

COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA EMERGENCY MANAGEMENT AGENCY

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 ORGANIZATIONS 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:

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

If YES, Please provide documentation in the form of a lease or rental agreement or other similar documents

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

If YES, Please provide a copy of the vehicle and/or equipment Insurance policy

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;

PRINT NAME

Signature _____

Date _____