

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

OMB No. 1660-0017 Expires July 31, 2016

Date Request Submitted

**Burden Disclosure Notice**

Public reporting burden for this form is estimated to average 1 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 the form. This collection of information is voluntary. You are not required to respond to this collection of information unless it displays a valid OMB control number is displayed in the upper right corner of 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 (1660-0017) **NOTE: Do not send your completed form to this address.**

**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 applicant from receiving funds from FEMA's Public Assistance Program.

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	