

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

OMB Control Number 1660-0017  
Expires December 31, 2019

<b>Paperwork Burden Disclosure Notice</b>			
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) <b>NOTE: Do not send your completed form to this address.</b>			
<b>Privacy Act Statement</b>			
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) <b>Albany County</b>			DATE SUBMITTED <b>4/3/2020</b>
COUNTY (Location of Damages. If located in multiple counties, please indicate) <b>Albany</b>			
<b>APPLICANT PHYSICAL LOCATION</b>			
STREET ADDRESS <b>112 State Street, Room 1200</b>			
CITY <b>Albany</b>	COUNTY <b>Albany</b>	STATE <b>NY</b>	ZIP CODE <b>12207</b>
<b>MAILING ADDRESS (If different from Physical Location)</b>			
STREET ADDRESS			
POST OFFICE BOX	CITY	STATE	ZIP CODE
<b>Primary Contact/Applicant's Authorized Agent</b>		<b>Alternate Contact</b>	
NAME <b>Daniel McCoy</b>		NAME <b>Patrick Alderson</b>	
TITLE <b>County Executive</b>		TITLE <b>Policy Analyst</b>	
BUSINESS PHONE <b>518-447-7040</b>		BUSINESS PHONE <b>518-447-3033</b>	
FAX NUMBER <b>518-447-5589</b>		FAX NUMBER <b>518-447-5589</b>	
HOME PHONE (Optional)		HOME PHONE (Optional)	
CELL PHONE		CELL PHONE <b>646-408-3791</b>	
E-MAIL ADDRESS <b>daniel.mccoy@albanycountyny.gov</b>		E-MAIL ADDRESS <b>patrick.alderson@albanycountyny.gov</b>	
PAGER & PIN NUMBER		PAGER & PIN NUMBER	
Did you participate in the Federal/State Preliminary Damage Assessment (PDA)? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
Private Non-Profit Organization? <input type="checkbox"/> YES <input checked="" 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 _____			

## **CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS**

This certification is required by the regulations implementing the Drug-Free Workplace Act of 1988, 2 CFR Part 182, Subpart B. The regulations, published in the May 25, 1990 Federal Register, require certification by sub grantees, prior to award, that they will maintain a drug-free workplace. The certification set out below is a material representation of fact upon which reliance will be placed when the Division of Homeland Security and Emergency Services determines to award the sub grant. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of grants or government wide suspension or debarment. (See 2 CFR Part 180, Subpart G, 180.700, and Subpart H, 180.800)

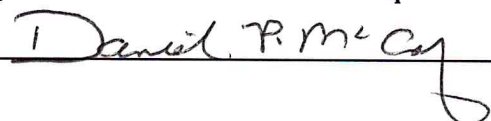
A. The sub grantee certifies that it ☒ will or ☐ will not continue to provide a drug-free workplace by:

- (a) publishing a statement notifying employees that the unlawful manufacture, distribution, dispersing, possession, or use of a controlled substance is prohibited in the sub grantees workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- (b) establishing an ongoing drug-free awareness program to inform employees about-
  - (1) the dangers of drug abuse in the workplace;
  - (2) the sub grantees policy of maintaining a drug-free workplace;
  - (3) any available drug counseling, rehabilitation, and employee assistance programs;
  - (4) the penalties that may be imposed upon the employee for drug abuse violations occurring in the workplace;
- (c) making it a requirement that each employee to be engaged in the performance of the sub-grant be given a copy of the statement required by paragraph (a);
- (d) notifying the employee in the statement required by paragraph (a) that, as a condition of employment under sub grant, the employee will-
  - (1) abide by the terms of that statement; and
  - (2) notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- (e) notifying the Division of Homeland Security and Emergency Services in writing within ten calendar days after receiving notice under subparagraph (d) (2) from an employee or otherwise receiving actual notice of such conviction. Such notice shall include the position title of the employee and the federal identification number of the sub grantee.
- (f) taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d) (2), with respect to any employee who is so convicted-
  - (1) taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
  - (2) requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- (g) making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a),(b), (c), (d), (e), and (f).

B. The sub grantee may insert in the space provided below the site (s) for the performance of work done in connection with this grant:

Organization Name: Albany County Disaster Name: FEMA- 4480 -DR or EM-NY

(Please Print) Name and Title of Authorized Representative: Daniel McCoy, County Executive

Signature:  Date: 04/03/2020



**PRESIDENTIAL DECLARATION**  
**FEMA- 4480 -DR or EM-NY**

**DIVISION OF HOMELAND SECURITY AND EMERGENCY SERVICES**  
**APPLICANT CERTIFICATION**

This is to certify the receipt of the guidelines, and associated documents for the Presidential Declaration as administered by the Division of Homeland Security and Emergency Services (DHSES).


The signature below indicates the intent of the (circle one and PRINT in the name):

County    City    Town    Village    State Agency    School    Fire District    Non-profit  
of Albany, hereinafter referred to as the sub  
grantee, to participate in the Presidential Declaration FEMA- 4480 -DR or EM-NY

The public assistance program is voluntary. It is understood that by choosing to participate in the grant program, the sub grantee is responsible to: 1) comply with all federal and state laws, regulations, policies, and procedures; 2) fulfill the eligibility requirements to participate as a sub grantee of the State; and 3) certify that all figures to be provided in the application are true and correct for costs associated with the declaration provisions.

If debris removal is authorized, the sub grantee agrees to indemnify and hold harmless the State of New York and the United States of America for any claims arising from the removal of debris or wreckage for this disaster. The sub grantee agrees that debris removal from public and private property will not occur until all state and federal requirements are met.

The undersigned agrees to participate in this program and certifies that to the best of their Knowledge and belief, all work and costs claimed are eligible in accordance with the grant conditions and all work claimed has been or will be completed.

SIGNED:  DATE: 4/3/2020  
CHIEF EXECUTIVE OFFICER  
NAME: Daniel McCoy PHONE: (518) 447-7040  
Please type or print name/address

ADDRESS: 112 State Street, Room 1200  
CITY, STATE: Albany, NY ZIP CODE: 12207

Designation of the Point of Contact if different from above:

NAME: Patrick Alderson PHONE: (518) 447-3033  
Please type or print name

TITLE & ADDRESS: Policy Analyst - 112 State Street, Room 1200, Albany, NY 12207

**FEDERAL TAX IDENTIFICATION NUMBER**  
**(Not for use by State Agencies or Local Political Sub-Divisions)**  
**Disaster No. FEMA-4480 -DR / EM-NY**

In order to process your payment for disaster assistance funds, the Division of Homeland Security and Emergency Services will need to provide the State Comptroller's Office with your PAYEE IDENTIFICATION NUMBER.

For an individual, the Payee ID is the social security number. For corporations, including Private non-profits, partnerships and other business entities, the Payee ID is the Federal Tax Identification Number (the number used to report Federal withholding taxes to the government). In either case, it is a nine-digit number as follows:

Individual: 123-45-6789  
Business: 12-3456789

Federal Tax ID #: 146002563  
Applicant Name: Albany County  
Applicant Address: 112 State Street, Room 1200  
City, Zip Code: Albany, 12207  
Telephone #: 518-447-7040  
Signature: Patrick Alderson Digitally signed by Patrick Alderson  
Date: 2020.04.03 10:57:43 -04'00' Date: 4/3/20

**Please provide this number, as it will assist us in providing  
your funding in a timely manner**

Please mail or fax, as soon as possible, to:

Public Assistance/Recovery Section  
Division of Homeland Security and Emergency Services  
1220 Washington Avenue  
Building 7A, 4th Floor  
Albany, New York 12242  
Phone: 518-292-2293  
Fax: 518-322-4984

**DUNS NUMBER**  
**Disaster No. FEMA- 4480 -DR-NY**  
**(REQUIRED FOR ALL APPLICANTS)**

In order to process your payment for disaster assistance funds, the Division of Homeland Security and Emergency Services will need to provide the Federal Emergency Management Agency with your DUNS Number. Your application cannot be processed until the appropriate DUNS number is received.

Located in the County of: Albany  
DUNS # (9 Digits): 060536653  
Applicant Name: Albany County  
Applicant Address: 112 State Street, Room 1200  
City, Zip Code: Albany 12207  
Telephone #: 518-447-7040  
Signature: Patrick Alderson Digitally signed by Patrick Alderson  
Date: 2020.04.03 10:47:59 -04'00' Date: 04/03/20

**Please provide this number, as it will assist us in providing  
your funding in a timely manner**

Please mail or fax, as soon as possible, to:

Public Assistance/Recovery Section  
Division of Homeland Security and Emergency Services  
1220 Washington Avenue  
Building 7A, 4th Floor  
Albany, New York 12242  
Phone: 518-292-2293  
Fax: 518-322-4984