DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY

OMB No. 1660-0009 Expires December 31,2012

REQUEST FOR PRESIDENTIAL DISASTER DECLARATION MAJOR DISASTER OR EMERGENCY

1. Request Date _____

Burden Disclosure Notice

Public reporting burden for this form is estimated to average 9 hours per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting the form. This collection of information is required to obtain a benefit. You are not required to respond to this collection of information unless it displays a valid OMB control number. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472, Paperwork Reduction Project (1660-0009) **NOTE: Do not send your completed form to this address.**

Completion of this form including applicable attachments satisfies legal requirements for emergency and major disaster declaration requests under 42 U.S.C. 5170 and 5191, respectively, as implemented at 44 C.F.R. 206.35 and 206.36. Failure to use this form may result in a failure to meet these requirements and/or a delay in processing the request.

2a. Name of State requesting declaration (as defined in Stafford Act 102, 42 U.S.C. 5122)	2b. State Population (as reported by 2010 Census)

3. Governor's Name	4a. Designation of State Coordinating Officer upon declaration (if available) and phone number

4b. Designation of Governor's Authorized Representative upon declaration (if available) and phone number

6. Declaration Request For: ☐ Major Disaster (Stafford Act Sec. 401) ☐ Emergency (Stafford Act Sec. 501(a))

7. Incident Period Beginning Date _____ End Date _____ or ☐ Continuing

If requesting a "continuing" incident period, enclose an official statement from a qualified Federal government agency acknowledged as a national authority in a specific incident field (e.g., United States Geological Survey for seismic incidents, the National Weather Service for flooding).

7b. Type of Incident (Check all that apply)

☐ Drought ☐ Earthquake ☐ Explosion ☐ Fire ☐ Flood ☐ Hurricane ☐ Landslide ☐ Mudslide

☐ Severe Storm (rain, high water, wind-driven rain, hail, lightning) ☐ Snowstorm (Must include Enclosure D: Historic and Current Snowfall Data) ☐ Straight-Line Winds

☐ Tidal Wave ☐ Tornado ☐ Tropical Depression ☐ Tropical Storm ☐ Tsunami ☐ Volcanic Eruption ☐ Winter Storm

☐ Other (please specify) _____

8. Description of damages (Short description of impacts of disaster on affected area and population). Include additional details in enclosed Governor's cover letter.

9. Description of the nature and amount of State and local resources which have been or will be committed. Include additional details in enclosed Governor's cover letter.

10. Joint Preliminary Damage Assessment*

☐ Individual Assistance Dates Performed **Requested** _____ **Start** _____ **End** _____

Individual Assistance Accessibility Problems (Areas that could not be accessed, and why)

☐ Public Assistance Dates Performed **Requested** _____ **Start** _____ **End** _____

Public Assistance Accessibility Problems (Areas that could not be accessed, and why)

11. Programs and Areas Requested

Individual Assistance ☐ N/A ☐ Individual and Households Program ☐ Crisis Counseling Program ☐ Disaster Unemployment Assistance

☐ All ☐ Disaster Case Management ☐ Disaster Legal Services

For the following jurisdictions (specify counties, parishes, independent cities) If additional space is needed, please enclose additional documentation.

Identify Federally recognized Tribes in the requested counties.

Please see **Enclosure A: Supplemental Information for Individual Assistance** for additional information in support of this request*

**Not Required for Emergency Declaration Request*

11. Programs and Areas Requested (Continued)

Public Assistance ☐ N/A ☐ Debris Removal (Category A) ☐ Emergency Protective Measures (Category B) ☐ Permanent Work (Categories C-G) (not available for Emergency Declaration Requests)

For the following jurisdictions (Specify counties, parishes, independent cities) If additional space is needed or your request includes different categories of work for different jurisdictions, please enclose additional documentation.

Identify Federally recognized Tribes included in the requested counties.

Please see **Enclosure B: Supplemental Information for Public Assistance** for additional information in support of this request*

Indemnification for Debris Removal Activity

☐ I do not anticipate the need for debris removal.

☐ I anticipate the need for debris removal, which poses an immediate threat to lives, public health and safety. Pursuant to Sections 403 and 407 of the Stafford Act, 42 U.S.C. §§ 5170b & 5173, the State agrees to indemnify and hold harmless the United States of America for any claims arising from the removal of debris or wreckage for this disaster. The State agrees that debris removal from public and private property will not occur until the landowner signs an unconditional authorization for the removal of debris.

Request for Direct Federal Assistance

☐ I do not request direct Federal assistance at this time.

☐ I request direct Federal assistance for work and services to save lives and protect property, and:

a. I request the following type(s) of assistance:

b. List of reasons why State and local governments cannot perform, or contract for, required work and services.

c. In accordance with 44 C.F.R. 206.208, the State agrees that it will, with respect to direct Federal assistance: (1) Provide without cost to the United States all lands, easements and rights-of-ways necessary to accomplish the approved work; (2) Hold and save the United States free from damages due to the requested work, and shall indemnify the Federal Government against any claims arising from such work; (3) Provide reimbursement to FEMA for the non-Federal share of the cost of such work in accordance with the provisions of the FEMA-State Agreement; and (4) Assist the performing Federal agency in all support and local jurisdictional matters.

Request for Snow Assistance

☐ N/A ☐ I request snow assistance.

Snow assistance for the following jurisdictions (Specify counties, independent cities).

Please see **Enclosure D: Historic and Current Snowfall Data** for additional information in support of this request.

*Not Required for Emergency Declaration Request

11. Programs and Areas Requested (Continued)

Hazard Mitigation* ☐ Statewide **OR**

For the following specific counties, parishes, independent cities.

12. Mitigation Plan Information*

a. Mitigation Plan Expiration Date _____ b. Type of Plan ☐ Enhanced ☐ Standard

13. Other Federal Agency Programs

☐ I do not anticipate requirement from Other Federal Agencies. ☐ I do anticipate requirement from Other Federal Agencies.

Please see **Enclosure C:** Requirements for Other Federal Agency Programs for additional information in support of this request.

14. Findings and Certifications

☐ I certify the following:

a. I have determined that this incident is of such severity and magnitude that effective response is beyond the capabilities of the State and the affected local government and that supplementary federal assistance is necessary.

b. In response to this incident, I have taken appropriate action under State law and have directed the execution of the State Emergency Plan on _____ in accordance with the Stafford Act.

c. The State and local governments will assume all applicable non-Federal share of costs required by the Stafford Act.

15. List of Enclosures and Supporting Documentation

☐ Cover Letter ☐ Enclosure A (Individual Assistance)* ☐ Enclosure B (Public Assistance)*

☐ Enclosure C (Requirements for Other Federal Agency Programs) ☐ Enclosure D (Historic and Current Snowfall Data)

☐ Additional Supporting Documentation _____

_____ Governor's Signature

_____ Date

If anyone except the Governor signs this document, please provide the documentation that establishes that this individual has the legal authority to act on behalf of the Governor.

**Not Required for Emergency Declaration Request*