

COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA EMERGENCY MANAGEMENT AGENCY

PUBLIC DISASTER ASSISTANCE APPLICATION

Mailing address of the Applicant's office.

and

AGREEMENT FOR FINANCIAL ASSISTANCE

The Township, Boro, Municipal Authority, school district, PnP, etc.

NAME OF APPLICANT: _____
(Government or Private Non-Profit Organization)

COMPLETE MAILING ADDRESS: _____

A PERSON'S NAME. NOT the Board of supervisors, township, boro.,

A nine (9) digit number (2 + 7) that usually starts with the number 23

TELEPHONE No: (____) _____ - _____ FEDERAL I.D. No: _____ - _____

NAME OF APPLICANT'S AGENT: _____ COUNTY: _____

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

PROJECT APPLICATION NUMBER: (WILL BE ASSIGNED BY PEMA)

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.

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IN WITNESS WHEREOF, the parties to this Public Disaster Assistance Application and Agreement for Financial Assistance

have authorized officers with the i

A person DIFFERENT FROM the Applicant's agent. Original signature document!

The Applicant's AGENT. A person's name - the SAME name as on the front page.

ATTEST:

APPLICANT:

By: _____
Witness Signature

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

Name: _____

By: _____
Signature

Title: _____

Typed Name: _____
Applicant's Agent

Date: _____

THIS AREA IS FOR PEMA. Nothing should be entered by the Applicant.

ATTEST:

COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA EMERGENCY MANAGEMENT AGENCY

By: _____
Witness Signature for GAR

By: _____
Signature

Name: _____

Typed Name: _____
Governor's Authorized Representative (GAR)

Date: _____