[*Date*]

[*FEMA Regional Administrator Contact Information*]

RE: Reimbursement for Non-Congregate Sheltering  
Disaster: [**insert internal FEMA Docket Number]**  
Sub-recipient(s): State of [***insert state***], its municipalities, and certain eligible private non-profit agencies

Dear [***insert name***]:

Subsequent to President Trump’s March 13, 2020 Nationwide Emergency Declaration for Coronavirus Disease 2019 (COVID-19) and the recognition that non-congregate sheltering is necessary to save lives and protect health and safety during this Public Health Emergency, the State of [***insert state***], through the [***State’s emergency department/agency***], requests approval for reimbursement of costs associated with non-congregate sheltering for ***[insert internal FEMA Docket Number]*** on behalf of the State, its municipalities, and certain eligible private non-profit agencies. This request is made in accordance with Section 502 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act. Under the Stafford Act, eligible emergency protective measures taken to respond to the COVID019 emergency at the direction of state public health officials may be reimbursed as Category B of the FEMA Public Assistance (PA) Program, including cots for non-congregate sheltering.

***[Provide a description of why non-congregate shelter options are requested and how additional non-congregate shelter operations will limit the spread of COVID-19 and allow for decongestion of congregate settings. Include certain high risk members of the population, populations which may be at greater risk such as first responders and health care workers who have been exposed, cannot perform their duties, and cannot return home so as not to infect household members, and individuals/households experiencing homelessness outside of existing congregate settings to limit spread, and individuals/households experiencing homelessness who have been exposed to, infected with, or recovering from COVID-19).]***

**Background:**

***[Provide a description of the impact of COVID-19 on the states’ residents from January 2020 until now (such as the impact the pandemic has had on the affected area and population, number of cases, data related to the spread of the virus).]***

**[*Provide a description of state, local, and private non-profit efforts to provide shelter and implement emergency planning for at-risk populations, including reducing density in congregate shelters, per CDC and HUD guidance.]***

***[Provide rationale for hotels/motels as opposed to other options (e.g.: colleges/universities, renovation/repurposing of vacant facilities, new construction, high vacancy rate for hotel/motel and reduced rates.]***

***[In case the Department of Health and Humans Services does not cover costs for the individuals requested above consider providing a description of how non-congregate shelter options will assist individuals from outside the homeless, first responder, and healthcare communities such as individuals who have tested positive for COVID-19 and who do not require hospitalization but need isolation.]***

It is the State of ***[insert state]*** intention that this request be limited to what is reasonable and necessary to address public health needs as they emerge and to expand the plan and contract only when necessary. To minimize the financial impact on the State, it’s municipalities and certain eligible non-profit agencies, FEMA’s approval of this request is crucial.

**Cost Analysis:**

Pursuant to the Public Assistance Program and Policy Guide (PAPPG), Chapter 2; VI.B. 10.b *Sheltering,* the State of [***insert state***], its municipalities and relevant private non-profit providers find that non-congregate sheltering is the best available option for meeting the urgent public health needs of Covid-19 and to protect health and safety in the community. Initially, the sheltering is intended to cover a 30-day duration as per PAPPG guidance. As the situation evolves, we will continue to reassess the need and communicate with FEMA regarding any potential need for extension.

***[Provide information and data on the number of people experiencing homelessness in the state (e.g. 2019 Point-in-Time Count and estimate the cost of providing non-congregate shelter for the individuals/households experiencing homelessness referenced above for thirty days. Request approval for reimbursement under Public Assistance Category B-Emergency Protective Measures for the next thirty-day period, subject to extension depending on the spread of the virus. Include a budget breakdown as an attachment and, at a minimum, include the following costs: (1) Lodging – rooms/rate/nights; (2) Meals – number of residents/meals per day/cost per meal, number of days; (3) Staffing – cost per hour/hours per week/number of staff, number of days; (4) Supplies – number of residents, supplies per month, number of months; (5) Clothing - number of residents, one time clothing cost; (6) Toiletries - number of residents, toiletries per month, number of months. Provide the name of the agency/organization who developed the budget if not the same agency/organization drafting the letter.]***

***[Provide information and data (if available at the time of writing or consider looking at COVID-19+, self-quarantine, isolation, etc. case data for fire-fighters who are first to any scene) for the estimated costs for residents of the state such first responders, health care workers who may require non-congregate housing. Also consider including the number of individuals released from hospitals but who cannot immediately return home.]***

**Conclusion**:

***[Provide a brief concluding statement, including repeat of the ask for non-congregate shelter for those at highest risk for the spread and those with potential for exposure; why non-congregate shelter options are the best option sought after assessing other options. Also include:***

* [***State’s emergency department/agency***] confirms review of the Regional Administrator’s Memo re; Non-Congregate Sheltering Delegation of Authority and accepts all criteria.
* [***State’s emergency department/agency***] understands that funding non-congregate sheltering to meet the needs of this public health emergency cannot be duplicated by another federal agency, including U.S. Department of Health and Human Services or Center for Disease Control and Prevention.
* [***State’s emergency department/agency***] understanding that the recently signed federal legislation may provide additional funding streams which may overlap with FEMA’s assistance in this area. [***State’s emergency department/agency***] will work with FEMA to avoid any potential duplication of benefit.
* [***State’s emergency department/agency***] will also work with all applicants to ensure that guidance; and include a termination for convenience clause in any of their contacts. Also, applicable Environmental and Historic Preservation laws, regulations, and executive orders that apply will be adhered to as a condition of assistance.]

Thank you for your consideration of this request under Public Assistance Emergency Protective Measures.

If you have any questions, please contact [**insert points of contact]**.

Sincerely,

Attachments: