form W-9. Substitute Form W-9 is the only acceptable documentation. We will not accept IRS Form W-9.

Part I: Vendor Information

1. **Legal Business Name**: For individuals, enter the name of the person who will do business with NYS as it appears on the Social Security card or other required Federal tax documents. An organization should enter the name shown on its charter or other legal documents that created the organization. Do not abbreviate names.
2. **DBA (Doing Business As)**: Enter your DBA name.
3. **Entity Type**: Mark the Entity Type doing business with New York State.

Part II: Taxpayer Identification Number (TIN) and Taxpayer Identification Type

1. **Taxpayer Identification Number:** Enter your nine-digit Social Security Number, Individual Taxpayer Identification Number (ITIN)[2] or Employer Identification Number.
2. **Taxpayer Identification Type:** Mark the type of identification number provided.

Part III: Address

1. Physical Address: List the location of where your business is physically located.
2. Remittance Address: List the location where payments should be delivered.

Part IV: Exemption from Backup Withholding and Certification

Generally, reportable payments made by New York State are subject to Backup Withholding. Exemption from Backup Withholding applies to government and non-United States Business Entities[3]. Please sign, date, provide the preparer's name, telephone and email address. The preparer should be employed by your organization.

Part V: Contact Information

Please provide the contact information for an executive at your organization. This individual should be the person who makes legal and financial decisions for your organization.

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[1] According to IRS Regulations, OSC must withhold 28% of all payments if a payee/vendor fails to provide OSC its certified TIN. The Substitute Form W-9 certifies a payee/vendor's TIN.

[2] An ITIN is a nine-digit number used by the United States Internal Revenue Service for individuals not eligible to obtain a Social Security Number, but are required to file income taxes. To obtain an ITIN, submit a completed W-7 to the IRS. The IRS will notify you in writing within 4 to 6 weeks about your ITIN status. In order to do business with New York State, **you must submit IRS Form W-8** along with our Substitute Form W-9 showing your ITIN. IRS Form W-8 certifies your foreign status. To obtain IRS FormsW-7 and W-8, call 1-800-829-3676 or visit the IRS website at www.irs.gov.

[3] In order to do business with New York State, **you must submit IRS Form W-8** along with our Substitute Form W-9. IRS Form W-8 certifies your foreign status and exempts you from United States information return reporting and backup withholding rules. To obtain IRS Form W-8, call 1-800-829-3676 or visit the IRS website at www.irs.gov.

AC 3237-S (Rev. 1/12)

NEW YORK STATE OFFICE OF THE STATE COMPTROLLER
SUBSTITUTE FORM W-9:
REQUEST FOR TAXPAYER IDENTIFICATION NUMBER & CERTIFICATION

TYPE OR PRINT INFORMATION NEATLY. PLEASE REFER TO INSTRUCTIONS FOR MORE INFORMATION.

Part I: Vendor Information

1. Legal Business Name:	2. If you use a DBA, please list below:

3. Entity Type (Check one only):

☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Co. ☐ Business Corporation ☐ Unincorporated Association/Business ☐ Federal Government

☐ State Government ☐ Public Authority ☐ Local Government ☐ School District ☐ Fire District ☐ Other _____

Part II: Taxpayer Identification Number (TIN) & Taxpayer Identification Type

1. Enter your TIN here: *(DO NOT USE DASHES)*

2. Taxpayer Identification Type (check appropriate box):

☐ Employer ID No. (EIN) ☐ Social Security No. (SSN) ☐ Individual Taxpayer ID No. (ITIN) ☐ N/A (Non-United States Business Entity)

Part III: Address

APPLICANT COUNTY: _____

1. Physical Address:	2. Remittance Address:
Number, Street, and Apartment or Suite Number	Number, Street, and Apartment or Suite Number
City, State, and Nine Digit Zip Code or Country	City, State, and Nine Digit Zip Code or Country

Part IV: Exemption from Backup Withholding and Certification

For payees exempt from Backup Withholding, check the box below. Valid explanation required for exemption. See instructions.

☐ **Exempt from Backup Withholding**

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. Under penalties of perjury, I certify that the number shown on this form is my correct Taxpayer Identification Number (TIN).

Sign Here:

_____ _____
Signature Date

_____ _____ _____
Print Preparer's Name Phone Number Email Address

Part V: Contact Information – Individual Authorized to Represent the Vendor

Vendor Contact Person: _____ Title: _____

Contact's Email Address: _____ Phone Number: _____

DO NOT SUBMIT FORM TO IRS — SUBMIT FORM TO NYS ONLY AS DIRECTED

FOR OSC USE ONLY

EXAMPLE OF A NYS TAX EXEMPT CERTIFICATE

New York State Department of Taxation and Finance

Exempt Organization Certificate

ST-119
(2/14)

The organization named below is exempt from payment of New York State and local sales and use tax. **Note:** This is your organization's proof of exemption and must be retained in your organization's permanent files. If this card is saved to an electronic version, you still must retain this original card in your permanent files.

The number shown on this certificate must be entered on any Form ST-119.1, *Exempt Organization Exempt Purchase Certificate*, presented to a vendor. If this certificate is lost or destroyed, you must contact the Exempt Organizations Unit for instructions to obtain a replacement.

This certificate will remain in effect unless it is revoked or canceled. Misuse of the authority granted under this certificate will result in the revocation of exempt status and subject the organization to substantial civil and criminal penalties.

[redacted]

Certificate number
EX [redacted]
Date issued [redacted]

This certificate may not be altered, changed, lent, or transferred to another organization or person.

DEPARTMENT OF HOMELAND SECURITY

Federal Emergency Management Agency

PNP FACILITY QUESTIONNAIRE

OMB. Control Number: 1660-0017
Expires: November 30, 2023

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this data collection is estimated to average .5 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. This collection of information is not 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.**

FEMA and State personnel will use this questionnaire to determine the eligibility of specific facilities of an approved Private Non-Profit (PNP) organization (See 44 CFR 206.221). Owners of critical facilities (i.e., power, water (including providing by an irrigation organization or facility, if it is not provided solely for irrigation purposes), sewer, wastewater treatment, communications and emergency medical care) can apply directly to FEMA for assistance for emergency work (debris removal and emergency protective measures) and permanent work (repair, restore or replace a damaged facility). Owners of non-critical facilities can apply directly to FEMA for assistance for emergency work, but must first apply to the U. S. Small Business Administration (SBA) for assistance for permanent work. If the owner of a non-critical facility does not qualify for an SBA loan or the cost to repair the damaged facility exceeds the SBA loan amount, the owner may apply to FEMA for assistance.

1. Name of PNP Organization _____

2. Name of the damaged facility and location _____

3. What was the primary purpose of the damaged facility _____

4. Is the facility a critical facility as described above? ☐ Yes ☐ No

5. Who may use the facility _____

6. What fee, if any, is charged for the use of the facility _____

7. Was the facility in use at the time of the disaster? ☐ Yes ☐ No

8. Did the facility sustain damage as a direct result of the disaster? ☐ Yes ☐ No

9. What type of assistance is being requested? _____

10. Does the PNP organization own the facility? ☐ Yes ☐ No

11. If "Yes" obtain proof of ownership; check here if attached. ☐

12. Does the PNP organization have the legal responsibility to repair the facility? ☐ Yes ☐ No

13. If "Yes", provide proof of legal responsibility; check here if attached. ☐ Yes ☐ No

14. Is the facility insured? ☐ Yes ☐ No

15. If "Yes", obtain a copy of the insurance policy; check here if attached. ☐

Additional information or comments:

Contact Person	Date

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.