



STATE OF NEW YORK
EXECUTIVE CHAMBER
ALBANY 12224

ANDREW M. CUOMO
GOVERNOR

**REQUEST FOR PRESIDENTIAL DISASTER DECLARATION
MAJOR DISASTER**

March 16, 2020

The Honorable Donald J. Trump
President of the United States
The White House
Washington, D. C.

Through: Mr. Thomas Von Essen
Regional Administrator
Federal Emergency Management Agency- Region II
1 WTC
New York, NY 10007

Dear Mr. President:

Under the provisions of Section 401 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. §§ 5121-5207 (Stafford Act), and implemented by 44 CFR § 206.36, I hereby request an expedited major disaster declaration for the State of New York as a result of the Coronavirus 2019 (COVID-19) pandemic. United States Health and Human Services Secretary Alex M. Azar II declared a public health emergency for the United States on January 31, 2020 pursuant to section 319 of the Public Health Service Act. You declared a National Emergency on March 13, 2020 pursuant to section 201 of the National Emergencies Act (50 U.S.C. 1621). The unusual severity and magnitude of this unprecedented event required New York State to take drastic measures to save lives and protect public health and safety. New York State also took action to lessen or avert the threat of greater disaster and to minimize the spread of the virus.

In response to the pandemic, I declared a State of Emergency on March 7, 2020 to assist local communities that lack the necessary resources to adequately respond to this ongoing event. I have activated the State Emergency Operations Center and directed all state agencies to take any and all actions necessary to respond and mitigate the threat posed by this outbreak. To minimize the spread of the virus, I deployed the National Guard to support cleaning and testing efforts, as well as food preparation and delivery to those affected by this event. I also established a containment zone with a one-mile radius in New Rochelle where our current high risk population exists, and opened a drive-through mobile testing facility to test more than 500 individuals daily. During this period schools, houses of worship, and other large gathering

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facilities have been closed to limit mass gatherings within the one-mile radius established in New Rochelle. Additional drive-through testing sites will be opening throughout the State. I also recommended social distancing to all New Yorkers, working from home if possible, and the voluntary closing of businesses. The State Department of Financial Services requires insurance companies to waive co-pays for telehealth visits, to minimize hospital visits to help reduce the strain on the healthcare system.

New York has the highest number of confirmed cases in the nation, with currently more than 950 confirmed cases across the State. Our State testing lab at Wadsworth, and through a partnership with 28 public and private labs, will soon have the capacity to test several thousand samples a day, provided we have adequate testing kits. While the New York State Department of Health has taken all necessary and available steps to increase our capacity to perform testing, we believe available capacity will rapidly be exceeded. We continue to establish similar testing protocols to combat hot spots as they emerge across the state. Further, I have limited crowd capacity for recreational and social gatherings to 50 people, limited restaurants and bars to take-out and delivery, and temporarily closed movie theaters, gyms and casinos.

Our hospitals are at or near capacity and we have little to no redundancy in our healthcare staff population. Currently, we have 3,000 ICU beds and are at 80 percent capacity. Hospitals will be over-capacity in days, not weeks. Governmental, business, and community functions have been disrupted or otherwise halted with no relief in sight. Individuals are unable to work, business are unable to pay their staff, and governmental revenues are severely impacted.

The full economic impact to the State of New York will not be fully realized for several years, however, it is irrefutable that this pandemic is threatening one of the largest individual economies in the nation. Additional assistance will be required in several areas that directly impact the everyday lives of New Yorkers.

- Tens of thousands of employees will require unemployment assistance severely straining and potentially exceeding the State's ability to meet their needs, necessitating the use of Disaster Unemployment Insurance.
- Childcare assistance will be required in order to ensure the continuity of healthcare and other critical services.
- Extensive cleaning and decontamination will be required for homes of those in mandatory quarantine and high traffic buildings.
- Social distancing, isolation, and quarantine measures directly impact the supply chain due to manufacturing and distribution disruption, including food and medical supplies.
- Care and resources will be necessary to provide door-to-door assistance to at risk populations, including: the elderly, those with disabilities, and those in isolation or quarantine.
- Risk to public safety as firefighters, police, healthcare and emergency medical service workers if they become ill or need to care for family members.
- Critical infrastructure may be impacted as essential personnel or their families are affected.
- Closure of schools requires extraordinary effort related to continuity of childcare and food needs of at-risk students.

The severe impact of this pandemic will further complicate New York's recovery from several major disasters that have occurred over the last three years. During this past October, 18 counties received a major disaster declaration after severe storms caused major flooding and significant damage to public infrastructure and homes. Historic high-water levels throughout the summer of 2019 on Lake Ontario brought flooding to the same eight counties that received a major disaster declaration in 2017. In August 2018, severe storms and flooding occurred across the Finger Lakes and Southern Tier regions. A federal major disaster declaration was quickly awarded to this devastated area. The response and recovery efforts undertaken by State and local governments during these events have severely strained State and local governments' ability to recover from this most recent incident. This pandemic will only lead to additional strain on communities that can least afford to take the necessary steps to effectively address the threat.

I hereby request the following Individual Assistance for the State of New York, including: Disaster Unemployment Assistance; Temporary Shelter Assistance; and the Disaster Supplemental Nutrition Assistance Program.

Further, I request Public Assistance for Emergency Protective Measures, Debris Removal, and Direct Federal Assistance. These programs are necessary and critical for the safety and well-being of the people of New York.

As the pandemic continues to evolve over the next several months, I reserve the right to amend this request to include additional FEMA programs. This event is of such severity and magnitude that damage assessments are not required. (44 CFR § 206.36 (d))

I am urging the prompt approval of this request and the full support of the Federal government to lessen or avert suffering of the people of the State of New York.

Sincerely,



ANDREW M. CUOMO

Enclosures

OMB No. 1660-0009/FEMA Form 010-0-13
C: Requirements for Other Federal Agency Programs

ENCLOSURE C TO MAJOR DISASTER REQUEST

Estimated Assistance from Other Federal Agency Programs

County /Tribal Area	SBA Home Loans	SBA Business Loans	FSA Loans	NRCS	FHWA	USACE	BIA	OTHER
<i>ALL</i>	<i>TBD</i>	<i>TBD</i>	<i>TBD</i>	<i>TBD</i>	<i>TBD</i>	<i>TBD</i>	<i>TBD</i>	<i>TBD</i>
Totals								

Note: Provide numbers and amounts, as appropriate.

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
REQUEST FOR PRESIDENTIAL DISASTER DECLARATION
MAJOR DISASTER OR EMERGENCY

OMB Control Number 1660-0009
Expires 09/30/2019

1. Request Date Mar 16, 2020

Burden Disclosure Notice

Public reporting burden for this form is estimated to average 9 hours per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting the form. This collection of information is required to obtain a benefit. You are not required to respond to this collection of information unless it displays a valid OMB control number. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street SW, Washington, DC 20472, Paperwork Reduction Project (1660-0009). **NOTE: Do not send your completed form to this address.**

Completion of this form including applicable attachments satisfies legal requirements for emergency and major disaster declaration requests under 42 U.S.C. §§ 5170 and 5191, respectively, as implemented at 44 C.F.R. §§ 206.35 and 206.36. Failure to use this form may result in a failure to meet these requirements and/or a delay in processing the request.

2a. Name of State (as defined in Stafford Act 102, 42 U.S.C. § 5122) or Indian tribal government requesting declaration.

New York State

2b. Population (as reported by 2010 Census) or estimated population of Indian tribal government's damaged area(s). 19,378,102

3. Governor's or Tribal Chief Executive's Name

Andrew M. Cuomo

4. Designation of State or Tribal Coordinating Officer upon declaration (if available) and phone number

Patrick A. Murphy 518-242-5000

5. Designation of Governor's Authorized Representative or Tribal Chief Executive Representative upon declaration (if available) and phone number

Patrick A. Murphy, Commissioner NYS Division of Homeland Security and Emergency Services 518-242-5000

6. Declaration Request For: ☒ Major Disaster (Stafford Act Sec. 401) ☐ Emergency (Stafford Act Sec. 501 (a))

7. Incident Period: Beginning Date Jan 20, 2020 End Date _____ or ☒ Continuing

If requesting a "continuing" incident period, enclose an official statement from a qualified Federal Government agency acknowledged as a national authority in a specific incident field (e.g., United States Geological Survey for seismic incidents, the National Weather Service for flooding).

7b. Type of Incident (Check all that apply)

- ☐ Drought ☐ Earthquake ☐ Explosion ☐ Fire ☐ Flood ☐ Hurricane ☐ Landslide ☐ Mudslide
☐ Severe Storm ☐ Snowstorm
☐ (rain, high water, wind-driven, rain, hail, lightning) ☐ (Must include Enclosure D: Historic and Current Snowfall Data) ☐ Straight-Line Winds
☐ Tidal Wave ☐ Tornado ☐ Tropical Depression ☐ Tropical Storm ☐ Tsunami ☐ Volcanic Eruption ☐ Winter Storm
☒ Other (please specify) Coronavirus Disease 2019 (COVID-19) pandemic

8. Description of damages (Short description of impacts of disaster on affected area and population). Include additional details in enclosed Governor's or Tribal Chief Executive's cover letter.
As a result of meeting the needs of our population, our hospitals are at or near capacity, we have little to no redundancy in our health care staff population, individuals are unable to work, business are unable to pay their staff and state, county, and city revenues are severely impacted. EMS and Police services are operating above capacity. Currently, we have 3,000 ICU beds and are at 80% capacity. With the expected influx of patients, our hospitals will be over-capacity in days, not weeks. Community functions remain disrupted or otherwise halted and have been for more than 72 hours. Economic impacts are immeasurable but include significant unemployment and furloughed workers, loss of business, and reduced government revenue.

9. Description of the nature and amount of State and local or Indian tribal government resources which have been or will be committed. Include additional details in enclosed Governor's or Tribal Chief Executive's cover letter.
Directed State Agency resources to assist in response and mitigation of outbreak. Established occupancy limits for social and recreation events and directed the closure of certain businesses statewide. I have ordered visitations to be limited or eliminated at nursing homes and other facilities where social distancing is not practicable. Finally, I have utilized my authority as Governor to direct State resources to produce hand sanitizer to meet the immediate needs of our population.

10. Joint Preliminary Damage Assessment*

☒ Individual Assistance Dates Performed _____ Requested NA Start _____ End _____

Individual Assistance Accessibility Problems (Areas that could not be accessed, and why)
Due to the Statewide nature of this event and the risks of further spreading the virus, Joint PDAs are not feasible.

☒ Public Assistance Dates Performed _____ Requested NA Start _____ End _____

Public Assistance Accessibility Problems (Areas that could not be accessed, and why)
Due to the Statewide nature of this event and the risks of further spreading the virus, Joint PDAs are not feasible.

11. Programs and Areas Requested

Individual Assistance ☐ N/A ☒ Individuals and Households Program ☒ Crisis Counseling Program ☒ Disaster Unemployment Assistance

☐ All ☐ Disaster Case Management ☐ Disaster Legal Services ☒ Small Business Administration (SBA) Disaster Assistance

For the following jurisdictions, specify programs and areas (counties, parishes, independent cities; for Indian tribal government, list tribe(s) and/or tribal area(s)) If additional space is needed, please enclose additional documentation).

Due to the global nature of this event, Individual Assistance for the above programs are requested in all counties, cities, and tribal areas statewide.

For States, identify Federally-recognized Tribes in the requested counties (if applicable).
Cayuga Nation, Oneida Nation of New York, Onondaga Nation, Saint Regis Mohawk Tribe (formerly the St. Regis Band of Mohawk Indians of New York), Seneca Nation of Indians, Shinnecock Indian Nation, Tonawanda Band of Seneca, Tuscarora Nation of New York.

Please see **Enclosure A: Supplemental Information for Individual Assistance** for additional information in support of this request*.

**Not Required for Emergency Declaration Request*

11. Programs and Areas Requested (Continued)			
Public Assistance	<input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Debris Removal (Category A)	<input checked="" type="checkbox"/> Emergency Protective Measures (Category B) <input type="checkbox"/> Permanent Work (Categories C-G)* <small>(not available for Emergency Declaration Requests)</small>
<p>For the following jurisdictions, specify programs and areas (counties, parishes, independent cities; for Indian tribal government, list tribe(s) and/or tribal area(s)). If additional space is needed or your request includes different categories of work for different jurisdictions; please enclose additional documentation.</p> <p>Due to the global nature of this event, Individual Assistance for the above programs are requested in all counties, cities, and tribal areas statewide.</p>			
<p>For States, identify Federally-recognized Tribes included in the requested counties (if applicable). Cayuga Nation, Oneida Nation of New York, Onondaga Nation, Saint Regis Mohawk Tribe (formerly the St. Regis Band of Mohawk Indians of New York), Seneca Nation of Indians, Shinnecock Indian Nation, Tonawanda Band of Seneca, Tuscarora Nation of New York.</p>			
Please see Enclosure B: Supplemental Information for Public Assistance for additional information in support of this request*.			
Indemnification for Debris Removal Activity			
<input type="checkbox"/> I do not anticipate the need for debris removal.			
<input checked="" type="checkbox"/> I anticipate the need for debris removal, which poses an immediate threat to lives, public health and safety. Pursuant to Sections 403 and 407 of the Stafford Act, 42 U.S.C. §§ 5170b & 5173, the State or Indian tribal government agrees to indemnify and hold harmless the United States of America for any claims arising from the removal of debris or wreckage for this disaster. The State or Indian tribal government agrees that debris removal from public and private property will not occur until the landowner signs an unconditional authorization for the removal of debris.			
Request for Direct Federal Assistance			
<input type="checkbox"/> I do not request direct Federal assistance at this time.			
<input checked="" type="checkbox"/> I request direct Federal assistance for work and services to save lives and protect property, and:			
a. I request the following type(s) of assistance: This request includes but will not be limited to augmenting the State's current health care system through the establishment of additional, temporary hospital and intensive care facilities, establishment of testing sites, supply and distribution of testing equipment, personnel and logistical resources for the orderly operation of the above mentioned, logistical support for the distribution of food and medicine to isolated and quarantined communities, power, water, and support for other critical infrastructure.			
b. List of reasons why State and local or Indian tribal government cannot perform, or contract for, required work and services. The global scale and evolving nature of this event exceeds the capacity of the State to save lives, protect public health and safety, or to lessen or avert the threat of greater disaster and minimize the spread of the virus.			
c. In accordance with 44 C.F.R. § 206.208, the State or Indian tribal government agrees that it will, with respect to direct Federal assistance: (1) Provide without cost to the United States all lands, easements, and rights-of-ways necessary to accomplish the approved work; (2) Hold and save the United States free from damages due to the requested work, and shall indemnify the Federal Government against any claims arising from such work; (3) Provide reimbursement to FEMA for the non-Federal share of the cost of such work in accordance with the provisions of the FEMA-State or FEMA-Tribe Agreement ; and (4) Assist the performing Federal agency in all support and local jurisdictional matters.			
Request for Snow Assistance			
<input checked="" type="checkbox"/> N/A <input type="checkbox"/> I request snow assistance.			
Snow assistance for the following jurisdictions (Specify counties, independent cities or tribes and/or tribal areas).			
Please see Enclosure D: Historic and Current Snowfall Data for additional information in support of this request*.			
*Not Required for Emergency Declaration Request			

11. Programs and Areas Requested (Continued)

Hazard Mitigation* ☒ Statewide OR

For the following specific counties, parishes, independent cities or tribes and/or tribal areas.

12. Mitigation Plan Information*

a. Mitigation Plan Expiration Date December 16, 2023 b. Type of Plan ☐ Enhanced ☒ Standard

13. Other Federal Agency Programs

☐ I do not anticipate requirements from Other Federal Agencies ☒ I do anticipate requirements from Other Federal Agencies

Please see **Enclosure C**: Requirements for Other Federal Agency Programs for additional information in support of this request*.

14. Findings and Certifications

☒ I certify the following:

a. I have determined that this incident is of such severity and magnitude that effective response is beyond the capabilities of the State and the affected local government or Indian tribal government and that supplementary federal assistance is necessary.

b. In response to this incident, I have taken appropriate action under State or tribal law and have directed the execution of the State or Tribal Emergency Plan on March 7, 2020 in accordance with the Stafford Act.

c. The State and local governments, or Indian tribal government will assume all applicable non-Federal share of costs required by the Stafford Act.

15. List of Enclosures and Supporting Documentation

☒ Cover Letter ☐ Enclosure A (Individual Assistance)* ☐ Enclosure B (Public Assistance)*
☒ Enclosure C (Requirements for Other Federal Agency Programs) ☐ Enclosure D (Historic and Current Snowfall Data)
☐ Additional Supporting Documentation _____



 Governor's or Tribal Chief Executive's Signature

March 16, 2020

 Date

If anyone except the Governor or Tribal Chief Executive signs this document, please provide the documentation that establishes that this individual has the legal authority to act on behalf of the Governor or Tribal Chief Executive.

*Not Required for Emergency Declaration Request