**Maryland Emergency Management Agency**

**Public Assistance Program**

**Impact Statement Form**

This form shall be completed by the Public Entity or Potential Applicant/Subgrantee and accompany the Initial Damage Assessment Form.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Public Entity or Potential Applicant/Subgrantee Information** | | | | | |
| **Public Entity or Potential Applicant/Subgrantee**  Click here to enter text. | | | | **County**  Click here to enter text. |
| **Contact Name**  Click here to enter text. | | **Address**  Click here to enter text. | | | |
| **Telephone Number**  Click here to enter text. | | **Email**  Click here to enter text. | | | |
| **Demographic Information** | | | | | |
| **Population**  Click here to enter text. | | | **Date Fiscal Year Begins**  Click here to enter a date. | | |
| **General Impact** | | | | | |
| 1. | Identify and describe damages which constitute a health and/or safety hazard to the general public.  Click here to enter text. | | | | |
| 2. | Population adversely affected directly or indirectly by the loss of public facilities or damages.  Click here to enter text. | | | | |
| 3. | List critical facilities and/or infrastructure that have been damaged.  Click here to enter text. | | | | |
| 4. | What economic activities are adversely affected by the loss of public facilities or damages?  Click here to enter text. | | | | |
| **Response Capability** | | | | | |
| 1. | What resources have been deployed to respond to and recover from the damages?  Click here to enter text. | | | | |
| 2. | What impact will the event/disaster have on public services if a declaration is not made (e.g., deferral of permanent repairs)? Describe.  Click here to enter text. | | | | |
| **Hazard Mitigation** | | | | | |
| 1. | Did previous State or local hazard mitigation measures reduce damages and/or impact? If so, explain how.  Click here to enter text. | | | | |

August 2014