

APPENDIX B: FACILITY INFORMATION FOR PRIVATE NONPROFIT APPLICANTS

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, upload lease or other proof of legal responsibility to repair incident-related damage.

Applicant leases the facility from another owner

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

Higher-education institution

If selected, upload 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

Request for Public Assistance

Public Assistance Applicant Quick Guide

- 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:*

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

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:*

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

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, upload 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:* [dropdown list]
- Custodial care facility
- Food assistance programs, including Food Banks and storage of food for Food Banks

Request for Public Assistance

Public Assistance Applicant Quick Guide

- 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 upload 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 describe or upload 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:

Please upload proof of the primary purpose of the facility such as building floorplans; Internal Revenue Service documentation; pre-disaster charter, by-laws, and amendments; evidence of longstanding, routine (day-to-day) use (e.g., a calendar of activities).

- No