

**CHECKLIST FOR PRIVATE NON-PROFIT FACILITIES  
REQUESTING FEDERAL DISASTER ASSISTANCE**

Please answer all of the following questions and return this questionnaire with proof of non-profit (PNP) status to the FEMA/State Disaster Field Office. Your application for Federal disaster assistance will not be considered if these documents are not submitted by the prescribed deadline. If your organization has more than one facility that incurred damage, list each facility separately and provide the required information for each facility. Use separate sheets of paper if necessary.

**Name of PNP Organization:**

Title 44 CFR, Part 206.221 (e) defines a Private Non-Profit facility as "...any private non-profit educational, utility, emergency, medical, or custodial care facility, including a facility for the aged or disabled, and other facility providing essential governmental type services to the general public, and such facilities on Indian reservations." "Other essential governmental service facility" means museums, zoos, community centers, libraries, homeless shelters, senior citizen centers, rehabilitation facilities, shelter workshops and facilities which provide health and safety services of a government nature. All such facilities must be open to the general public.

**Of the above, what best describes your organization?** \_\_\_\_\_

**Please provide copies of the following:**

- \_\_\_\_\_ Tax Exemption Certificate
- \_\_\_\_\_ Organization Charter or By-Laws
- \_\_\_\_\_ Current Literature describing your organization

**If your organization is a school or educational facility, please provide information on:**

- \_\_\_\_\_ Accreditation or Certification
- \_\_\_\_\_ Curriculum

**Name of the damaged facility and location:** \_\_\_\_\_

**What is the primary purpose of the damaged facility:** \_\_\_\_\_

**Who may use the facility:** \_\_\_\_\_

**What fee, if any, is charged for the use of the facility?** \_\_\_\_\_

**Was the facility in use at the time of the disaster?**     Yes     No

**Did the facility sustain damage as a direct result of the disaster?**     Yes     No

**What type of assistance is being requested?** \_\_\_\_\_

**Do you own the facility?**     Yes     No

If "Yes", please provide proof of ownership. Check here  if attached.

If "No", do you lease/rent the facility?  Yes     No

If "Yes", please furnish a copy of the lease or rental agreement for the damaged facility. Check here  if attached.

Are the repairs to the facility the legal responsibility of your organization?     Yes     No

**Is the facility insured?**     Yes     No

If "Yes", please provide information on existing insurance coverage and a copy of the policy.

**Additional information or comments:** \_\_\_\_\_

**Name and phone number of contact person for your organization regarding this claim:**