

ATTACHMENT 1

DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY
REQUEST FOR PUBLIC ASSISTANCE

O.M.B. No. 1660-0017
Expires October 31, 2008

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APPLICANT (Political subdivision or eligible applicant.)

DATE SUBMITTED

City of Napa

4/5/2017

COUNTY (Location of Damages. If located in multiple counties, please indicate.)

Napa County

APPLICANT PHYSICAL LOCATION

STREET ADDRESS

955 School St.

CITY

Napa

COUNTY

County

STATE

CA

ZIP CODE

94559

MAILING ADDRESS (If different from Physical Location)

STREET ADDRESS

POST OFFICE BOX

PO Box 660

CITY

Napa

STATE

CA

ZIP CODE

94559-0660

Primary Contact/Applicant's Authorized Agent

NAME

Desiree Brun

TITLE

Assistant to the City Manager

BUSINESS PHONE

707-257-9534

FAX NUMBER

HOME PHONE (Optional)

CELL PHONE

E-MAIL ADDRESS

PAGER & PIN NUMBER

Alternate Contact

NAME

Heather Maloney

TITLE

Public Works Administrative Services Manager

BUSINESS PHONE

707-257-9522

FAX NUMBER

HOME PHONE (Optional)

CELL PHONE

E-MAIL ADDRESS

PAGER & PIN NUMBER

Did you participate in the Federal/State Preliminary Damage Assessment (PDA)?

☒ Yes

☐ No

Private Non-Profit Organization?

☐ Yes

☒ No

If yes, which of the facilities identified below best describe your organization? _____

Title 44 CFR, part 206.221(e) defines an eligible private non-profit facility as: "... any private non-profit educational, utility, emergency, medical or custodial care facility, including a facility for the aged or disabled, and other facility providing essential governmental type services to the general public, and such facilities on Indian reservations." "Other essential governmental service facility means museums, zoos, community centers, libraries, homeless shelters, senior citizen centers, rehabilitation facilities, shelter workshops and facilities which provide health and safety services of a governmental nature. All such facilities must be open to the general public."

Private Non-Profit Organizations must attach copies of their Tax Exemption Certificate and Organization Charter or By-Laws. If your organization is a school or educational facility, please attach information on accreditation or certification.

Official Use Only: FEMA-____ -DR-____ - ____ FIPS# _____

Date Received: