



**Wisconsin Emergency Management
Department of Military Affairs**

**Applicant Request
for State Public Assistance**

Wisconsin Emergency Management Department of Military Affairs Applicant Request for State Public Assistance			Applicant		
			County		
			Date		
Primary Contact Name, Title	Mailing Address	Phone	E-Mail		
Type of Expense	Damage Category			Total Expenses	Documentation (Time cards, Invoices, photos, Equipment Journals. Etc.)
	A) Debris Removal	B) Protective Services	C) Road Systems		
Labor					
Equipment					
Contractor					
Materials					
TOTALS					
Population:	Per Capita Ratio: Total Expenses/Population			Must exceed \$3.56 per capita	
<i>Include the Following Items with the Application</i>					
<input type="checkbox"/>	Applicant agreement to contribute the 30% cost share for eligible damages.				
<input type="checkbox"/>	Copy of a disaster or emergency declaration issued by the local or tribal governmental unit or the state for the incident.				
<input type="checkbox"/>	Statement Identifying Other Funds Sought for these Damages				
<input type="checkbox"/>	Contractor bid process (For Large Road Projects)				
<input type="checkbox"/>	Mitigation Project Statement (Identify any Mitigation or Improvements within the project)				
<i>Additional Comments</i>					

It is understood that the Local Applicant Toolkit and all supporting documentation will be submitted to the WDF Coordinator within 60 days of the date of the disaster.

Typed Name of Chief Elected Official

Signature of Chief Elected Official