



**Wisconsin Emergency Management
Department of Military Affairs**

**Local Applicant Request
for State Public Assistance**

 <p>Wisconsin Emergency Management Department of Military Affairs</p> <p>Local Applicant Request for State Public Assistance</p>			Applicant Name
			County Name
			Date Application Submitted
	Date of Incident		

Primary Contact Name, Title	Mailing Address	Phone Number	E-Mail Address

Type of Expense	Damage Category			Total Damages	Documentation <small>(Time cards, Invoices, Cancelled Checks, Equipment Journals, etc.)</small>
	A	B	C		
	Debris Clearance	Protective Measures	Roads & Bridges		
Labor					
Equipment					
Materials					
Contract Work					
Totals					

Applicants are encouraged to visit the WEM-WDF web page to review the WDF Administrative Plan and watch the instructional “how to” video on submitting an accurate application package.

dma.wi.gov/DMA/wem/grants/recovery-programs#WDF

WDF reimburses 70 percent of eligible costs while the Applicant is responsible for the remaining 30 percent.

Duplicative benefits are not allowed – that is, costs for which payment has been, or will be, received from any other funding source.

WDF Coordinator: 608-242-3259 or widisasterfund@wisconsin.gov

It is understood that the Local Applicant Documentation Toolkit and all supporting documentation will be submitted to the WDF Coordinator within **90 days of the disaster date**. Contact the WDF Office if an extension is needed.

Typed Name of Chief Elected Official

Signature of Chief Elected Official