



New Mexico Department of Homeland Security and Emergency Management

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 #:
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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: <i>(Applicant's Authorized Agent)</i>		Alternate Contact:	
Name:		Name:	
Title:		Title:	
Office Phone:		Office Phone:	
Cell Phone:		Cell Phone:	
Fax #:		Fax #:	
Email:		Email:	

Comments:
<ol style="list-style-type: none"> 1. Submit completed fmm 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 <p style="text-align: center;">Submission of this Form does not Guarantee Applicant's Eligibility for Assistance.</p>

Event Start Date:	Event End Date:	Event Type(s): <i>(Fire, Flood, Winter Storm, etc.)</i>
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Impacted Area(s) (<i>Physical Location, Longitude I Latitude e</i>).NASA Latitude/Longitude Finder Tool: https://myinasadata.Jarc.nasa.gov/latitudelongitude-finder/				
Incident Command Post Location:				
Local Emergency Operations Plan Implemented <i>Y I N</i>	Local Emergency Operations Center (EOC) Activated <i>Y I N</i>	Evacuation Orders Issued <i>Y I N</i>	Mutual Aid Initiated <i>Y I N</i>	Road Closures Issued <i>Y I N</i>
# of Injuries	# Fatalities	# Shelters Open	# Sheltered	# without Power
Initial Damage Assessment				
Infrastructure Under Immediate Threat: (<i>Health Care Facilities, Schools, Roads, etc.</i>)				
Category of Work Estimates				
Category A -Debris Removal. Describe:				
				Estimated Cost \$
Categ01y B -Emergency Protective Measures. Describe:				
				Estimated Cost \$
Categ01y C-Roads and Bridges. Describe :				
				Estimated Cost \$



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Category D - Water Control Facilities. Describe:

Estimated Cost \$

Category E - Buildings and Equipment. Describe:

Estimated Cost \$

Category F - Utilities. Describe:

Estimated Cost \$

Category G - Parks, Recreational and Other Facilities. Describe:

Estimated Cost \$

| Total Estimated Cost \$



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NARRATIVE

Explain why the community needs assistance.

Has the community pursued 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.