

Tribes: If you are a tribe, complete the PDA forms for your damages and submit your forms to the county emergency manager, EMD, or directly to the Federal Emergency Management Agency (FEMA). If you have any questions or need information, please [contact](#) us.

All Other Applicants: Submit your PDA forms to your county emergency management office. Contact your county emergency manager for their e-mail address or fax number. If you have any questions or need your emergency manager's information, please contact us.

E-Mail: assist.public@mil.wa.gov

Fax: 253-512-7405

[PA Forms](#)

PART I – APPLICANT / INSPECTOR INFORMATION

Date: This is a **required** field for the PA-1 summary sheet. This field will automatically fill from the PDA Data Sheet. If you have a different date for a specific Category of Work page, you can manually enter a different date directly on to the applicable page.

County: This is a **required** field. This field will automatically fill from the PDA Data Sheet. If you have a different county for a specific Category of Work page, you will need to complete a separate set of PDA forms for each county where you sustained damages.

Applicant: This is a **required** field. This field will automatically fill from the PDA Data Sheet.

Applicant Contact/E-Mail: This is a **required** field and will automatically fill from the PDA Data Sheet. If you need to have a different point of contact for a specific Category of Work page (we do not recommend you have different points of contact), you can enter this information directly on to the applicable page. The Applicant Contact should be your designated applicant agent and should be knowledgeable about the damaged sites.

Phone: This is a **required** field and will automatically fill from the PDA Data Sheet. This is the phone number for the Applicant Contact.

Inspectors/Agency: These fields will automatically fill from the PDA Data Sheet. The FEMA/State teams, and the local representative, who verify the damages for your entity will complete this section. The applicant is not required to complete this field. ([top](#))

PART II – BUDGET & COST ESTIMATE SUMMARY

Population: This is a **required** field. Please provide the population for your jurisdiction according to the latest census information (city & county census available through www.ofm.wa.gov). Population might be a school district's student population, a tribe's population, a city's population, etc.

Total Budget – Approved and Balance: These are **required** fields. Please enter your jurisdiction's total budget and the balance for this budget. These fields are size-limited. If your budget is \$2.4 million, please enter \$2.4 mil. Due to the cell size limits, only Xs will show if you enter the full \$2.4 mil dollar amount. If there are special circumstances for your budget; i.e., money for the library can only be used for the library, please note this information under Part III, B2, of the PA-1 form. ([top](#))

Maintenance Budget – Approved and Balance: This is a **required** field. FEMA wants to know how much money is in your maintenance budget. These fields are size-limited. If there are special circumstances and restrictions in your budget, please explain the circumstance in Part III, B2, of this form.

Date FY Begins: This is a **required** field. Please enter the date your fiscal year begins. For state agencies this is July 1. For most local governments it is January 1.

Category: This information is pre-entered and is a protected field. No action is required.

No. of Sites: This is a **required** field. Please enter the last Site No. that you entered data for on the corresponding PA-2 (Category A-G) form.

Types of Damage: This information is pre-entered and is a protected field. No action is required.

Total Category Estimate – Applicant: This field will automatically fill in with the sum total from each PA-2 (category of work) form that is completed. This is a protected field and no action is required.

Total Category Estimate – Team: This field will automatically fill in with the sum total from each PA-2 (category of work) form that the FEMA/State completes. This is a protected field and no action is required.

Potential Local Funds Available: This is a **required** field. FEMA needs to know how much money your jurisdiction has available to meet the damage costs. Please [contact](#) us if you have any questions regarding this field.

Total: These three fields will automatically total. These are protected fields and there is no action required.

Damage Estimate – Corps of Engineers, FHWA, and NRCS: These are **required** fields if they apply to your jurisdiction. The state needs to be able to identify how your jurisdiction is being impacted overall by the disaster. If one of these fields applies to your jurisdiction, please enter the estimated dollar amount. ([top](#))

PART III – OVERALL DISASTER IMPACT

A. General Impact, numbers 1-3: These are **required** fields. This is your opportunity to describe the disaster's impact to your jurisdiction and illustrate how your jurisdiction was impacted. These fields should summarize the information you provided on each PA-2 form that you created for the specific Category of Work for which you sustained damages.

Please note: These cells are formatted to word-wrap and accommodate as much information as you enter. If you enter more information than the screen will show (after you hit enter), before printing you will need to adjust the cell to print all of the verbiage you entered. You may also attach additional sheets if necessary. Indicate in this area that we should refer to an attached document. Be sure to attach the document when you e-mail your PDA workbook.

B. Response Capability, numbers 1-3: These are **required** fields. These cells word-wrap and accommodate as much information as you enter. However, if you enter more than the screen will show, before printing you will need to adjust the cell to show all of the verbiage you enter.

* Please describe any funding or budget limitations or restrictions your jurisdiction may have; i.e., "funding can only be used for the library that was not damaged in the event."

C. Impact on Public Services if a Declaration is Not Made: This is a **required** field. Please describe the impact to your jurisdiction if it does not receive federal assistance. If the economic base or economic activities such as tourism are impacted; or if community services will be eliminated or reduced, state that. Be as specific as possible.

[Submit](#) your PDA forms.