

**FEDERAL EMERGENCY MANAGEMENT AGENCY  
PNP FACILITY QUESTIONNAIRE**

This questionnaire is to be used by FEMA and state personnel to help determine the eligibility of specific facilities of an approved Private Non-Profit (PNP) organization. Obtain answers to the following questions for each PNP organization. If the organization has more than one facility that incurred damage, complete a separate sheet for each facility.

Name of PNP Organization: \_\_\_\_\_

Name of the damaged facility and location: \_\_\_\_\_  
\_\_\_\_\_

What is the primary purpose of the damaged facility? \_\_\_\_\_

Who may use this facility? \_\_\_\_\_

What fee, if any, is charged for the use of the facility? \_\_\_\_\_

Was the facility in use at the time of the disaster?  Yes  No

Did the facility sustain damage as a direct result of the disaster?  Yes  No

What type of assistance is being requested? \_\_\_\_\_

Does the PNP organization own the facility?  Yes  No

If "Yes," obtain proof of ownership; check here if attached.

If "No," do they lease / rent the facility?  Yes  No

If "Yes," obtain a copy of the lease or rental agreement for the damaged facility; check here if attached.

Are the repairs of this facility the legal responsibility of the organization?  Yes  No

Is the facility insured?  Yes  No

If "Yes," obtain a copy of the insurance policy; check here if attached.

Additional information or comments:

Name of contact person

Phone number