DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY

# PNP FACILITY QUESTIONNAIRE

*O.M.B. NO. 1660-0017*
*Expires December 31, 2011*

## PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 30 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing, reviewing, and submitting the form. You are not required to respond to this collection of information unless it displays a valid OMB control number. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing this 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). **Please do not send your completed survey to the above 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 faciltiy _____

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

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 |
|---|---|
| | |