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 ____________