DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY

# STUDENT STIPEND AGREEMENT (AMENDMENT)

*O.M.B. No. 1660-0100*
*Expires May 31, 2010*

## PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 2 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing, reviewing, and submitting the form. You are not required to respond to this collection of information unless a valid OMB control number appears in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing this burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC, 20472, Paperwork Reduction Project (1660-0100). **NOTE: Do not send your completed form to the above address.**

## Privacy Act Statement

**General:** This information is provided pursuant to Public Law 93-579 (Privacy Act of 1974), December 31, 1974, for individuals applying for student stipend reimbursement from the Federal Emergency Management Agency.

**Authorities**: Public Law 93-498, 15 U.S.C. 2206, 5 U.S.C. 301, 50 U.S.C. APP. 2253, E.O. 12127 and E.O. 12148, Public Law 81-920, section 201(e), Public Law 93-288, section 201(e), and Public Law 104-134.

**Purposes and Uses:** The purpose of the information requested on this document and any supporting documents is to facilitate the review, approval, accounting, and reimbursement of funds for the expense of student attendance at the National Emergency Training Center (NETC), the Mount Weather Emergency Assistance Center (MWEAC), or selected off campus locations.

**Effects of Nondisclosure:** Submission of the information is voluntary; however, failure to provide the requested information may result in a delay in processing the reimbursement claim.

STUDENT'S NAME (Last, first, middle)

BUSINESS ADDRESS (Include area code)

MAILING ADDRESS

ACCOUNT TO WHICH REIMBURSEMENT WILL BE DEPOSITED:

Financial Insititution Name: _____

Routing #: | | | | | | | | | |

Account Title: _____

Account #: | | | | | | | | | | | | | | | |

☐ Checking ☐ Savings

A student stipend agreement was approved for the above named individual in the amount of $ _____. Actual verified travel cost have exceeded the original stipend payment. This amendment provides a stipend supplement for total actual travel cost. All other provisions of the original stipend contract remain the same.

## STUDENT CERTIFICATION

I certify that the round- trip costs from my home to NETC, MEWAC, or other off campus locations exceeded my original travel stipend by $ _____, and I request reimbursement of that amount. Attached is documentary proof of the actual expense. I understand that I must file for reimbursement within 60 days of start of course or my claim will be denied.

STUDENT'S SIGNATURE

DATE

## DO NOT WRITE BELOW THIS LINE - FOR OFFICIAL USE ONLY

ACCOUNTING INFORMATION:

| | |
|---|---|
| Initial Stipend: | $ |
| Obligated This Agreement: | $ |
| Total Obligation: | $ |

## APPROVAL

☐ RECOMMENDED ☐ NOT RECOMMENDED

Signature _____ Date _____

☐ APPROVED ☐ DISAPPROVED

Signature _____ Date _____