

## ARIZONA DIVISION OF EMERGENCY MANAGEMENT APPLICATION FOR STATE ASSISTANCE

**SUBMIT TO:** DISASTER RECOVERY OFFICE  
ARIZONA DIVISION OF EMERGENCY MANAGEMENT  
5636 EAST MCDOWELL ROAD, DFO BLDG. 5507  
PHOENIX, ARIZONA 85008

1.	A disaster situation exists in _____ due to _____ causing damage to _____ _____ occurring at (date/time) _____.		
2.	Action has already been taken to meet the emergency at an estimated cost of \$ _____. These expenditures have accomplished the following: <input type="checkbox"/> Debris Removal <input type="checkbox"/> Temporary Repairs <input type="checkbox"/> Evacuation <input type="checkbox"/> Other _____ <input type="checkbox"/> Traffic Control                            _____		
3.	The additional funds required to accomplish minimum essential work are estimated to be \$ _____. The additional funds will permit the following project to be completed: <input type="checkbox"/> Repair Roads, Streets, and Bridges <input type="checkbox"/> Utility Repairs <input type="checkbox"/> Building Repairs or Replacement <input type="checkbox"/> Other _____ <input type="checkbox"/> Equipment Repair or Replacement                      _____		
4.	Temporary expenditures or alternate solutions could be accomplished with \$ _____ of local funds by deferring or canceling: <input type="checkbox"/> Project (list) _____ <input type="checkbox"/> Not a Viable Option <input type="checkbox"/> Capital Expenditures _____ <input type="checkbox"/> Other (List) _____		
5.	Please attach a resolution of emergency along with a statement of availability of funds for response and recovery emergency work, as it relates to the overall financial condition (budget) of jurisdiction. The Statement to be executed and signed by an appropriate official. You will also need to include a copy of your annual budget.		
6.	Comments _____ _____ _____		
7.	Signed: _____ Title: _____ Date: _____		
8.	<b>ADEM</b>	APPROVED  DENIED	ADEM AUTHORIZED SIGNATURE _____  DATE _____