


**Application Identifier:**  State Number: \_\_\_\_\_  
Federal Disaster Number: \_\_\_\_\_

**Federal Catalog Number:** 97.036 **Title:** Public Assistance Grants

**Declaration Date:** \_\_\_\_\_

**Applicant's FEMA Project Application Number:** \_\_\_\_\_

**Legal Applicant Recipient:** 

Applicant's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

County: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

**Applicant Agent:** 

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

**Contact Information:**

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Date: \_\_\_\_\_

**Alternate Applicant Agent:**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_


Date: \_\_\_\_\_

**Type of Applicant:**

- A - State
- B - County
- C - City
- D - School District
- E - Special Purpose District

- F - Higher Educational Institution
- G - Indian Tribe
- H - Private NonProfit
- I - Other (Specify) \_\_\_\_\_

Enter Appropriate Letter \_\_\_\_\_ 

**Congressional District Number:** \_\_\_\_\_ 

**State Legislative District Number:** \_\_\_\_\_

**Governor's Authorized Representative:** 

Signature \_\_\_\_\_

Date: \_\_\_\_\_

**NOTE:** Shaded blocks for WA EMD use.