

Pennsylvania Emergency Management Agency's E-Grants Form

Please fill-in the below information in order for PEMA to provide you access to the E-Grants system.

**denotes required field*

PERSONAL INFORMATION

*Title _____
*First Name _____
*Last Name _____

ADDRESS

*Street _____
*City _____
*State _____
*Zip Code _____

ADDITIONAL ADDRESS

Street _____
City _____
State _____
Zip Code _____

CONTACTS

Organization _____
*Contact / Business Phone _____ Ext. _____
Home Phone _____
Cell Phone / Pager _____
*Email _____ (must contain @).
*Confirm Email _____

ACCESS INFORMATION

*Reason I need access to E-Grants:

Please return completed forms to PEMA Hazard Mitigation Division at: RA-shazmitoff@state.pa.us