

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