DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY

SPECIAL CONSIDERATIONS QUESTIONS

O.M.B. No. 1660-0017
Expires October 31, 2008

APPLICANT		PA ID NO.	DATE
PROJECT NAME	PROJECT NO.	LOCATION	

Form must be filled out - for each project.

1. Does the damaged facility or item of work have insurance and/or is it an insurable risk? *(e.g., buildings, equipment, vehicles, etc.)*
   ☐ Yes ☐ No ☐ Unsure Comments

2. Is the damaged facility located within a floodplain or coastal high hazard area/or does it have an impact on a floodplain or wetland?
   ☐ Yes ☐ No ☐ Unsure Comments

3. Is the damaged facility or item of work located within or adjacent to a Coastal Barrier Resource System Unit or an Otherwise Protected Area?
   ☐ Yes ☐ No ☐ Unsure Comments

4. Will the proposed facility repairs/reconstruction change the pre-disaster condition? *(e.g., footprint, material, location, capacity, use or function)*
   ☐ Yes ☐ No ☐ Unsure Comments

5. Does the applicant have a hazard mitigation proposal or would the applicant like technical assistance for a hazard mitigation proposal?
   ☐ Yes ☐ No ☐ Unsure Comments

6. Is the damaged facility on the National Register of Historic Places or the state historic listing? Is it older than 50 years? Are there other, similar buildings near the site?
   ☐ Yes ☐ No ☐ Unsure Comments

7. Are there any pristine or undisturbed areas on, or near, the project site? Are there large tracts of forestland?
   ☐ Yes ☐ No ☐ Unsure Comments

8. Are there any hazardous materials at or adjacent to the damaged facility and/or item of work?
   ☐ Yes ☐ No ☐ Unsure Comments

9. Are there any other environmental or controversial issues associated with the damaged facility and/or item of work?
   ☐ Yes ☐ No ☐ Unsure Comments

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 10 minutes per response. The burden estimates includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing, reviewing, and submitting the form. You are not required to respond to this collection of information unless a valid OMB control number appears in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing this burden to: Information Collections Management, Department of Homeland Security, Emergency Preparedness and Response Directorate, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472, Paperwork Reduction Project (1660-0017). Submission of the form is required to obtain or retain benefits under the Public Assistance Program. **Please do not send your completed form to the above address.**