

PUBLIC ASSISTANCE APPLICANT ELIGIBILITY CHECKLIST

Applicant _____

The following is required for all applicants.

- Request for Public Assistance (RPA)
- Applicant/State Agreement
- W-9
- Federal Tax ID # _____
- DUNS # _____

The following is additional information required for all Private Non-Profit (PNP) Organizations.

- Critical Non-Critical
If Non-Critical, are you open the General Public? Yes No
- Do you provide an essential government service? Yes No
- Effective Ruling Letter from the IRS granting Tax Exemption under section 501 (c), (d), or (e)
- State Certification as a PNP and STATE TAX ID# _____
- Provide a copy of BY-LAWS and/or CHARTERS
- PNP FACILITY QUESTIONAIRE

**DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY
REQUEST FOR PUBLIC ASSISTANCE**

O.M.B. No. 1660-0017
Expires October 31, 2008

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 10 minutes. Burden means the time, effort and financial resources expended by persons to generate, maintain, disclose, or to provide information to us. You may send comments regarding the burden estimate or any aspect of the collection, including suggestions for reducing the burden to: Information Collections Management, U.S. Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472, Paperwork Reduction Project (OMB Control Number 1660-0017). You are not required to respond to this collection of information unless a valid OMB number appears in the upper right corner of this form. **NOTE: Do not send your completed questionnaire to this address.**

APPLICANT <i>(Political subdivision or eligible applicant.)</i>	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 <i>(Optional)</i>		HOME PHONE <i>(Optional)</i>	
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:
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**STATE OF ARKANSAS
DEPARTMENT OF EMERGENCY MANAGEMENT**

Public Assistance Program
Applicant – State Agreement

FEMA ____ - DR - ARKANSAS

1. All documentation for this disaster must at least meet the following standards.
 - Force Account Labor must be presented in summary format with actual time sheets attached to justify claims.
 - Materials used in disaster repair must also be presented in summary format with load tickets or invoices from vendors attached to support claims.
 - Equipments hours and labor hours must be balanced to support claims.
2. Additional damage must be reported within **60 days** from date of Kick Off meeting.
3. All work must be done prior to the approved project completion deadline assigned to each Project Worksheet (PW). Should additional time be required to complete the approved work, a time extension request will need to be submitted prior to the existing completion date which a.) Identifies the PW(s) requiring an extension, b.) Explains the reason for needing an extension, c.) Indicates the percentage of work that has been completed and d.) Provides an anticipated completion date. The reason for needing an extension must be based on extenuating circumstances or unusual project requirements that are beyond the control of your jurisdiction/organizations. **Failure to submit a time extension request may result in the reduction or withdrawal of federal funds for the work that was approved.**
4. Any change to a PW's approved scope of work must be reported to this office prior to starting work.
5. The Project Completion and Certification Report must be sent to ADEM once all the approved work has been completed. Please note that the state share (12.5%) will not be sent until all projects are 100% complete.
6. If any PW required the purchase of insurance as a condition of receiving federal funds, a copy of the current policy must be attached to this report.
7. A cost overrun on small PW's (estimated to be less than threshold \$ amount) must be reported to this office within 60 days of completing the last small PW in order to be considered for additional funding.
8. Appeals may be filed on any determination made by FEMA or the State. All appeals must be submitted to this office within 60 days from receiving written notice of the action you wish to appeal. Should you wish to appeal a determination contained in the project application, the 60 days will start the day the application is signed.

9. PW's will not receive any funding until all regulatory and statutory requirements have been met. I.E. Permits with SHPO, Army Corps of Engineers, and ADEQ, etc. All permit information can be found in the "green book": Public Assistance and Hazard Mitigation Grant Program.
10. Large PW's that have not received final payment will be reviewed quarterly by the State.
11. A quarterly report for all projects not 100% are required by FEMA and ADEM. You will be notified as to the first required quarterly report. A form is included in this packet as to information required in your quarterly report.
12. Applicants with large PW's must submit a project cost summary to this office following the completion of each project. The project cost summary must list all labor; equipment, materials and contract costs associated with making needed repairs with the defined scope of work as listed on the Project Worksheet.
13. Applicants expending \$500,000 or more in total Federal financial assistance in a fiscal year will be required to have an audit made in accordance with the Single Audit Act Amendments of 1996-OMB A133. A copy of the Single Audit must be submitted to your State agency or this office within applicable reporting time frames. Consult with your financial officer regarding this requirement.
14. Complete records and cost documents for all approved work must be maintained for at least three years from date of final payment. During this time, all approved PW's are subject to State and Federal audit/review.
15. All contracts must meet minimum procurement procedures as identified by County, City, and State standards.

Please certify below that the above requirements are understood and will be complied with.

Organization

Applicant's Signature

Title

Date

ADEM Signature

Title

Date

**Request for Taxpayer
Identification Number and Certification**

Give form to the
requester. Do not
send to the IRS.

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number : : :
or
Employer identification number : : :

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

**FEDERAL EMERGENCY MANAGEMENT AGENCY
PNP FACILITY QUESTIONNAIRE**

This questionnaire is to be used by FEMA and state personnel to help determine the eligibility of specific facilities of an approved Private Non-Profit (PNP) organization. Obtain answers to the following questions for each PNP organization. If the organization has more than one facility that incurred damage, complete a separate sheet for each facility.

Name of PNP Organization: _____

Name of the damaged facility and location: _____

What is the primary purpose of the damaged facility? _____

Who may use this facility? _____

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

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

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

What type of assistance is being requested? _____

Does the PNP organization own the facility? Yes No

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

If "No," do they lease / rent the facility? Yes No

If "Yes," obtain a copy of the lease or rental agreement for the damaged facility; check here if attached.

Are the repairs of this facility the legal responsibility of the organization? Yes No

Is the facility insured? Yes No

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

Additional information or comments:

Name of contact person

Phone number