REQUEST FOR DISASTER ASSISTANCE FORM

Call to notify the NM EOC of the event and with a local jurisdiction disaster declaration or intent to declare within 72 hours.

Date Submitted:  
Incident Name:  
DUNS #:  
NM Vendor #:  
Applicant Name: (Political Subdivision or Other Eligible Applicant)  

Applicant Physical Location:  
Street Address:  
City:  
County:  
State:  
Zip:  

Applicant Mailing Address: (If Different From Physical Location)  
Street Address or Post Office Box:  
City:  
County:  
State:  
Zip:  

Primary Contact: (Applicant's Authorized Agent)  
Name:  
Title:  
Office Phone:  
Cell Phone:  
Fax #:  
Email:  
Alternate Contact:  
Name:  
Title:  
Office Phone:  
Cell Phone:  
Fax #:  
Email:  

Comments:  

1. Submit completed ffm and Local Disaster Declaration to nm.eoc@state.nm.us  
2. Call (505) 476-9635 to notify the NMEOC Duty Officer that these documents have been sent

Submission of this Form does not Guarantee Applicant's Eligibility for Assistance.

Event Start Date:  
Event End Date:  
Event Type(s): (Fire, Flood, Winter Storm, etc.)

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New Mexico Department of Homeland Security and Emergency Management

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Impact Area(s) (Physical Location, Longitude l Latitude). NASA Latitude/Longitude Finder Tool: https://mynasadata.jarc.nasa.gov/latitudelongitude-finder/

<table>
<thead>
<tr>
<th>Incident Command Post Location:</th>
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</thead>
<tbody>
<tr>
<td>Local Emergency Operations Plan Implemented</td>
</tr>
<tr>
<td>YIN</td>
</tr>
<tr>
<td>Evacuation Orders Issued</td>
</tr>
<tr>
<td>YIN</td>
</tr>
<tr>
<td># of Injuries</td>
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</tbody>
</table>

**Initial Damage Assessment**

Infrastructure Under Immediate Threat: (Health Care Facilities, Schools, Roads, etc.)

**Category of Work Estimates**

Category A - Debris Removal. Describe:

Estimated Cost $

Category B - Emergency Protective Measures. Describe:

Estimated Cost $

Category C - Roads and Bridges. Describe:

Estimated Cost $

R:\Recovery\ 1AA 2020 Recovery Forms
<table>
<thead>
<tr>
<th>Category D - Water Control Facilities</th>
<th>Describe:</th>
</tr>
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<tbody>
<tr>
<td>Estimated Cost $</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Category E - Buildings and Equipment</th>
<th>Describe:</th>
</tr>
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<tbody>
<tr>
<td>Estimated Cost $</td>
<td></td>
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<table>
<thead>
<tr>
<th>Category F - Utilities</th>
<th>Describe:</th>
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<tbody>
<tr>
<td>Estimated Cost $</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Category G - Parks, Recreational and Other Facilities</th>
<th>Describe:</th>
</tr>
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<tbody>
<tr>
<td>Estimated Cost $</td>
<td></td>
</tr>
<tr>
<td>Total Estimated Cost $</td>
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</table>
New Mexico Department of Homeland Security and Emergency Management

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<table>
<thead>
<tr>
<th>NARRATIVE</th>
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<tbody>
<tr>
<td>Explain why the community needs assistance.</td>
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</tbody>
</table>

 earned the community pursue other assistance? |

 Explain what the community will do if funding is not provided. |

 Please provide any additional information or comments you would like to add regarding this event.