

**SAMPLE**

**COMMONWEALTH OF PENNSYLVANIA  
PENNSYLVANIA EMERGENCY MANAGEMENT AGENCY**

**PUBLIC DISASTER ASSISTANCE APPLICATION  
and  
AGREEMENT FOR FINANCIAL ASSISTANCE**

The Township, Borough, Municipal Authority, School District, etc...

NAME OF APPLICANT: \_\_\_\_\_

COMPLETE MAILING ADDRESS: \_\_\_\_\_

Mailing address of the Applicant's office

Zipcode

\_\_\_\_\_, Pennsylvania, \_\_\_\_\_

Office Phone Number

COUNTY: \_\_\_\_\_ TELEPHONE No: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_ FEDERAL EIN: \_\_\_\_\_

Enter your Federal Employer Identification Number (EIN)

APPLICANT'S AGENT NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_

The office email address for this person.

PROJECT APPLICATION NUMBER: FEMA - \_\_\_\_\_ - DR - PA - \_\_\_\_\_

(ASSIGNED BY PEMA)

Your County or for multi-county entities, the county in which your claim is being made.

The person's name that is appointed as the Applicant's Agent

This document shall constitute the Public Disaster Assistance Agreement between the Commonwealth of Pennsylvania and the above-named Applicant. This document, and all of the terms and conditions contained herein, shall apply to the grant of all disaster assistance funds provided by, or through, the Commonwealth of Pennsylvania, to the Applicant.

The Applicant certifies that:

1. The Applicant's Agent has the legal authority to apply for public disaster assistance on behalf of the Applicant and is authorized to execute all required forms on behalf of the Applicant.
2. The Applicant's elected officials and governing body have been informed of the terms and conditions of this Agreement, which apply to the receipt of federal and state financial assistance.
3. The Applicant agrees to establish and maintain a proper accounting system in accordance with generally accepted accounting standards to record disaster related expenditures.
4. The Applicant agrees to use the disaster assistance funds solely for the purposes for which the funds are approved and provided by the federal government and the Commonwealth.
5. The Applicant agrees to complete all approved work items within the time limits that are established by the Governor's Authorized Representative or the federal government. Time limits for project completion begin with the date of the disaster declaration, unless appropriate time extensions are requested and granted by the Pennsylvania Emergency Management Agency (PEMA) and the Federal Emergency Management Agency (FEMA). Debris Clearance (Category A) and Emergency Protective Measures (Category B) must be completed within six months; Permanent Work (Categories C through G) are to be completed within 18 months.

**SAMPLE**

**IN WITNESS WHEREOF**, the parties to this Public Disaster Assistance Application and Agreement for Financial Assistance have executed this document through their respective duly authorized officers with the intention of being legally bound thereby, as of the date written below.

**ATTEST:**

By: \_\_\_\_\_  
 Witness Signature for Applicant's Agent

Name: \_\_\_\_\_

Title: \_\_\_\_\_

The signature of person that witnessed the Applicant Agent's signature

Print Name

Title of the witness

This area is for PEMA Only

**APPLICANT:**

Name of Applicant: \_\_\_\_\_  
 (Government or Private Non-Profit Organization)

By: \_\_\_\_\_  
 Applicant's Agent Signature

Typed Name: \_\_\_\_\_  
 Applicant's Agent

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

Print the name of the Applicant

Original signature of the applicant agent

Print the Name of the applicant agent

Date of signing

**ATTEST:**

By: \_\_\_\_\_  
 Witness Signature for Governor's Authorized Representative

Name: \_\_\_\_\_

**COMMONWEALTH OF PENNSYLVANIA  
 PENNSYLVANIA EMERGENCY MANAGEMENT AGENCY**

By: \_\_\_\_\_  
 Governor's Authorized Representative Signature

Typed Name: \_\_\_\_\_

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

**-THIS PAGE REQUIRES SIGNATURES-**

**(Sign in ink and submit original to PEMA)**

Print the name of the Applicant

Print the County name

APPLICANT NAME: \_\_\_\_\_

COUNTY: \_\_\_\_\_

# Federal Funding Accountability and Transparency Act Sub-recipient Data Sheet

*Applicant must provide information along with Applicant's return of the signed grant agreement. The Commonwealth will not process the grant until such time that Applicant provides such information.*

## DUNS NUMBER

DUNS Number:


You must enter your DUNS Number

DUNS Number + 4 (if applicable):

[INSTRUCTIONS: Applicant must provide its assigned DUNS number, and DUNS + 4 number if applicable. Applicant must maintain current registration in the Central Contractor Registration ([www.ccr.gov](http://www.ccr.gov)) at all times during which they have active federal awards funded pursuant to their sub-grant agreement. A Dun and Bradstreet Data Universal Numbering System (DUNS) Number ([www.dnb.com](http://www.dnb.com)) is one of the requirements for registration in the Central Contractor Registration.]

## PRIMARY LOCATION

You must enter City, State & Zipcode

City:


State:

Zip+4:

[INSTRUCTIONS: Applicant must provide to the Commonwealth the primary location of performance under the award, including the city, State, and zip code including 4-digit extension. If performance is to occur in multiple locations, then Applicant must list the location where the most amount of the grant award is to be expended pursuant to the grant agreement.]

## Compensation of Officers

Officer 1 Name:

Officer 1 Compensation:

Officer 2 Name:

Officer 2 Compensation:

Officer 3 Name:

Officer 3 Compensation:

Officer 4 Name:

Officer 4 Compensation:

Officer 5 Name:

Officer 5 Compensation:


You must enter one or the other  
(READ INSTRUCTIONS)

By marking the following box  
Applicant affirms they do not meet  
the conditions for reporting highly  
compensated officials

[INSTRUCTIONS: Applicant must provide to the Commonwealth the names and total compensation of the five most highly compensated officers of the entity if--

(i) the entity in the preceding fiscal year received--

(I) 80 percent or more of its annual gross revenues in Federal awards; and

(II) \$25,000,000 or more in annual gross revenues from Federal awards: and

(ii) the public does not have access to information about the compensation of the senior executives of the entity through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986.

If the Applicant does not meet the conditions listed above, then it must specifically affirm to the Commonwealth that the requirements of this clause are inapplicable to the Applicant.