

**LOCAL DAMAGE ASSESSMENT
LIST OF DAMAGED SITES & SITE ESTIMATES**

DISASTER EVENT _____ MUNICIPALITY/ APPLICANT _____ POPULATION _____ COUNTY _____ DATE ____/____/____
 MUNICIPALITY/ APPLICANT ADDRESS _____ APPLICANT PHONE _____
 DATE FISCAL YEAR BEGAN ____/____/____ TOTAL ANNUAL BUDGET = \$ _____ UNCOMMITTED BALANCE AS OF ____/____/____ = \$ _____
 ANNUAL MAINTENANCE BUDGET = \$ _____ UNCOMMITTED BALANCE AS OF ____/____/____ = \$ _____
 POC NAME _____ POC PHONE _____ POC FAX _____ POC E-MAIL _____
 POC ADDRESS _____ PDA TEAM MEMBERS _____

Site #	Location (street address, directions from known point, and if available GPS coordinates - provide municipal/township map)	Damage, Description and Dimensions (give facility name, length-width-depth-ft-sy-cy-tons- number of items, etc.)	Local Estimate of Cost \$	Insurance Coverage Y/N \$?	Impact of Damage (public health & safety - Essential / critical facilities- population adversely affected)	Special Considerations (1) (see bottom of continuation sheet)
1			\$	<input type="checkbox"/> YES <input type="checkbox"/> NO		
2			\$	<input type="checkbox"/> YES <input type="checkbox"/> NO		
3			\$	<input type="checkbox"/> YES <input type="checkbox"/> NO		
4			\$	<input type="checkbox"/> YES <input type="checkbox"/> NO		
5			\$	<input type="checkbox"/> YES <input type="checkbox"/> NO		
6			\$	<input type="checkbox"/> YES <input type="checkbox"/> NO		

Annotate local map to show site numbers above. Use reverse for detailed description of adverse effect on essential / critical facilities such as: Hospitals, Schools, Nursing Homes, Transportation, Communication, Water, Sewer, Emergency vehicle access, and Public Health and Safety