

**DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY
REQUEST FOR ARBITRATION**

Date Request Submitted _____

1. Applicant's Name		2. Applicant's Designated Representative and Contact Information (Telephone number and E-mail address)			
3. Grantee's Name		4. Reference Number of Project Worksheets in Dispute		5. FEMA Region	6. Disaster Number
7. Requesting Arbitration Instead of Second Administrative Appeal?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
8. Identification of issue to be arbitrated					
8a. Date of First Appeal Determination _____			8b. Date Applicant Received Notice of First Appeal Determination _____		
9. Amount in Dispute in First Appeal (Amount in Dispute is the difference between the amount requested by the applicant and the amount determined eligible by FEMA):					
					\$ _____
10. Current Amount in Dispute (Current Amount in Dispute is the difference between the amount requested by the Applicant and the amount determined eligible by FEMA in the First Appeal Determination)					
					\$ _____
11. Related matters, if any					
12. Category of Dispute (Please check all that apply)					
1. <input type="checkbox"/> Alternate Project	8. <input type="checkbox"/> Eligibility (Applicant)	15. <input type="checkbox"/> Insurance	22. <input type="checkbox"/> Other		
2. <input type="checkbox"/> Audit Findings/Report	9. <input type="checkbox"/> Eligibility (Facility)	16. <input type="checkbox"/> Landslide	Other Specify _____		
3. <input type="checkbox"/> Codes and Standards	10. <input type="checkbox"/> Eligibility (Work)	17. <input type="checkbox"/> Other Federal Agency Authority			
4. <input type="checkbox"/> Contracting	11. <input type="checkbox"/> Eligibility (Cost)	18. <input type="checkbox"/> Pre-Disaster Condition			
5. <input type="checkbox"/> Deobligation	12. <input type="checkbox"/> Environmental Compliance	19. <input type="checkbox"/> Repair/Replace (50% Rule)			
6. <input type="checkbox"/> Documentation	13. <input type="checkbox"/> 406 Hazard Mitigation Proposal	20. <input type="checkbox"/> Temporary Facility			
7. <input type="checkbox"/> Duplication of Benefit	14. <input type="checkbox"/> Improved Project	21. <input type="checkbox"/> Time Extension/Deadlines			
13. Brief 1-2 Sentence Description of Specifics of Dispute					
By signing below, I acknowledge as the Applicant's Designated Representative, that the Applicant is seeking final resolution through binding arbitration and forfeiting its rights to a second appeal under 44 C.F.R. § 206.206.					
_____ Signature of Applicant			_____ Date		
Privacy Statement:					
Authority: The Robert T. Stafford Disaster Relief and Emergency Assistance Act, §§ 403, 406, and 407, 42 U.S.C. §§ 5170b, 5172, 5173; Sandy Recovery Improvement Act of 2013, Pub. L. No. 113-2, 127 Stat. 43 (Jan. 29, 2013), 42 U.S.C. 5189a note; and 44 C.F.R. § 206.210.					
Purpose: FEMA is collecting this information to provide assistance to eligible jurisdictions and organizations to facilitate an efficient recovery from major disasters.					
Routine Uses: The information on this form may be disclosed as generally permitted under 5 U.S.C. § 552a(b) of the Privacy Act of 1974, as amended. This includes using this information as necessary and authorized by the routine uses published in DHS/FEMA - 004 Grant Management Information Files System of Records, 74 Fed. Reg. 39,705 (Aug. 7, 2009), and upon written request, by agreement, or as required by law.					
Disclosure: The disclosure of information on this form is voluntary; however, failure to provide the requested information may delay or prevent the agency from receiving funds from FEMA's Public Assistance Program.					