REQUEST FOR PUBLIC ASSISTANCE (RPA)

Section I – Declaration & Applicant Information

Instructions: Your organization may be eligible to apply for Public Assistance. Below, please indicate the Event for which you are applying for assistance and confirm your UEI# and FEMA PA Code (i.e., FIPS Code).

1. GENERAL INFO

Organization:	FEMA PA Code:	UEI #:

Event:

2. PRIMARY ADDRESS

3. MAILING ADDRESS

Section II – Applicant Experience

Instructions: Please provide information about the Applicant's level of experience with the Public Assistance program.

What is the Applicant's experience with the Public Assistance application process? *Please select one.*

Unfamiliar, and likely to need dedicated, in-person support navigating the process.

Unfamiliar, but likely to be comfortable with limited or remote support navigating the process.

Familiar, but likely to need dedicated, in-person support navigating the process.

Familiar, and likely to be comfortable with limited or remote support remote support navigating the process.

Section III – Impacts

Instructions: Please provide information about the Applicant's incident related impacts from [Declaration Number].

Does the Applicant have any of the following incident-related impacts? *Please select all that apply.*

Debris

Debris includes, but is not limited to, vegetative debris, construction and demolition debris, sand, mud, silt, gravel, rocks, boulders, white goods, and vehicle and vessel wreckage.

Emergency response/protective measures

Emergency protective measures conducted before, during, and after an incident are eligible if the measures:

- *Eliminate or lessen immediate threats to lives, public health, or safety; OR*
- *Eliminate or lessen immediate threats of significant additional damage to improved public or private property in a cost-effective manner.*

Infrastructure damage

What is the total approximate cost to address incident-related impacts? Please select one.

Less than the Large Project Threshold of $1,062,900

$1,062,900 or more

FEMA establishes a threshold to categorize projects as large or small based on the final approved amount of eligible costs after any cost adjustments, including insurance deductions. The threshold is adjusted for each federal

What is the approximate <u>total</u> number of facilities with incident-related impacts? _____

FEMA defines a facility as any publicly or privately-owned building, works, system or equipment—built or manufactured—or an improved and maintained natural feature. Facilities may include public buildings, roads, bridges, drainage structures, parks, and flood control works. Land used for agricultural purposes is not a facility.

What is the status of all work to address incident-related impacts? *Please select one.*

    Work is completed and costs are documented
    Work is completed and costs are not documented
    Work has started. *Please provide a projected end date, if known*: _____ (MM/DD/YY)
    Work has not started

Does the Applicant have any impacts that are of such severity that require immediate attention or federal support?

    Yes. *Please select all that apply.*
        Operations being conducted from temporary locations due to damaged facilities
        Damaged facilities that require temporary relocation of services
        Damaged facilities impact a substantial amount of the population
        Operations dependent on temporary equipment (such as generators or mobile boilers)
        Inaccessible areas
        Inaccessible facilities
        Other. *Please describe the immediate need:*
    No

Please initial next to each statement.

_____	Applicants should document damage with photos and track all resources used at the site including dates and quantities.
_____	Applicants must comply with the applicable codes, specifications and standards requirements when restoring infrastructure.
_____	In accordance with the PAPPG, the Applicant must comply with applicable federal, state, and local laws; must provide all documentation requested to allow FEMA to ensure project applications comply with federal Environmental and Historic Preservation (EHP) laws, implementing regulations, and Executive Orders; and must comply with any EHP compliance conditions placed on all grants.
_____	Applicants that utilize contractors for work conducted with FEMA PA funding must follow the procurement and contracting rules detailed in 2 CFR § 200.318-326.

Did an Applicant representative attend an Applicant Briefing?

    Yes
    No

An Applicant Briefing is a meeting conducted by the State, Tribe, or Territory (Recipient) following the President's declaration to provide high-level information regarding the Public Assistance Program.

Your response to this question helps FEMA understand what information you may have been provided about the PA program to date.

[For PNP Applicants only]

How will the Applicant demonstrate its eligibility as a Private Nonprofit Applicant? *Please select one and provide supporting documentation.*

A ruling letter from the Internal Revenue Service that was in effect on the declaration date and granted tax exemption under sections 501(c), (d), or (e) of the Internal Revenue Code
Access a copy of your organization's exemption letter from IRS.gov.

Documentation from the State substantiating it is a non-revenue producing, nonprofit entity organized or doing business under State law

If exempt from both the requirement to apply for 501(c)(3) status and tax-exempt status under State law, provide articles of association, bylaws, or other documents indicating it is an organized entity and a certification that it is compliant with Internal Revenue Code section 501(c)(3) and State law requirements.

Section IV – Certifications and Applicant Signature

Instructions: Please provide contact information for the contract personnel authorized to make binding decisions on behalf of the entity.

1. PRIMARY CONTACT

Name:	
Title:	
Email:	
Phone:	

2. ALTERNATE CONTACT

Name:	
Title:	
Email:	
Phone:	

3. GENERAL CERTIFICATION

I certify that I have reviewed the following information regarding overarching requirements to receive Public Assistance. Additionally, by signing below, I give Cal OES permission to submit an RPA on my organization's behalf:

Signature	Date

Section V – Submit

Next Steps: After submittal of this form, Cal OES and FEMA will review the information and notify the Applicant of approval or denial.

FACILITY INFORMATION FOR PRIVATE NONPROFIT APPLICANTS (PNP)

Section III – Facility Information

Instructions: In order to determine whether an Applicant is eligible for Public Assistance, FEMA must determine whether the PNP owns or operates at least one facility that provides an eligible service. Eligible services are listed in Question 3 below. The Applicant should include all of the facilities for which funds are requested, but the Applicant will be able to amend this list during the Application process.

If an Applicant is unsure whether it owns or operates an eligible facility, it may list multiple facilities on this RPA by completing the following questions for each facility. Once the Applicant is approved for Public Assistance, FEMA will request a full list of impacted facilities.

Please provide the facility name and location.
Facility Name:
Address:
County:

Does the Applicant own or operate the facility? *Please select one.*

Applicant owns the facility

If selected, upload documentation to support proof of ownership.

Proof of ownership include, but are not limited to:

- *A deed, title or lease agreement*
- *A bill of sale or land contract*
- *A mortgage payment booklet*
- *A property tax receipt or property tax bill*
- *A real property structure insurance policy*

Applicant leases the facility to another entity

If selected, provide lease or other proof of legal responsibility to repair incident-related damage.

Applicant leases the facility from another owner

If selected, provide lease or other proof of legal responsibility to repair incident-related damage.

Other. *Please describe:*

What are the primary purposes of the facility? *Please select all that apply to each respective facility.*

Critical Service. *Please select the relevant sub-categories of critical service.*

Educational:

Primary or secondary education as determined under State law and provided in a day or residential school, including parochial schools

If selected, provide documentation to support that the school is recognized by the state as providing elementary or secondary education.

Higher-education institution

If selected, provide documentation to support that the school is accredited or recognized by its State Department of Education or the United States Department of Education.

Utility:

Communications transmission and switching, and distribution of telecommunications traffic

Electric power generation, transmission, and distribution

Irrigation to provide water for drinking water supply, fire suppression, or electricity generation

Sewer and wastewater collection, transmission, and treatment

Water treatment, transmission, and distribution by a water company supplying municipal water

Other. *Please describe:*

Emergency Services:

Ambulance

Fire protection

Rescue

Public broadcasting that monitors, receives, and/or distributes communication from the Emergency Alert System to the public

Other. *Please describe:*

Administrative and support facilities essential to the provision of the PNP critical service are eligible facilities.

Emergency Medical Care (diagnosis or treatment of mental or physical injury or disease) provided in:

Clinic

Dialysis facility

In-patient facility

Select this option for facilities that provide in-patient care for convalescent or chronic disease patients

Outpatient facility

Hospice or nursing home

Hospital

Select this option for hospitals and related facilities, including:

- *Central service facilities operated in connection with hospitals*
- *Extended-care facilities*
- *Facilities related to programs for home-health services*
- *Laboratories*
- *Self-care units*

Long-term care facility

Rehabilitation center providing medical care

Other. *Please describe:*

Non-Critical Essential Social Service. *Please select the relevant sub-categories of essential social service.*

Assisted living facility

Childcare, including center-based childcare.

If selected, provide proof that the State Department of Children and Family Services, Department of Human Services, or similar agency, recognizes it as a licensed childcare facility

Day care for individuals with disabilities or access and functional needs

Community center. *Please describe services provided*:

Custodial care facility

Food assistance programs, including Food Banks and storage of food for Food Banks

Health and safety services, including animal control services
Homeless shelter
House of worship (religious institution)
Library
Low-income housing
Museum
Performing arts center
Rehabilitation facility (not providing medical services as listed in Critical Services above)
Residential or other services for families of domestic abuse
Residential services for individuals with disabilities
Senior citizen center
Shelter workshop
Zoo
Other. *Please describe what service the facility provides:*
For more information about eligible facility services, refer to the Public Assistance Program and Policy Guide.

The following questions apply if the Applicant selected a noncritical essential social service and/or other as the primary function.

Has the Applicant applied for a Small Business Administration (SBA) loan for its infrastructure damage?
Yes
    Was the loan approved?
        Yes
        No
    Pending. *If selected, please provide SBA application and any correspondence.*
No
Is access to the facility limited to specific individuals or a specific population?
    Yes. *Please describe:*
    No
Is there a membership fee or fee to use the facility?
    Yes
        How much is the fee?
        Please provide documentation of policy for waiving fees
    No
Does the facility provide multiple types of services?
    Yes
        Please describe each service provided and the percentage of physical space and operating time allocated to each service:

    No