

## APPENDIX B – State Application for Public Assistance

**DMA FORM 1017  
STATE OF WISCONSIN APPLICATION FOR PUBLIC  
ASSISTANCE FOR FEDERAL ASSISTANCE SUBGRANTEES**

DEPARTMENT OF MILITARY AFFAIRS  
Wisconsin Emergency Management  
PO Box 7865  
Madison, WI 53707-7865

**Disaster Declaration:**

**Declaration Date:**

<b>Subrecipient:</b>	<b>Project Worksheet #:</b>
<b>FEMA PA Code:</b>	<b>Project Title:</b>
<b>UEI#:</b>	<b>Period of Performance End Date:</b>
<b>Tax ID:</b>	<b>% Complete:</b>
<b>County:</b>	<b>Category:</b>

*\* To the best of my knowledge and belief, data in this application is true and correct, the documentation has been duly authorized by the governing body of the applicant, and the applicant will comply with the previously signed "Assurances for Federal Construction Programs, Federal Audit Requirements, and State Assurances of Disaster Application Subrecipients".*

**SIGN HERE**

**SIGN HERE**

\_\_\_\_\_  
**(Printed name and title)**

\_\_\_\_\_  
**(Subrecipient's Signature)**

\_\_\_\_\_  
**(Date)**

**Total Project Amount**

**Total Federal Share**

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### DISASTER APPLICATION BREAKDOWN

Federal Share		
State Share		
Local Share		
		Total Federal and State Share:

Your Disaster Application for Disaster Assistance has been:     Awarded     Rejected     Withdrawn

\_\_\_\_\_  
**Governor's Authorized Representative  
State Coordinating Officer  
Deputy State Coordinating Officer**

\_\_\_\_\_  
**Date**