

PNP RPA FORM

Name of Private Non-Profit (PNP) organization	
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Does the PNP have damages at more than one facility?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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PNP Organization

Is the subgrantee eligible?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Unsure
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* Types of critical facilities:	<input type="checkbox"/> All Critical Facilities	<input type="checkbox"/> Some Critical Facilities
	<input type="checkbox"/> No Critical Facilities	<input type="checkbox"/> Unknown

* PNP type: [Select all that apply]	<input type="checkbox"/> Community Center	<input type="checkbox"/> Custodial Care Facility
	<input type="checkbox"/> Educational	<input type="checkbox"/> Emergency Care Facility
	<input type="checkbox"/> Homeless Shelter	<input type="checkbox"/> Library
	<input type="checkbox"/> Medical Care Facility	<input type="checkbox"/> Museum
	<input type="checkbox"/> Rehabilitation Facility	<input type="checkbox"/> Senior Citizen Center
	<input type="checkbox"/> Shelter Workshop	<input type="checkbox"/> Utility
	<input type="checkbox"/> Zoo	<input type="checkbox"/> Other Non-Profit

* If Other, please specify:	
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Documents Attached

* Do you have the tax exemption certificate attached?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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* Is the organization's Charter/By Laws attached?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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* Do you have current literature describing the organization attached?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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* Do you have accreditation of certification attached?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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* Is the curriculum attached?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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Notes

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Printed Name:		Signature:	
Title:		Date:	