



New Hampshire Department of Safety Division of Homeland Security and Emergency Management

RPA/Grants Portal Application Form

RPA/Grants Portal Application Submission Instructions

State and Local Governments

Fill out the RPA form / Grants Portal Account Request Form in [WordPress here](#).

OR

Complete the form below digitally and email to NHPA@dos.nh.gov.

OR

If unable to complete the form in Wordpress or via the fillable PDF, please print this form, fill it out, scan it, and email it to NHPA@dos.nh.gov.

Private Non-Profits (PNP)

All Private Non-Profit (PNP) organizations that are new to Public Assistance and/or do not have an account in the Grants Portal must first complete the [Public Assistance Application Form for Private Non-Profits](#) form online. This form requires the submission of documentation that proves PNP status. Review is then required by the State and FEMA prior to the PNP becoming an eligible applicant in the PA Program.

Once this form has been completed an HSEM Liaison will reach out to the point of contact identified on the form for the PNP to complete an RPA.

RPA/Grants Portal Application Form

The “Required Information” below is for those who do not already have an account in the FEMA Grants Portal. If your organization already has an account in the Grants Portal, it does not need to complete the section below—you may proceed to the RPA form on the next page.

Required Information

Applicant Employer Identification Number (EIN):

Applicant DUNS Number:

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
REQUEST FOR PUBLIC ASSISTANCE

OMB Control Number 1660-0017
Expires December 31, 2019

Paperwork Burden Disclosure Notice			
Public reporting burden for this data collection is estimated to average 15 minutes 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 (1660-0017) NOTE: Do not send your completed form to this address.			
Privacy Act Statement			
Authority: FEMA is authorized to collect the information requested pursuant to the Robert T. Stafford Disaster Relief and Emergency Assistance Act, §§ 402-403, 406-407, 417, 423, and 427, 42 U.S.C. 5170a-b, 5172-73, 5184, 5189a, 5189e; The American Recovery and Reinvestment Act of 2009, Public Law No. 111-5, § 601; and "Public Assistance Project Administration," 44 C.F.R. §§ 206.202, and 206.209.			
APPLICANT (Political subdivision or eligible applicant)			DATE SUBMITTED
COUNTY (Location of Damages. If located in multiple counties, please indicate)			
APPLICANT PHYSICAL LOCATION			
STREET ADDRESS			
CITY	COUNTY	STATE	ZIP CODE
MAILING ADDRESS (If different from Physical Location)			
STREET ADDRESS			
POST OFFICE BOX	CITY	STATE	ZIP CODE
Primary Contact/Applicant's Authorized Agent		Alternate Contact	
NAME		NAME	
TITLE		TITLE	
BUSINESS PHONE		BUSINESS PHONE	
FAX NUMBER		FAX NUMBER	
HOME PHONE (Optional)		HOME PHONE (Optional)	
CELL PHONE		CELL PHONE	
E-MAIL ADDRESS		E-MAIL ADDRESS	
PAGER & PIN NUMBER		PAGER & PIN NUMBER	
Did you participate in the Federal/State Preliminary Damage Assessment (PDA)? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Private Non-Profit Organization? <input type="checkbox"/> YES <input type="checkbox"/> 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 _____			