

**City of New York  
Office of Emergency Management**

**Notice of Claim and Designation of Agency Authorized Agent (Instructions on Reverse)**

<b>Today's Date</b>	
<b>Declaration Number</b>	
<b>Agency</b>	
<b>Mailing Address</b>	

<b>Agency Authorized Agent</b>	<b>Name</b>	
	<b>Title</b>	
	<b>Office Telephone</b>	
	<b>Cellular Telephone</b>	
	<b>E-mail</b>	
	<b>Fax</b>	

<b>Point of Contact</b>	<b>Name</b>	
	<b>Title</b>	
	<b>Office Telephone</b>	
	<b>Cellular Telephone</b>	
	<b>E-mail</b>	
	<b>Fax</b>	

**For SEMO Use Only**

<b>Agency FIPS Number</b>	
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**PLEASE FAX THIS FORM TO 718-422-4871 ATTENTION OEM DIRECTOR OF RECOVERY AND MITIGATION**

**City of New York  
Office of Emergency Management**

**Notice of Claim and Designation of Agency Authorized Agent Instructions**

<b>Today's Date</b>	Enter today's date
<b>Declaration Number</b>	Enter the FEMA Declaration Number (This may already be entered)
<b>Agency</b>	Enter the name of the City Agency
<b>Mailing Address</b>	Enter a mailing address for the City Agency

<b>Agency Authorized Agent</b>	<b>Name</b>	Enter the name of the Agency Authorized Agent
	<b>Title</b>	Enter the title of the Agency Authorized Agent
	<b>Office Telephone</b>	Enter an office telephone number for the Agency Authorized Agent
	<b>Cellular Telephone</b>	Enter a cellular telephone number for the Agency Authorized Agent
	<b>E-mail</b>	Enter an e-mail address for the Agency Authorized Agent
	<b>Fax</b>	Enter a fax number for the Agency Authorized Agent

<b>Point of Contact</b>	<b>Name</b>	Enter the name of the Point of Contact
	<b>Title</b>	Enter the title of the Point of Contact
	<b>Telephone</b>	Enter an office telephone for the Point of Contact
	<b>E-mail</b>	Enter an e-mail address for the Point of Contact
	<b>Fax</b>	Enter a fax number for the Point of Contact

**Additional Information**

This form officially notifies OEM, OMB, SEMO, and FEMA of your agency's intent to apply for Public Assistance Funding and initiates the grant process.

The Agency Authorized Agent should be authorized by the Agency to sign PA-2: PW Authorization Coversheet.

The Point of Contact should be:

1. Knowledgeable of the Public Assistance Process in New York City
2. Knowledgeable of damages and/or costs incurred
3. Available for meetings concerning the Agency's Public Assistance claims
4. Consolidate claim documentation from all departments/divisions/units within the agency
5. Submit claims through the Citywide Claims Process in a timely manner
6. Ensure projects are completed in accordance with requirements under the Public Assistance Program

The Agency Authorized Agent and the Point of Contact may be the same individual.

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