FEDERAL EMERGENCY MANAGEMENT AGENCY

PNP FACILITY QUESTIONNAIRE

This questionnaire is to be used by FEMA and state personnel to help determine the eligibility of specific facilities of an approved Private Non-Profit (PNP) organization. Obtain answers to the following questions for each PNP organization. If the organization has more than one facility that incurred damage, complete a separate sheet for each facility.

Name of PNP Organization: _____

Name of the damaged facility and location: _____

_____

What is the primary purpose of the damaged facility? _____

Who may use this 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? _____

Does the PNP organization own the facility? ☐ Yes ☐ No

If "Yes," obtain proof of ownership; check here if attached. ☐

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

If "Yes," obtain a copy of the lease or rental agreement for the damaged facility; check here if attached. ☐

Are the repairs of this facility the legal responsibility of the organization? ☐ Yes ☐ No

Is the facility insured? ☐ Yes ☐ No

If "Yes," obtain a copy of the insurance policy; check here if attached. ☐

Additional information or comments:

Name of contact person	Phone number