

**LOCAL DAMAGE ASSESSMENT
LIST OF DAMAGED SITES & SITE ESTIMATES**

DISASTER EVENT _____

MUNICIPALITY/ APPLICANT _____ POPULATION _____ COUNTY _____ DATE ____/____/____

MUNICIPALITY/ APPLICANT ADDRESS _____ APPLICANT PHONE _____

DATE FISCAL YEAR BEGAN ____/____/____ TOTAL ANNUAL BUDGET= \$ _____ UNCOMMITTED BALANCE AS OF ____/____/____ = \$ _____

ANNUAL MAINTENANCE BUDGET= \$ _____ UNCOMMITTED BALANCE AS OF ____/____/____ = \$ _____

POC NAME _____ POC PHONE _____ POC FAX _____ POC E-MAIL _____

POC ADDRESS _____ PDA TEAM MEMBERS _____

Site #	Location (street address, directions from known point, and if available GPS coordinates - provide municipal/township map)	Damage, Description and Dimensions (give facility name, length-width-depth-sf-sy-cy-tons-number of items, etc.)	Local Estimate of Cost \$	Insurance Coverage Y/N \$?	Impact of Damage (public health & safety - Essential / critical facilities- population adversely affected)	Special Considerations (1) (see bottom of continuation sheet)
1			\$	<input type="checkbox"/> YES <input type="checkbox"/> NO		
2			\$	<input type="checkbox"/> YES <input type="checkbox"/> NO		
3			\$	<input type="checkbox"/> YES <input type="checkbox"/> NO		
4			\$	<input type="checkbox"/> YES <input type="checkbox"/> NO		
5			\$	<input type="checkbox"/> YES <input type="checkbox"/> NO		
6			\$	<input type="checkbox"/> YES <input type="checkbox"/> NO		

Annotate local map to show site numbers above. Use reverse for detailed description of adverse effect on essential / critical facilities such as: Hospitals, Schools, Nursing Homes, Transportation, Communication, Water, Sewer, Emergency vehicle access, and Public Health and Safety

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DISASTER EVENT _____

MUNICIPALITY/ APPLICANT _____ COUNTY _____ DATE ____/____/____ PAGE ____ OF ____ PAGES

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7			\$	<input type="checkbox"/> YES <input type="checkbox"/> NO		
8			\$	<input type="checkbox"/> YES <input type="checkbox"/> NO		
9			\$	<input type="checkbox"/> YES <input type="checkbox"/> NO		
10			\$	<input type="checkbox"/> YES <input type="checkbox"/> NO		
11			\$	<input type="checkbox"/> YES <input type="checkbox"/> NO		
12			\$	<input type="checkbox"/> YES <input type="checkbox"/> NO		

Special Considerations - Does the site have potential for: **Hazardous Materials (HZ)** - Unidentified drums, asbestos, transformers with PCBs, oil slick, etc.?
Historical Significance (HIST) - Site over 50 years old, located in historical district, plaque on building, etc? **Hazard Mitigation (HM)** - Has site been damaged before, are there cost effective mitigation possibilities, etc?
Environmental Issues (ENV) - Wetlands, endangered species, water supply contamination, sewage spill, etc?
Insurance (INS) - Is structure or contents insured, in 100-year floodplain?

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MUNICIPALITY/ APPLICANT _____

COUNTY _____

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13			\$	<input type="checkbox"/> YES <input type="checkbox"/> NO		
14			\$	<input type="checkbox"/> YES <input type="checkbox"/> NO		
15			\$	<input type="checkbox"/> YES <input type="checkbox"/> NO		
16			\$	<input type="checkbox"/> YES <input type="checkbox"/> NO		
17			\$	<input type="checkbox"/> YES <input type="checkbox"/> NO		
18			\$	<input type="checkbox"/> YES <input type="checkbox"/> NO		

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