

## PNP Checklist

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- Back-up Information
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DEPARTMENT OF HOMELAND SECURITY  
 FEDERAL EMERGENCY MANAGEMENT AGENCY  
**REQUEST FOR PUBLIC ASSISTANCE**

**O.M.B. NO. 1660-0017**  
**Expires April 30, 2013**

**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, 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 it displays a valid OMB number. **NOTE: Do not send your completed questionnaire to this address.**

APPLICANT (Political subdivision or eligible applicant)	DATE SUBMITTED
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COUNTY (Location of Damages. If located in multiple counties, please indicate)	DUNS NUMBER
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**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 \_\_\_\_\_**

## INSTRUCTION SHEET

### REQUEST FOR PUBLIC ASSISTANCE FORM (RPA)

Submitting the Request for Public Assistance (RPA) form is the initial step in filing for the Public Assistance Program. Any governmental entity (village, town, city, county, or state agency), Native American Tribal Organization, or certain private non-profit organizations wishing to apply will be asked to complete a request for public assistance (RPA).

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.

Applicants should make every effort to complete and return their RPA prior to leaving the applicant briefing. The RPA must be submitted within 30 days of the date of the presidential declaration. If a potential applicant fails to submit the RPA within the specified time frame, they may be denied eligibility for public assistance funds.

On the RPA, the applicant must designate their representative or point of contact. The persons named 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 representatives will also have the overall responsibility to:

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

**Completing the RPA form:** All potential applicants must complete the Request for Public Assistance form. At the top of the form fill in the appropriate declaration number. Enter the date the form is completed. Ensure name, address, and telephone numbers are entered (both home and business number).

**CERTIFICATION REGARDING DRUG- FREE WORKPLACE REQUIREMENTS**

This certification is required by the regulations implementing the Drug-Free Workplace Act of 1988, 44 CFR Part 17, Subpart F. The regulations, published in the May 25, 1990 Federal Register, require certification by subgrantees, 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 New York State Emergency Management Office determines to award the subgrant. 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 44 CFR Part 17, Subpart C, 17.300, and Subpart D, 17.400)

**A. The subgrantee 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 subgrantees 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 subgrantees 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 subgrant, 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 New York State Emergency Management Office 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 subgrantee.
- (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 subgrantee may insert in the space provided below the site (s) for the performance of work done in connection with this grant:**

Place (s) of Performance: (Please PRINT in the Street address, city, county, state and zip code)

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Organization Name: \_\_\_\_\_ Disaster Name: **FEMA-** \_\_\_\_\_ **-DR or EM-NY**

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

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

New York State Office of Emergency Management

**PRESIDENTIAL DECLARATION**  
**FEMA-\_\_\_\_-DR / EM-NY**

**STATE OFFICE of EMERGENCY MANAGEMENT**  
**APPLICANT CERTIFICATION**

This is to certify the receipt of the guidelines, and associated documents for the Presidential Declaration as administered by the State Office of Emergency Management (SOEM).

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 subgrantee, to participate in the Presidential Declaration FEMA-\_\_\_\_-DR or EM-NY

The public assistance program is voluntary. It is understood that by choosing to participate in the grant program, the subgrantee is responsible to: 1) comply with all federal and state laws, regulations, policies, and procedures; 2) fulfill the eligibility requirements to participate as a subgrantee 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 subgrantee 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 NO.: (\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_  
Please type or print name/address

ADDRESS: \_\_\_\_\_

CITY,STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

Designation of the Point of Contact if different from above:

NAME: \_\_\_\_\_ PHONE NO.: (\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_  
Please type or print name

TITLE &  
ADDRESS: \_\_\_\_\_

**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



**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:
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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)*

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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: Number, Street, and Apartment or Suite Number	2. Remittance Address: 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**

## NYS Office of the State Comptroller Instructions for Completing Substitute Form W-9

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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.<sup>1</sup> 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)<sup>2</sup> 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<sup>3</sup>. 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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<sup>1</sup> 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.

<sup>2</sup> 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 Forms W-7 and W-8, call 1-800-829-3676 or visit the IRS website at [www.irs.gov](http://www.irs.gov).

<sup>3</sup> 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](http://www.irs.gov).



**DUNS NUMBER**  
**FEMA-\_\_\_\_-DR-NY**  
**(REQUIRED for ALL APPLICANTS)**

In order to process your Request for Public Assistance the **New York State Office of Emergency Management** will need to provide the Federal Emergency Management Agency (FEMA) with your DUNS Number. Your application cannot be processed until the appropriate DUNS number is received.

Located in the County of:\_\_\_\_\_

DUNS No. :\_\_\_\_\_

Applicant's Name:\_\_\_\_\_

Applicant's Address:\_\_\_\_\_

City, Zip Code:\_\_\_\_\_

Telephone No.:\_\_\_\_\_

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

PRINT Signature:\_\_\_\_\_

Please mail or fax it, as soon as possible, to:

Public Assistance Section  
New York State Office of Emergency Management  
1220 Washington Avenue  
Building 22, Suite 101  
Albany, New York 12226-2251  
Phone: 518-292-2293  
Fax: 518-322-4984

## **DUNS Number Requirement for Federal Grant Applications**

Organizations are required to have a Data Universal Numbering System (DUNS) number to apply for a grant or cooperative agreement from the Federal Government.

The DUNS number is a unique nine-character identification number provided at no charge by the commercial company Dun and Bradstreet. The DUNS number is also a prerequisite for another applicant organizational requirement: registration in the Federal Government's Central Contractor Registry. Registration in this system (CCR) is a requirement for all grantees and a current requirement for grantees applying for federal assistance through <http://www.grants.gov/>

To obtain a DUNS number in about 10 minutes, call 1(866) 705-5711. Be prepared to answer the following questions:

- a. Name of Business
- b. Business address
- c. Local phone number
- d. Name of the CEO/business owner
- e. Legal structure of the business (corporation, partnership, proprietorship)
- f. Year business started
- g. Primary line of business
- h. Total number of employees (full and part time)

You also may obtain a DUNS number on-line at the D&B Website (<https://eupdate.dnb.com/requestoptions.html>), which may take up to 14 business days.