**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.

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| **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. |

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