

TIME EXTENSION REQUEST

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this data collection is estimated to average 1 hour 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 this form. This collection of information is required to obtain or retain benefits. You are not required to respond to this collection of information unless a valid OMB control number is displayed in the upper right corner of this form. 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 (1660-0058). **NOTE:** Do not send your completed form to this address.

PRIVACY ACT STATEMENT

The collection of this information is authorized by the Robert T. Stafford Disaster Relief and Emergency Assistance Act, §§ 403 and 420; 42 U.S.C. 5187; Title 44 Code of Federal Regulations (C.F.R.) § 204; and 2 C.F.R. § 200. This information is being collected to provide assistance to eligible jurisdictions to facilitate the response to and recovery from a Fire Management Assistance Grant declaration. The disclosure of information on this form is voluntary; however, failure to provide the requested information may delay or prevent the agency from receiving funds from FEMA's Fire Management Assistance Program.

PRIVACY ACT STATEMENT

Time extensions are changes to the original grant agreements. This form shows all information and documentation that is needed for FEMA to process the request. Please contact your FEMA Regional office for additional information. All signatures are official and legally binding.

In general, this form will collect certain time extension information including:

- Declaration-level information
- Time extension details and justification
- Proposed deadline

SECTION 1 - APPLICANT INFORMATION

| | | |
|---------------------|--------------------------|-------------|
| Declaration Number: | Legal Name of Applicant: | FEMA PA ID: |
|---------------------|--------------------------|-------------|

SECTION 2 - TIME EXTENSION REQUEST

Recipients and Applicants complete a time extension request for each type of time extension

TIME EXTENSION TYPE

Please select the time extension type:

- Prime Award Period of Performance Deadline
- Project Worksheet Submittal Deadline
- Closeout Liquidation Period Deadline/Closeout Submittal Deadline

| | |
|--------------------------------------|------------------------------------|
| Current Deadline (MM/DD/YYYY): _____ | Date Requested (MM/DD/YYYY): _____ |
|--------------------------------------|------------------------------------|

Please provide the justification for the extension (Please upload any supporting documentation):

RECIPIENT SIGNATURE

| | |
|--------------------------------------|-----------------|
| Recipient Authorized Representative: | Title: |
| Signature: | Date Submitted: |