## REQUEST FOR FIRE MANAGEMENT ASSISTANCE SUBGRANT

## PAPERWORK BURDEN DISCLOSURE NOTICE

reviewing instructions, se This collection of informa valid OMB control numbe reducing the burden to	or this data collection is estimated to parching existing data sources, gather tion is required to obtain or retain ber er is displayed on this form. Send com : Information Collections Managem V., Room 7NE, Washington, DC 2047 address.	ing and maintaining the data nefits. You are not required to nments regarding the accurac ent, Department of Homela 72-3100, Paperwork Reductio	bonse. The burden estimate includes the time for needed, and completing and submitting this form. respond to this collection of information unless a y of the burden estimate and any suggestions for nd Security, Federal Emergency Management in Project (1660-0058) <b>NOTE: Do not send your</b>
1. APPLICANT (Political subdivision or eligible applicant)		.a DUNS NUMBER	2. DATE
3. COUNTY (location of fi	efighting activities. If located in multip	le counties, please indicate)	
	APPLICA	NT PHYSICAL LOCATION	
1. STREET ADRESS			
2. CITY	3. COUNTY	4. STATE	5. ZIP CODE
Primary Contact/Applicant's Authorized Agent		Alternate Contact	
1. NAME		1. NAME	
2. TITLE		2. TITLE	
3. BUSINESS PHONE		3. BUSINESS PHONE	
4. FAX NUMBER		4. FAX NUMBER	
5. HOME PHONE		5. HOME PHONE	
6. CELL PHONE		6. CELL PHONE	
7. EMAIL ADDRESS		7. EMAIL ADDRESS	
8. PAGER & PIN NUMBER		8. PAGER & PIN NUMBER	
State grantee for a subg tribal governments. (b) E fire fighting organizations complex. (c) Eligibility is State official. (d) The act	rant under an approved fire manager ntities that are not eligible to apply fo s, may be reimbursed through a cor contingent upon the finding that the ap	ment assistance grant: 1) Sta r a subgrant as identified in(a ntract or compact with an el oplicant's resources were requ esponsibility of the applying e	e following entities are eligible to apply through a te agencies; 2) Local government; and 3) Indian ), such as privately owned entities and volunteer gible applicant for cost associated with the fire ested by the Incident Commander or comparable entity, required as a result of the fire complex for ed area.

## Privacy Notice Form Request for Fire Management Assistance Subgrant

**AUTHORITY:** FEMA collects, uses, maintains, retrieves, and disseminates the records within this form under the Section 420 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5187 and §303 of the Disaster Mitigation Act of 2000.

**PRINCIPAL PURPOSE:** FEMA is collecting this information to determine which state(s), local, tribal, or territorial government(s) are eligible for Fire Management Assistance Grants. FEMA collects information from the political subdivision and/or the public agency, as well as the applicant's authorized representative.

**ROUTINE USES:**\_FEMA may share the personal information of U.S. citizens and lawful permanent residents contained in their grant applications, as generally permitted under 5 U.S.C. § 552a(b) of the Privacy Act of 1974, as amended, including pursuant to routine uses published in DHS/FEMA/PIA - 013 Grant Management Programs (February 19, 2015).

DISCLOSURE: The disclosure of this information is voluntary, however, failure to furnish this information may result in a delay of FEMA assistance.