Pennsylvania Public Disaster Assistance Grant Program
Grant Application

APPLICANT INFORMATION

Name of Applicant (Organization):_____

Address of Applicant: _____

City: _____ County: _____

Zip Code: _____

Telephone Number: _____ Ext: _____ Fax Number: _____

Contact Person & Title: _____

Contact E-Mail Address: _____

Contact Telephone Number: _____ Ext: _____ Fax Number: _____

I _____certify that if approved all funds received from the
       Print Name of Applicant Contact
grant will be used for purposes approved by the Pennsylvania Emergency Management Agency, and in accordance with Act 187 of 2014 (35 Pa.C.S. §7921 *et seq.*).

_____
Signature of Applicant Contact

PEMA Use Only:

Date Complete Application Received _____

Grant Approval Date _____ Grant Amount: $_____

Grant Denial Date _____ Reason _____

Reviewer_____

U.S. Mail Address:
Pennsylvania Emergency Management Agency
Bureau of Recovery and Mitigation
2605 Interstate Drive
Harrisburg, Pennsylvania 17110

Please contact Mr. Chris Evans at (717) 651-2171 or chrevans@pa.gov if you have any questions or need assistance with this application.

COMMONWEALTH OF PENNSYLVANIA DAMAGE ASSESSMENT SITE ESTIMATE	DATE

APPLICANT INFORMATION			
COUNTY	NAME OF APPLICANT	NAME OF APPLICANT CONTACT	PHONE NO.

DAMAGE SITE INFORMATION

KEY FOR DAMAGE FACILTY TYPE *(Use appropriate number in the "type" blocks below)*

1-DEBRIS REMOVAL **2**-DEMOLITION **3**-BUILDINGS/EQUIPMENT **4**-ROADS/BRIDGES
5-PARKS/RECREATION FACILITIES **6**-POWER GENERATION/DISTRIBUTION
7-SANITARY SEWER/WASTEWATER TREATMENT **8**-DRAINAGE/FLOOD CONTROL
9-WATER TREATMENT AND DISTRIBUTION **10**-OTHER IMPROVED PUBLIC FACILITY

SITE NO.	TYPE NO.	LOCATION *(Use map location, address, etc.)*		
		DESCRIPTION OF DAMAGE (Use attached project estimating sheets or attach additional documents)		
IMPACT:			% COMPLETE	COST ESTIMATE (see attached estimating sheet)

SITE NO.	TYPE NO.	LOCATION *(Use map location, address, etc.)*		
		DESCRIPTION OF DAMAGE (Use attached project estimating sheetsor attach additional documents)		
IMPACT:			% COMPLETE	COST ESTIMATE (see attached estimating sheet)

SITE NO.	TYPE NO.	LOCATION *(Use map location, address, etc.)*		
		DESCRIPTION OF DAMAGE (Use attached project estimating sheets or attach additional documents)		
IMPACT:			% COMPLETE	COST ESTIMATE(see attached estimating sheet)

SITE NO.	TYPE NO.	LOCATION *(Use map location, address, etc.)*		
		DESCRIPTION OF DAMAGE (Use attached project estimating sheets or attach additional documents)		
IMPACT:			% COMPLETE	COST ESTIMATE(see attached estimating sheet)

NAME OF INSPECTOR	AGENCY	OFFICE PHONE NO.	ALTERNATE NO.

PA 187A

PUBLIC DISASTER ASSISTANCE GRANT PROGRAM
PROJECT REPAIR COST ESTIMATING SHEET
Site No. _____

Type of Cost	Amount
Feasibility Studies	$
Preliminary Engineering	$
Environmental Review	$
Right-of-Way /Utilities	$
Construction	$
Construction Engineering/Inspection	$
Non-highway Acquisition	$
Debris	$
Demolition	$
Other	$
Total Project Costs	$

PA 187B

PUBLIC DISASTER ASSISTANCE GRANT PROGRAM
PROJECT REPAIR COST ESTIMATING SHEET
Site No. _____

Type of Cost	Amount
Feasibility Studies	$
Preliminary Engineering	$
Environmental Review	$
Right-of-Way /Utilities	$
Construction	$
Construction Engineering/Inspection	$
Non-highway Acquisition	$
Debris	$
Demolition	$
Other	$
Total Project Costs	$

PUBLIC DISASTER ASSISTANCE GRANT PROGRAM
PROJECT REPAIR COST ESTIMATING SHEET
Site No. _____

Type of Cost	Amount
Feasibility Studies	$
Preliminary Engineering	$
Environmental Review	$
Right-of-Way /Utilities	$
Construction	$
Construction Engineering/Inspection	$
Non-highway Acquisition	$
Debris	$
Demolition	$
Other	$
Total Project Costs	$

PUBLIC DISASTER ASSISTANCE GRANT PROGRAM
PROJECT REPAIR COST ESTIMATING SHEET
Site No. _____

Type of Cost	Amount
Feasibility Studies	$
Preliminary Engineering	$
Environmental Review	$
Right-of-Way /Utilities	$
Construction	$
Construction Engineering/Inspection	$
Non-highway Acquisition	$
Debris	$
Demolition	$
Other	$
Total Project Costs	$