## PRIVATE-NON-PROFIT QUESTIONNAIRE AND DOCUMENT CHECK LIST

**ALL QUESTIONS MUST BE ANSWERED TO PROCESS YOUR CLAIM**

| ORGANIZATION NAME: |  |
| FACILITY NAME: |  |
| FACILITY LOCATION: |  |
| PRIMARY PURPOSE OF FACILITY: |  |
| WHO USES THE FACILITY: |  |
| WHAT FEE, IF ANY IS CHARGED FOR THE USE OF THE FACILITY? |  |
| WHAT IS YOUR ORGANIZATION'S FEDERAL ID NUMBER? |  |
| A COPY OF YOUR FEDERAL INTERNAL REVENUE SERVICE 501 TAX EXEMPT STATUS LETTER |  |

What type of **critical services** does the ORGANIZATION provide: (check all that apply)

- **Electrical Power**
- **Water**
- **Sewer and wastewater**
- **Communications**
- **Other**
- **Emergency Medical Services**
- **Fire Protection/Emergency**
- **Educational facilities**
- **NO CRITICAL SERVICES**

**Critical Private Non-Profit** – *In the box below* describe the function, and the specific **critical services** the organization provides:

**OR**

If you checked "**NO CRITICAL SERVICES**" - *In the box below* describe any Category A-Debris Removal, and/or Category B-Emergency Protective Measures taken, you may also apply to the Small Business Administration (SBA), and include your SBA determination letter:

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Does this claim involve structural damage to a building owned by the organization?  

- What percentage of the building is occupied by the organization?  
  -  
  **%**

  - If YES, Please provide documentation in the form of a lease or rental agreement or other similar documents
  - If YES, Please provide proof of ownership in the form of a Mortgage or Deed or other similar documents
  - If YES, Please provide a copy of the structural Insurance policy

Does this claim involve content damage within a building NOT owned by the PNP organization?  

- If YES, Please provide a copy of the content Insurance policy

Does this claim involve damage to vehicles or equipment owned by the PNP organization?  

- If YES, Please provide registration or other proof of ownership, this may include maintenance records

Does this claim include reimbursement for critical services equipment used?  

- If YES, Please attach a list of equipment used (include type, size, length of time used) that is owned by the PNP organization

I, ___________________________ certify the above information is true, correct and complete to best of my knowledge;

**Signature** ___________________________  
**Date** ___________________________