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 sinformation is required to obtain or redisplayed in the upper right corner of burden to: Information Collections Mawashington, DC 20472, Paperwork F	tain benet this form. anagemer	fits. You are Send com nt, Departm	e not required to ments regardir ent of Homela	to respond to to ng the accurace and Security, Fo	this collection by of the bure deral Eme	on of information u den estimate and rgency Manageme	nless a va any sugg ent Agend	alid OMB control number is estions for reducing the cy, 500 C Street, SW.,	
Authority: FEMA is authorized to coll 402-403, 406-407. 417, 423, and 427 Public Law No. 111-5, § 601; and "Pu	7, 42 U.S.	C. 5170a-b	equested pursi , 5172-73, 518	4, 5189a, 518	bert T. Staff 9e; The Am	erican Recovery a			
APPLICANT (Political subdivision or eligible applicant)							DATE SUBMITTED		
Pinellas County					Sep			p 20, 2017	
COUNTY (Location of Damages. If Pinellas	located in	n multiple c	ounties, please	e indicate)					
			APPLICANT I	PHYSICAL LO	CATION				
STREET ADDRESS 400 South Fort Harrison Aven	ue								
CITY	COUNTY				STATE		ZIP CODE		
Clearwater		Pinellas				FL		33756	
		MAILING A	ADDRESS (If o	lifferent from	Physical L	ocation)			
STREET ADDRESS 14 S Fort Harrison, 5th floor									
POST OFFICE BOX	CITY				STATE			ZIP CODE	
	Clearwa	ater			Fl	=L		33756	
Primary Contact/Applicant's Authorized Agent					Alternate Contact				
NAME Fredricka Jones				NAME Katherin	NAME Katherine Burbridge				
TITLE				TITLE	TITLE				
Budget & Financial Management Analyst				Intergov	Intergovernmental Liaison				
BUSINESS PHONE 727-464-4887					BUSINESS PHONE 727-453-3457				
FAX NUMBER				FAX NUMBER					
HOME PHONE (Optional)				HOME PHONE (Optional)					
CELL PHONE				CELL PHONE					
E-MAIL ADDRESS fjones@pinellascounty.org				E-MAIL ADDRESS kburbridge@pinellascounty.org					
PAGER & PIN NUMBER				PAGER 8	PAGER & PIN NUMBER				
Did you participate in the Federal/St	ate Prelin	ninary Dam	age Assessme	ent (PDA)?	YES	✓ NO			
Private Non-Profit Organization?		YES	✓ NO						
If yes, which of the facilities identified	d below be	ı est describe	your organiza	ation?					
Title 44 CFR, part 206.221(e) defines custodial care facility, including a faci and such facilities on Indian reservati homeless shelters, senior citizen cen governmental nature. All such faciliti	lity for the ions." "Otl ters, reha	e aged or di ner essentia bilitation fa	sabled, and ot al governmenta cilities, shelter	her facility pro al service facil workshops ar	viding esse ity means m	ntial governmenta nuseums, zoos, co	I type ser mmunity	vices to the general public, centers, libraries,	
Private Non-Profit Organizations n organization is a school or educati							arter or	By-Laws. If your	
OFFICIAL USE ONLY: FEMA -	4337	-DR- 	DR -	FL	FIPS#	103-99103-00	DATE R	ECEIVED	