

STATE OF KANSAS APPLICATION FOR FEDERAL/STATE ASSISTANCE

1. Date Submitted: _____
2. FEMA Disaster Number: DR-_____ -KS
3. Applicant's Legal Name: _____
4. Address (Street): _____
5. Address (City, State, Zip Code, County): _____
6. Contact Person: _____
7. Area Code & Phone #: _____ FAX #: _____
8. Organization Type: (Circle One)
 - A. State Agency
 - b. County
 - c. City
 - d. Township
 - E. Special District
 - f. Private-Non-Profit
9. Federal Tax ID Number: _____
10. Fiscal Year (FY) start date: Month: _____ Day: _____

To the best of my knowledge and belief, I certify that the information on this application is true and that our application will comply with project administration requirements.

Name of Authorized Representative

Title

Area Code/Telephone

FAX Number

Signature

Date Signed