DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY
Individuals and Households Program (IHP) - Other Needs Assistance

O.M.B. No. 1660-0061
Expires October 31, 2014

ADMINISTRATIVE OPTION SELECTION

Instructions: This form must be completed and submitted to the Federal Emergency Management Agency (FEMA) by November 30 every year.

PRIVACY ACT STATEMENT

AUTHORITY: The Robert T. Stafford Disaster Relief and Emergency Assistance Act as amended, 42 U.S.C. § 5121 -5207 and Reorganization Plan No. 3 of 1978; 4 U.S.C. §§ 2904 and 2906; 4 C.F.R. § 206.2(a)(27); the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Pub. L. 104-193) and Executive Order 13411. DHS asks for your SSN pursuant to the Debt Collection Improvement Act of 1996, 31 U.S.C. § 3325(d) and § 7701(c) (1).

PRINCIPAL PURPOSE(S): This information is being collected for the primary purpose of determining eligibility and administering financial assistance under a Presidentially-declared disaster. Additionally, information may be reviewed internally within FEMA for quality assurance control purposes and used to assess FEMA's customer service to disaster assistance applicants.

ROUTINE USE(S): The information on this form may be shared outside of FEMA as generally permitted under 5 U.S.C. § 552a(b) of the Privacy Act of 1974, as amended. This includes sharing this information with State, local, tribal and voluntary organizations to enable you to receive additional disaster assistance and as necessary and authorized by other routine uses published in DHS/FEMA-008 Disaster Recovery Assistance Files System of Records, 78 Fed. Reg. 25,282 (April 30, 2013), 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 information requested may delay or prevent the individual from receiving disaster assistance.

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this data collection is estimated to average 1.08 hour 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 this form. This collection of information is required to obtain or retain benefits. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. 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, 1800 South Bell Street, Arlington, VA 20598-3005, Paperwork Reduction Project (1660-0061). **NOTE: Do not send your completed form to this address.**

STATE/TRIBE'S SELECTION AND LINE ITEM MAXIMUM

The State/Indian Tribal Government of _____ selects the following administrative option for the administration of the Other Needs Assistance provision of the Individuals and Households Program:

☐ **FEMA Option:** FEMA Administers & Processes.

☐ **JOINT Option:** State/Indian Tribal Government Administers & FEMA Participates:

  ☐ FEMA Processing System Auto-determination **ON**

  ☐ FEMA Processing System Auto-determination **OFF**

☐ **STATE/TRIBAL GOVERNMENT** Option: State/Indian Tribal Government Administers & Processes.

The State/Indian Tribal Government approves the following line item amounts to be awarded for ONA:

Transportation Repair: $ _____

Transportation Replace (Total loss) $ _____

Funeral Maximum (Unmet Need): $ _____

Child Care Assistance (Maximum) $ _____

☐ **The State/Indian Government** approves the additional ONA Personal Property and/or Miscellaneous items. Attached is the list of additional items, the justification, and situations for use.

This administrative option is agreed upon by:

STATE/TRIBE AUTHORIZING SIGNATURE	FEMA AUTHORIZING SIGNATURE
_____ _____	_____ _____
Governor/Tribal Chief Executive or Designee DATE	Regional Administrator or Designee DATE

FEMA Form 010-0-11, (10/11)

SUMMARY OF THE ADMINISTRATIVE OPTIONS

FEMA OPTION: Under this option, FEMA will be the administrator of Other Needs Assistance. The State/Indian Tribal Government shall coordinate ONA activities with FEMA. FEMA shall be responsible for functional elements 1 through 10.

JOINT OPTION: Under this option, the State/Indian Tribal Government will be the administrator of Other Needs Assistance. FEMA shall participate in providing ONA with the State/Indian Tribal Government. FEMA shall be responsible for functional elements 1,2,3,& 8. The State/Indian Tribal Government shall be responsible for functional elements 4,5,6,7,9, & 10.

STATE/INDIAN TRIBAL GOVERNMENT OPTION: Under this option, the State/Indian Tribal Government will be the administrator of Other Needs Assistance. The State/Indian Tribal Government shall report ONA activities to FEMA. The State/Indian Tribal Government shall be responsible for functional elements 1 through 10.

DESCRIPTION OF FUNCTIONAL ELEMENTS

This section explains the 10 functional elements that must be addressed to successfully implement the Other Needs Assistance mission.

Functional Element 1: *Registration Intake* is a systematic procedure for accepting applications *(Application/Registration for Disaster Assistance FEMA Form 009-0-1)* from disaster victims who are in need of Federal disaster assistance. The Procedures must provide for the acceptance of late applications, up to the prescribed time limitation as described in 44 CFR 206.112.

Functional Element 2: *Inspection Services* is a standard procedure for inspecting and verifying individually reported disaster-related damages, which will be used to determine the level of Federal disaster assistance.

Functional Element 3: *Processing System* is a prearranged procedure for making uniformed eligibility determinations, to include methods for determining cost for personal property and tracking eligibility decisions.

Functional Element 4: *Disbursing Awards* is a set procedure for issuing funds to applicants.

Functional Element 5: *Staffing* includes the responsibility for having adequate space and an appropriate number of trained personnel. It also includes the responsibility for having appropriate equipment necessary to process assistance (i.e. computers, phones and facsimile machines).

Functional Element 6: *Recovery of Funds* is an arranged procedure for collecting erroneously awarded funds.

Functional Element 7: *Case Processing* is a standard system to process applications and respond to applicant inquiries.

Functional Element 8: *Mail Processing* is a standard procedure for sending program decisions and receiving incoming mail.

Functional Element 9: *Appeals* is an official protocol for evaluating an applicant request to have a program decision reviewed.

Functional Element 10: *Preparation of Closeout Material* involves the preparation of the narrative and statistical documents that compromise a model closeout package. The duties of this function include ensuring that there are no cases pending and that all funds are reconciled for grants and reimbursement of State/Indian Tribal Government expenses.

Auto-Determination is the process of allowing the NEMIS business rules to routinely process information received from registrations and inspections and make an eligibility determination without manual intervention.

ADDITIONAL ONA ITEMS

If the State/Indian Tribal Government is requesting additional ONA Personal Property, Essential Tools, and/or Miscellaneous items, list the additional items below, provide the justification, and situation for use.

Line Item: _____ ONA Category: _____

Standard Quantity: _____ Maximum Quantity Awarded: _____

Justification/Situations for Use:

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FEMA USE ONLY ☐ Approved Initial _____ ☐ Not Approved Initial _____

Line Item: _____ ONA Category: _____

Standard Quantity: _____ Maximum Quantity Awarded: _____

Justification/Situations for Use:

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FEMA USE ONLY ☐ Approved Initial _____ ☐ Not Approved Initial _____

Line Item: _____ ONA Category: _____

Standard Quantity: _____ Maximum Quantity Awarded: _____

Justification/Situations for Use:

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FEMA USE ONLY ☐ Approved Initial _____ ☐ Not Approved Initial _____

Line Item: _____ ONA Category: _____

Standard Quantity: _____ Maximum Quantity Awarded: _____

Justification/Situations for Use:

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FEMA USE ONLY ☐ Approved Initial _____ ☐ Not Approved Initial _____