

**APPLICATION FOR DISASTER ASSISTANCE LOCAL MATCH REDUCTION OR WAIVER
AND PAYMENT DEFERRAL FOR PUBLIC ASSISTANCE**

Entity Name: _____

Contact Person: _____

Phone Number: _____

Address: _____

FEMA Declaration Number: _____

Payment Deferral Period Requested: From: _____ To: _____

If Waiver Request:

(A) Local Match Amount Required: _____

(B) Local Match Possible (this fiscal year and/or next): _____

(C) = (A) - (B) Waiver Amount Requested: _____

Reason(s) for waiver/payment deferral request: _____

☐

Amount will deplete General Revenue fund balance or available reserve funds to _____% of the prior year's general revenue collections (fill in calculation)

☐

Amount exceeds current available tax/revenue raising capacity available for next fiscal year (ad valorem, sales tax, utility tax, etc.)

☐

Amount cannot be budgeted for either this fiscal year or next fiscal year

☐

Other

Please attach documentation including:

1. What is the extent of damages? Provide copies of the Preliminary Damage Assessments or Project Worksheets and all available financial estimates of FEMA eligible damages.
2. An assessment of all available tax/revenue capacity: are you at 10 mills, are all utility taxes being levied, etc.
3. Explain what the entity proposes to do to assist with the local match requirement as reflected in (B) above. Specifically, what share of the amount can the entity contribute toward the match either this fiscal year and/or next fiscal year? Is the entity willing to have its match deducted from future state shared revenues? Or, if a deferral is requested, why does the entity need the requested period of time?
4. Explain why the entity cannot cover the waiver amount requested in (C) above or requires a deferral period? Can capital projects be deferred or other budget adjustments be made to cover this local match, is revenue capacity or fund balances available?
5. List all fund balance and reserve funds of the entity. Have any draws from these funds been made this fiscal year, for what purpose, and is there an estimated balance for each for fiscal year end?
6. Have you had prior disaster awards (public assistance and/or hazard mitigation) in the past two years? If so, when and what was your local match or was a waiver granted?
7. Provide copies of your latest Comprehensive Annual Financial Report, management letter, current fiscal year adopted budget - all funds, revenues and expenditures (as amended if applicable), and any other financial information that would document the hardship.
8. Is your local government a signee of the State Emergency Management Mutual Aid Agreement?
9. Status of Local Mitigation Strategies (LMS) in conjunction with the Department of Community Affairs' Division of Emergency Management and FEMA.
10. Provide any other information you believe would assist in supporting your request (e.g. status under section 218.503, Florida Statutes)
11. Have you had any significant revenue losses from any other disasters this year? If yes, please list.
12. Provide the following information: population size, poverty rate, unemployment rate.

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I hereby certify as the highest elected official of _____ that the information contained herein is accurate and correct to the best of my knowledge and the waiver amount requested above is necessary to maintain services and infrastructure essential to support health, safety, and welfare of this community. I further certify that all damage estimates and this waiver amount is for covered losses directly related to the impact of the stated disaster.

Signature

Title

Name of Highest Ranking/Elected Official

Date

If you have any questions regarding this application, please call Angela Peterson, Office of the Governor, (850) 487-1884.

Application must be submitted to:

Executive Office of the Governor
Office of Policy and Budget
The Capitol, Room 1801
Tallahassee, Florida 32399-0001
Attn: Angela Peterson