

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

**APPLICANT PHYSICAL LOCATION**

STREET ADDRESS

CITY	COUNTY	STATE	ZIP CODE
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**MAILING ADDRESS (If different from Physical Location)**

STREET ADDRESS

POST OFFICE BOX	CITY	STATE	ZIP CODE
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**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 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-** \_\_\_\_\_ **-DR or EM-NY**

**(Please Print) Name and Title of Authorized Representative:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**UEI NUMBER**  
**Disaster No. FEMA-        -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  
dh ses.sm.PASupport@dhses.ny.gov

**FEDERAL TAX IDENTIFICATION NUMBER**  
**(Not for use by State Agencies or Local Political Sub- Divisions)**  
**Disaster No. FEMA - 4814 -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@dhsec.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 : 518-292-2293

Cell: 518-949-0014