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# Federal Emergency Management Agency – Region VIII

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## *IMPORTANT CONTACTS*

<b>Acting Regional Administrator</b>	<u>Office Number</u>	<u>Mobile Number</u>
Doug Gore	(303) 235-4840	
<b>Tribal Liaison</b> Megan Floyd	(303) 235-4638	
<b>Response Division Director</b> Dan Griffiths	(303) 235-4990	
<b>Recovery Division Director</b> Tom Carroll	(303) 235-4910	
Individual Assistance Branch Director Martin McNeese	(303) 235-4897	
Public Assistance Branch Director Tom Bush	(303) 235-4860	
<b>Flood Insurance and Mitigation Division Director</b> Jeanine Petterson	(303) 235-4610	
Mitigation Branch Director Mike Hellenburg	(303) 235-4875	
<b>Mission Support Division Director</b> Sharon Richey	(303) 235-4892	
Grants Management Branch Director Carol J. Crumley	(303) 235-4916	

## FEMA Requirements to be Established as a Grantee

On Tuesday, January 29, 2013, President Obama signed the Sandy Recovery Improvement Act of 2013 and it contains a provision that provides federally recognized Indian tribal governments the option to request a federal emergency or disaster declaration directly to the President.

The purpose of this document is to outline the administrative requirements of FEMA Grantees. The Tribe will be required to submit the documents listed below in order to be established as a Grantee before grant funding will be available after the Presidential has granted a disaster declaration.

### 1. FEMA-Tribal Agreement

This document specifies how the Tribe will manage the disaster and sets guidelines and requirements. Signatures will be required the Tribal government and the Regional Administrator.

*Reference: 44 CFR §206.44*

### 2. Tribal PA Administrative Plan

This document specifies how the Tribe will manage the disaster finances and sets additional guidelines and requirements for managing the Public Assistance program.

*Reference: 44 CFR §206.207*

### 3. Tribal Mitigation Plan

This document specifies the Tribe's foundation for its long-term strategy to reduce disaster losses and provides the framework for risk-based decision making in reducing damages to lives, improved property and the economy in future disaster events. FEMA allows 30 days from the date of the disaster declaration for an approvable plan to be submitted. FEMA's Tribal Mitigation Planning Worksheet can be found in Appendix A.

*References: 44 CFR §201.4(a), 44 CFR §201.7(a), 44 CFR §206.226(b)  
FEMA Mitigation Planning Memorandum (MT-PL) #1: Disaster Declarations After May 1, 2005 Without an Approved State Mitigation Plan (April 13, 2005); FEMA Mitigation Planning Memorandum (MT-PL) #2: Implementation Procedures for States, Territories, and Indian Tribal Governments Without An Approved Mitigation Plan – Follow-up Guidance (May 2, 2005)*

#### 4. Application for Federal Assistance (SF-424)

This document is the formal request for federal funding. It entails the type of assistance being requested and the estimated funding that the Tribe will be requesting. Document is available at <http://apply07.grants.gov/apply/FormLinks?family=15> and can also be located in Appendix B.

*Reference: OMB Circular A-110 Subpart B (12)(a), 44 CFR §206.202(e)(1)*

#### 5. Assurances – Construction Programs (SF-424D)

This document certifies that all construction contracting practices and procedures are in compliance. Document is available at <http://apply07.grants.gov/apply/FormLinks?family=15> and can also be located in Appendix B.

*Reference: OMB Circular A-110 Subpart B (12)(a), 44 CFR §206.202(e)(1)*

#### 6. Budget Information – Nonconstruction Programs (FEMA Form 20-20)

This document lists the damage estimates for Public Assistance and estimated costs for any Hazard Mitigation Grant Programs. Document is available at <http://www.fema.gov/library/viewRecord.do?id=2629> and can also be found in Appendix B.

*Reference: 44 CFR §13.10(b)*

#### 7. Request for Public Assistance (FEMA Form 90-49)

This document is the first step in requesting Public Assistance. It identifies the primary and alternate contacts as well as the damaged location. The form is available at <http://www.fema.gov/library/viewRecord.do?id=2658> and can also be found in Appendix C. The Request for Public Assistance must be submitted within 30 days after the designation of the area where the damage occurred.

*Reference: 44 CFR §206.202(c)*

#### 8. Payment Management System - Smartlink Account

The Smartlink Account is used to disperse, account for and manage Federal grant-type funds upon approval from the Awarding Agency. The establishment of this account will require three (3) documents from the Tribe. Please keep in mind that this process may take up to 30 days to complete. The Smartlink Account application and procedures can be found in Appendix D.

#### 9. DUNS Number

All applicants for Federal grants are required to obtain a DUNS number. It is used by the Federal government to identify related organizations who receive funding from grants or cooperative

agreements. Instructions and guidance for obtaining and managing your DUNS number can be found in Appendix XXX.

*Reference: Federal Funding Accountability and Transparency Act of 2006 (P.L. 109-282)*

DRAFT

# Appendix A

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## *Mitigation*



FEMA

# Tribal Mitigation Planning

*Hazard mitigation planning is the process State, Indian Tribal, and local governments use to identify risks and vulnerabilities associated with natural disasters, and to develop long-term strategies for protecting people and property from future hazard events.*

The Stafford Act, as amended by the Disaster Mitigation Act of 2000, provides a way for States, federally recognized Indian Tribal governments, and local governments to undertake mitigation planning to reduce risks to natural hazards.



Mitigation plans also help Tribes meet grant eligibility requirements for Federal Emergency Management Agency (FEMA) grant programs. Tribes can develop their own mitigation plan or participate in multi-jurisdictional plans with other Tribes and/or local governments.

## Mitigation Planning Raises Awareness and Support

The planning process is as important as the resulting plan because it creates a framework and includes the following elements:

**Public Involvement** – Planning creates an opportunity to involve Tribal officials, emergency managers, Tribal members, and elders, and consider their input and risk assessment data regarding multiple hazards such as flooding, wildfires, earthquakes, and tornadoes. Tribes may also want to involve others, usually called stakeholders, who may be affected such as nearby business owners or non-Tribal members living on or near the reservation. In addition to emergency managers, the planning process generally involves other agencies (e.g., health care, environmental, zoning, public works), businesses, senior centers, and schools. Under the regulations, Tribal governments have the option of defining “the public” and should work with their FEMA Regional office to determine how they will involve their members and other stakeholders throughout the planning process.

### Special Consideration for Extraordinary Circumstances

The FEMA Regional Administrators may grant an exception to the Tribal Mitigation Plan requirement in extraordinary circumstances, such as in a small and impoverished community, when justification is provided and the Tribe is interested in subgrantee status for that disaster. In these cases, a plan must be completed within 12 months of the project grant award.

**Risk Assessment** – Mitigation plans identify natural hazards and risks based on history, estimate the potential frequency and magnitude of disasters, and assess the potential losses of life and property. The risk assessment identifies vulnerabilities to the built environment, including the type and numbers of existing and future buildings, infrastructure, and critical facilities relative to identified hazard areas. The risk assessment may include data from other Tribal, Federal, State, and local agencies and may also include man-made threats if the Tribe wishes to include them. Culturally significant and sacred sites can also be addressed in the risk assessment.



FLOOD



INSURANCE



HAZUS



DAMS/LEVEES



PLANNING

# Federal Emergency Management Agency

Washington, D.C. 20472

MEMORANDUM FOR: Federal Coordinating Officers  
Regional Directors  
Acting Regional Directors

ATTENTION: Regional Response and Recovery Division Directors  
Regional Mitigation Division Directors

FROM: Daniel A. Craig  
Director  
Recovery Division

David I. Maurstad  
Acting Director  
Mitigation Division

DATE: 13-APR-05

SUBJECT: Disaster Declaration Procedures After May 1, 2005 for  
States Without an Approved State Mitigation Plan

## Purpose

The purpose of this memorandum is to provide guidance to FEMA regional offices and Federal Coordinating Officers regarding procedures for processing requests for major disaster declarations after May 1, 2005 from States and Territories that **do not have** a FEMA approved State Mitigation Plan (SMP). Guidance regarding Tribal declarations is being developed and will be issued by the end of this month.

## Introduction

After May 1, 2005, States, Territories and Indian tribal governments applying for FEMA assistance as a grantee must have a FEMA approved mitigation plan meeting the requirements of 44 CFR 201.4 for State Mitigation Plans, in order for the State (and communities within it) to receive non-emergency Stafford Act assistance. For major disasters declared after May 1, the types of assistance subject to this requirement are Public Assistance Categories C-G and the Hazard Mitigation Grant Program (HMGP). Please note that Fire Management Assistance declarations and the Pre-Disaster Mitigation Grant Program (PDM) are also subject to this requirement, and separate guidance will be available for those programs. The guidance in this memorandum is specific to requests for major disaster declarations.



Headquarters and Regional mitigation staff have been working closely with the States on the development of their plans over the last three years. As of April 8, 2005, 43 States have approved SMPs, and we expect that most, if not all, of the remaining States' plans will be approved by May 1. The procedures outlined in this memorandum will be implemented only in those cases where, after May 1, 2005, a State does not have an approved plan at the time of a major disaster declaration. Further, because FEMA regulations (44 CFR 201.4) require SMPs to be updated every three years and resubmitted to FEMA for review and approval, these procedures will be implemented in the future if a State does not have its updated plan approved by three years from the date of initial approval.

#### Procedures for Major Disaster Declarations After May 1, 2005 for States Without an Approved SMP

The regional analysis and recommendations regarding requests for major disasters will include a summary of the status of the SMP. We have revised the existing declaration templates to provide appropriate language for this purpose.

The recommendation for a major disaster declaration will be based on a per capita calculation using all eligible public assistance (PA) costs, Categories A-G. The letters to the Under Secretary and the Governor, and the Federal Register Notice (FRN), will authorize only PA Categories A and B, and Individual Assistance (IA), as appropriate, and indicate that FEMA may add PA Categories C-G and HMGP upon FEMA approval of the State Mitigation Plan (SMP) that has been adopted by the State. The State will have 30 calendar days from the date of declaration to formally submit an approvable SMP for FEMA review and approval. Separate guidance will be provided to define exactly what States must do to meet the requirement of formally submitting an approvable SMP for review.

Because the States that are still working on their plans are relatively well along in the process, it is reasonable to expect that States will be able to meet the FEMA requirements for plan approval within this timeframe. If the State does submit the SMP for FEMA review and approval, FEMA has 45 calendar days, whenever possible, to review the plan and provide feedback to the State. Thus, with strong efforts by the State and FEMA regional office, the State could have an approved SMP by approximately 75 calendar days, if not sooner, from the original declaration.

If the State does not formally submit its approvable SMP for FEMA review and approval within 30 days, FEMA will notify the State that it has denied the State's request for assistance under PA Categories C-G and HMGP, based on its failure to meet the requirement within the deadline. Upon receipt of this notification, the State may appeal the denial, in accordance with 44 CFR 206.46. In this situation, the only issues on which the State could base an appeal would be that they had in fact submitted their SMP to FEMA for review, or had a FEMA approved SMP, prior to the 30-day deadline.

FEMA work on the Public Assistance Project Worksheets (PW) for both emergency and permanent work will begin when the State formally submits its SMP to FEMA for review and approval, i.e., by 30 calendar days from the declaration, unless the regional office determines that the plan requires work so significant as to preclude approval within the 45-day review timeframe.

Please contact either one of us if you have any questions, or Magda Ruiz for declarations issues (202-646-3629); Chuck Stuart for Public Assistance and PDA issues (202-646-3691); or Terry Baker for State Mitigation Plan issues (202-646-4648).

# Federal Emergency Management Agency

Washington, D.C. 20472

MEMORANDUM FOR: Federal Coordinating Officers  
Regional Directors  
Acting Regional Directors

ATTENTION: Regional Response and Recovery Division Directors  
Regional Mitigation Division Directors

FROM: Daniel A. Craig  
Director  
Recovery Division

David I. Maurstad  
Acting Director  
Mitigation Division

DATE: 02-MAY-05

SUBJECT: Implementation Procedures for States, Territories, and  
Indian Tribal Governments Without an Approved State  
Mitigation Plan - Follow-up Guidance

On April 13, 2005, we provided guidance to you regarding procedures for processing requests for major disaster declarations after May 1, 2005, for States and Territories that **do not have** a FEMA approved State Mitigation Plan (SMP). In that memorandum, we indicated that more specific information on the following issues would be provided: formal submittal of an approvable SMP, applicability of the procedures to Indian tribal governments, and Fire Management Assistance declarations.

The following guidance is supplementary to the procedures outlined in the April 13 memorandum, and applies to major disaster declarations and Fire Management Assistance declarations for all States, Territories, and Indian tribal governments that do not have an approved SMP, including State-level plans for tribes.

FEMA regulations at 44 C.F.R. § 201.4 require SMPs to be updated and resubmitted to FEMA for review and approval every three years. Therefore, these procedures will be implemented at any time in the future that a State, Territory, or Indian tribal government does not have a current, FEMA-approved SMP, including an updated plan as required by three years from the date of approval of the prior plan.

We have made appropriate revisions to all of the declarations-related documents that are affected by the amended declarations procedures. The relevant revised templates are attached to this guidance. **These versions must be used effective immediately, for all**

**major disaster and Fire Management Assistance declaration requests. Please ensure that all staff are informed of the new requirements, and that previous versions of the templates are no longer used. This includes informing the State of the revised template for the Governor's request for major declarations.**

#### Formal Submittal of an Approvable SMP

For major disaster declarations, States without an approved SMP have 30 calendar days from the date of declaration to submit formally an approvable SMP for FEMA review and approval. In order to meet this requirement, the State must submit a SMP that, at a minimum, meets all of the requirements for SMPs identified at 44 C.F.R. § 201.4 (with the exception of formal adoption by the State), as indicated on the most recent plan review crosswalk prepared by the regional Mitigation Division. The 30-day period should be used, as needed, for the State to provide the plan to FEMA for additional review and comment to ensure that any final revisions necessary to meet these requirements are made. However, at the end of the 30 days, the plan submitted by the State must be *approvable pending adoption*. This is the designation that indicates FEMA Regional Mitigation staff have conducted a final review of the plan and determined that it meets all requirements and is, therefore, ready to be formally adopted.

FEMA will consider a plan formally submitted only if it is transmitted to the FEMA Regional Director with a letter from the director of the State emergency management agency, or higher official. The transmittal must also: include a copy of the final Regional plan review crosswalk that indicates this version of the plan is approvable pending adoption; and express the State's commitment to formally adopt the plan no later than 45 calendar days from the date the plan is submitted to FEMA.

If the State submits its SMP, meeting the conditions above, within 30 days, FEMA will begin work on the Public Assistance (PA) Project Worksheets (PW) for both emergency and permanent work. Permanent work PWs (Categories C-G) will be held in a Hazard Mitigation Plan queue in NEMIS until a SMP is adopted. FEMA will only authorize PA Categories C-G and HMGP upon FEMA approval of the SMP. This occurs after formal adoption by the State and must occur within 45 days of submission of the SMP to FEMA.

If the State does not submit its SMP within 30 days of the date of declaration, or if it does not formally adopt the plan within 45 days of the date it submitted the SMP to FEMA, FEMA will notify the State that it has denied the request for assistance under PA Categories C-G and HMGP. If the assistance is denied, FEMA will stop work on the PWs, and no funds will be obligated.

#### Applicability to Indian Tribal Governments

Federally recognized Indian tribal governments are not able to receive a disaster declaration, since the Stafford Act declarations process specifically applies to States. However, once a State has received a disaster declaration, an Indian tribal government may indicate its intention to apply directly to FEMA, as a grantee. In this case, FEMA may enter into a FEMA-Tribal Agreement with the tribe.

The procedures outlined here will be implemented only in those cases where an Indian tribal government chooses to act as a grantee for declarations after May 1, 2005, and does not have a current, FEMA-approved SMP at the time the FEMA-Tribal Agreement is signed. This includes a FEMA-approved updated plan by three years from the date of approval of the prior plan.

The Federal Coordinating Officer (FCO), in coordination with the Regional Mitigation Division Director, will determine the status of the Indian tribal government's SMP during initial discussions with the tribe. The FEMA-Tribal Agreement will authorize only PA Categories A and B, and Individual Assistance (IA), as appropriate, and will indicate that FEMA may add PA Categories C-G and HMGP upon FEMA approval of the SMP that has been adopted by the tribal government.

The Indian tribal government will have 30 calendar days from the date of signing the FEMA-Tribal agreement to submit formally an approvable SMP to FEMA for review and approval. In order to meet this requirement, the tribal government must submit a SMP that, at a minimum, meets all of the requirements for SMPs identified at 44 C.F.R. § 201.4 (with the exception of formal adoption by the tribal government), as indicated on the most recent plan review crosswalk prepared by the regional Mitigation Division. The 30-day period should be used, as needed, for the tribal government to provide the plan to FEMA for additional review and comment to ensure that any final revisions necessary to meet these requirements are made. However, at the end of the 30 days, the plan submitted by the Indian tribal government must be *approvable pending adoption*. This is the designation that indicates FEMA Regional Mitigation staff have conducted a final review of the plan and determined that it meets all requirements and is, therefore, ready to be formally adopted.

FEMA will consider a plan formally submitted only if it is transmitted to the FEMA Regional Director with a letter from the director of the Indian tribal government emergency management agency, or higher official. The transmittal must also: include a copy of the final Regional plan review crosswalk that indicates this version of the plan is approvable pending adoption; and express the Indian tribal government's commitment to formally adopt the plan no later than 45 calendar days from the date the plan is submitted to FEMA.

If the Indian tribal government submits its SMP, meeting the conditions above, within 30 days, FEMA will begin work on the Public Assistance (PA) Project Worksheets (PW) for both emergency and permanent work. Permanent work PWs (Categories C-G) will be held in a Hazard Mitigation Plan queue in NEMIS until a SMP is adopted. FEMA will authorize PA Categories C-G and HMGP upon FEMA approval of the SMP. This occurs after formal adoption by the tribal government and must occur within 45 days of submission of the SMP to FEMA.

If the Indian tribal government does not submit its SMP within 30 days of the date of signing the FEMA-Tribal Agreement, or if it does not formally adopt the plan within 45 days of the date it submitted the SMP to FEMA, FEMA will notify the tribal government

that it has denied the request for assistance under PA Categories C-G and HMGP. If the assistance is denied, FEMA will stop work on the PWs, and no funds will be obligated.

#### Fire Management Assistance Declarations

Assistance under the Fire Management Assistance Grant Program (FMAGP) is contingent upon a State, Territory, or Indian tribal government meeting the mitigation planning requirements of section 322 of the Stafford Act, as implemented at 44 C.F.R. Part 201. However, the FMAGP declarations process does not involve the same program procedures that a major disaster declaration does. Fire declarations operate on a real time basis, and project worksheets do not capture damage from the event, but rather reflect the expenses incurred in the mitigation, management, and control of the declared fire.

A State, Territory, or Indian tribal government intending to apply directly to FEMA for assistance under the fire declaration and that does not have an approved SMP per 44 C.F.R. § 204.51 (d) (2) must submit formally an approvable SMP for FEMA review and approval within 30 calendar days of the date of the FEMA-State/Tribal Agreement for the FMAGP, or of the Amendment of the Agreement, Exhibit E. In order to meet this requirement, the State or Indian tribal government must submit a SMP that, at a minimum, meets all of the requirements for SMPs identified at 44 C.F.R. § 201.4 (with the exception of formal adoption by the State or tribal government), as indicated on the most recent plan review crosswalk prepared by the regional Mitigation Division. The 30-day period should be used, as needed, for the State, Territory, or tribal government to provide the plan to FEMA for additional review and comment to ensure that any final revisions necessary to meet these requirements are made. However, at the end of the 30 days, the plan submitted by the State, Territory, or tribal government must be *approvable pending adoption*. This is the designation that indicates FEMA Regional Mitigation staff have conducted a final review of the plan and determined that it meets all requirements and is, therefore, ready to be formally adopted.

FEMA will consider a plan formally submitted only if it is transmitted to the FEMA Regional Director with a letter from the director of the State, Territory, or Indian tribal government emergency management agency, or higher official. The transmittal must also: include a copy of the final Regional plan review crosswalk that indicates this version of the plan is approvable pending adoption; and express the State, Territory, or tribal government's commitment to formally adopt the plan no later than 45 calendar days from the date the plan is submitted to FEMA.

If the State, Territory, or Indian tribal government does not submit its SMP within 30 days of the date of the amendment of the FEMA-State/Tribal Agreement, or if it does not formally adopt the plan within 45 days of the date it submitted the SMP to FEMA, FEMA will notify the State, Territory, or tribal government that it has denied the request for assistance under the fire management assistance declaration.

Incorporation of the SMP verification requirement will be reflected in the following procedural changes. At the time of the Governor's request for a fire management assistance declaration; the Region must identify if the affected State, Territory, or Indian

tribal government has a formally approved SMP. The Region should include this information in the Fire Management Assistance Summary and Recommendation provided to Headquarters. Additionally, the Summary and Recommendation shall provide a brief assessment of the State, Territory, or Indian tribal government's ability to submit an approvable SMP within the 30 calendar days following the date of amendment of the FEMA-State/Tribe Agreement, if there is no approved plan. Regional staff should coordinate with the Regional Mitigation Division Director to provide this assessment. The Region will notify those States, Territories, or Indian tribal governments that do not have an approved SMP at the time of the fire management assistance declaration that they have 30 calendar days from the amendment of the FMAGP FEMA-State/Tribal Agreement to formally submit an approvable SMP and that, if they fail to do so, they will not receive assistance under the declaration. This applies to all verbal and written fire management assistance declaration requests and approvals.

#### In Conclusion

Please ensure that appropriate staff are aware of the new requirements, at both the Regional and State levels. Regional Mitigation staff are further directed to implement the procedures identified in Attachment B, below, effective immediately. Please contact either one of us if you have any questions, or Magda Ruiz for declarations issues (202-646-3629); Chuck Stuart for Public Assistance issues (202-646-3691); Ann Piesen (202-646-3925) for Fire Management Assistance issues; Terry Baker for State Mitigation Plan issues (202-646-4648); or Jonathan Smith for HMGP/Mitigation Declarations issues (202-646-2847).

The procedures outlined above have been reflected in all relevant declarations documents. Attached to this memorandum please find the following attachments:

*For Major Disaster Declarations*

Attachment A-Governor's Request Letter Template

Attachment B -Modification of the Regional Mitigation Declaration Review Process

*For Fire Management Assistance Grant Declarations*

Attachment C -Decision Checklist for Fire Management Assistance Declaration Request

Attachment D -Fire Management Assistance Regional Summary and Recommendation

Attachment E -Exhibit E Amendment to the FEMA-State Agreement for FMAGP

Attachments removed

## Appendix B

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### *Application for Federal Assistance*



**INSTRUCTIONS FOR THE SF-424**

Public reporting burden for this collection of information is estimated to average 60 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0043), Washington, DC 20503.

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.**

This is a standard form (including the continuation sheet) required for use as a cover sheet for submission of preapplications and applications and related information under discretionary programs. Some of the items are required and some are optional at the discretion of the applicant or the Federal agency (agency). Required items are identified with an asterisk on the form and are specified in the instructions below. In addition to the instructions provided below, applicants must consult agency instructions to determine specific requirements.

Item	Entry:	Item	Entry:
1.	<b>Type of Submission:</b> (Required): Select one type of submission in accordance with agency instructions. <ul style="list-style-type: none"> <li>Preapplication</li> <li>Application</li> <li>Changed/Corrected Application – If requested by the agency, check if this submission is to change or correct a previously submitted application. Unless requested by the agency, applicants may not use this to submit changes after the closing date.</li> </ul>	10.	<b>Name Of Federal Agency:</b> (Required) Enter the name of the Federal agency from which assistance is being requested with this application.
		11.	<b>Catalog Of Federal Domestic Assistance Number/Title:</b> Enter the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested, as found in the program announcement, if applicable.
2.	<b>Type of Application:</b> (Required) Select one type of application in accordance with agency instructions. <ul style="list-style-type: none"> <li>New – An application that is being submitted to an agency for the first time.</li> <li>Continuation - An extension for an additional funding/budget period for a project with a projected completion date. This can include renewals.</li> <li>Revision - Any change in the Federal Government's financial obligation or contingent liability from an existing obligation. If a revision, enter the appropriate letter(s). More than one may be selected. If "Other" is selected, please specify in text box provided. <ul style="list-style-type: none"> <li>A. Increase Award      B. Decrease Award</li> <li>C. Increase Duration    D. Decrease Duration</li> <li>E. Other (specify)</li> </ul> </li> </ul>	12.	<b>Funding Opportunity Number/Title:</b> (Required) Enter the Funding Opportunity Number and title of the opportunity under which assistance is requested, as found in the program announcement.
		13.	<b>Competition Identification Number/Title:</b> Enter the Competition Identification Number and title of the competition under which assistance is requested, if applicable.
		14.	<b>Areas Affected By Project:</b> List the areas or entities using the categories (e.g., cities, counties, states, etc.) specified in agency instructions. Use the continuation sheet to enter additional areas, if needed.
3.	<b>Date Received:</b> Leave this field blank. This date will be assigned by the Federal agency.	15.	<b>Descriptive Title of Applicant's Project:</b> (Required) Enter a brief descriptive title of the project. If appropriate, attach a map showing project location (e.g., construction or real property projects). For preapplications, attach a summary description of the project.
4.	<b>Applicant Identifier:</b> Enter the entity identifier assigned by the Federal agency, if any, or applicant's control number, if applicable.		
5a.	<b>Federal Entity Identifier:</b> Enter the number assigned to your organization by the Federal Agency, if any.	16.	<b>Congressional Districts Of:</b> (Required) 16a. Enter the applicant's Congressional District, and 16b. Enter all District(s) affected by the program or project. Enter in the format: 2 characters State Abbreviation – 3 characters District Number, e.g., CA-005 for California 5 <sup>th</sup> district, CA-012 for California 12 <sup>th</sup> district, NC-103 for North Carolina's 103 <sup>rd</sup> district. <ul style="list-style-type: none"> <li>If all congressional districts in a state are affected, enter "all" for the district number, e.g., MD-all for all congressional districts in Maryland.</li> <li>If nationwide, i.e. all districts within all states are affected, enter US-all.</li> <li>If the program/project is outside the US, enter 00-000.</li> </ul>
5b.	<b>Federal Award Identifier:</b> For new applications leave blank. For a continuation or revision to an existing award, enter the previously assigned Federal award identifier number. If a changed/corrected application, enter the Federal Identifier in accordance with agency instructions.		
6.	<b>Date Received by State:</b> Leave this field blank. This date will be assigned by the State, if applicable.		
7.	<b>State Application Identifier:</b> Leave this field blank. This identifier will be assigned by the State, if applicable.		
8.	<b>Applicant Information:</b> Enter the following in accordance with agency instructions:		
	<b>a. Legal Name:</b> (Required): Enter the legal name of applicant that will undertake the assistance activity. This is the name that the organization has registered with the Central Contractor Registry. Information on registering with CCR may be obtained by visiting the Grants.gov website.	17.	<b>Proposed Project Start and End Dates:</b> (Required) Enter the proposed start date and end date of the project.
	<b>b. Employer/Taxpayer Number (EIN/TIN):</b> (Required): Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service. If your organization is not in the US, enter 44-4444444.		
	<b>c. Organizational DUNS:</b> (Required) Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained by visiting the Grants.gov website.	18.	<b>Estimated Funding:</b> (Required) Enter the amount requested or to be contributed during the first funding/budget period by each contributor. Value of in-kind contributions should be included on appropriate lines, as applicable. If the action will result in a dollar change to an existing award, indicate only the amount of the change. For decreases, enclose the amounts in parentheses.
	<b>d. Address:</b> Enter the complete address as follows: Street address (Line 1 required), City (Required), County, State (Required, if country is US), Province, Country (Required), Zip/Postal Code (Required, if country is US).		
	<b>e. Organizational Unit:</b> Enter the name of the primary organizational unit (and department or division, if applicable) that will undertake the	19.	<b>Is Application Subject to Review by State Under Executive Order 12372 Process?</b> Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the

	<p>assistance activity, if applicable.</p> <p><b>f. Name and contact information of person to be contacted on matters involving this application:</b> Enter the name (First and last name required), organizational affiliation (if affiliated with an organization other than the applicant organization), telephone number (Required), fax number, and email address (Required) of the person to contact on matters related to this application.</p>		<p>State intergovernmental review process. Select the appropriate box. If "a." is selected, enter the date the application was submitted to the State</p>		
9.	<p>Type of Applicant: (Required) Select up to three applicant type(s) in accordance with agency instructions.</p> <table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top; width: 50%;"> <p>A. State Government</p> <p>B. County Government</p> <p>C. City or Township Government</p> <p>D. Special District Government</p> <p>E. Regional Organization</p> <p>F. U.S. Territory or Possession</p> <p>G. Independent School District</p> <p>H. Public/State Controlled Institution of Higher Education</p> <p>I. Indian/Native American Tribal Government (Federally Recognized)</p> <p>J. Indian/Native American Tribal Government (Other than Federally Recognized)</p> <p>K. Indian/Native American Tribally Designated Organization</p> <p>L. Public/Indian Housing Authority</p> </td> <td style="vertical-align: top; width: 50%;"> <p>M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)</p> <p>N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education)</p> <p>O. Private Institution of Higher Education</p> <p>P. Individual</p> <p>Q. For-Profit Organization (Other than Small Business)</p> <p>R. Small Business</p> <p>S. Hispanic-serving Institution</p> <p>T. Historically Black Colleges and Universities (HBCUs)</p> <p>U. Tribally Controlled Colleges and Universities (TCCUs)</p> <p>V. Alaska Native and Native Hawaiian Serving Institutions</p> <p>W. Non-domestic (non-US) Entity</p> <p>X. Other (specify)</p> </td> </tr> </table>	<p>A. State Government</p> <p>B. County Government</p> <p>C. City or Township Government</p> <p>D. Special District Government</p> <p>E. Regional Organization</p> <p>F. U.S. Territory or Possession</p> <p>G. Independent School District</p> <p>H. Public/State Controlled Institution of Higher Education</p> <p>I. Indian/Native American Tribal Government (Federally Recognized)</p> <p>J. Indian/Native American Tribal Government (Other than Federally Recognized)</p> <p>K. Indian/Native American Tribally Designated Organization</p> <p>L. Public/Indian Housing Authority</p>	<p>M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)</p> <p>N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education)</p> <p>O. Private Institution of Higher Education</p> <p>P. Individual</p> <p>Q. For-Profit Organization (Other than Small Business)</p> <p>R. Small Business</p> <p>S. Hispanic-serving Institution</p> <p>T. Historically Black Colleges and Universities (HBCUs)</p> <p>U. Tribally Controlled Colleges and Universities (TCCUs)</p> <p>V. Alaska Native and Native Hawaiian Serving Institutions</p> <p>W. Non-domestic (non-US) Entity</p> <p>X. Other (specify)</p>	20.	<p><b>Is the Applicant Delinquent on any Federal Debt?</b> (Required) Select the appropriate box. This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans and taxes.</p> <p>If yes, include an explanation on the continuation sheet.</p> <p><b>21. Authorized Representative:</b> (Required) To be signed and dated by the authorized representative of the applicant organization. Enter the name (First and last name required) title (Required), telephone number (Required), fax number, and email address (Required) of the person authorized to sign for the applicant.</p> <p>A copy of the governing body's authorization for you to sign this application as the official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application.)</p>
<p>A. State Government</p> <p>B. County Government</p> <p>C. City or Township Government</p> <p>D. Special District Government</p> <p>E. Regional Organization</p> <p>F. U.S. Territory or Possession</p> <p>G. Independent School District</p> <p>H. Public/State Controlled Institution of Higher Education</p> <p>I. Indian/Native American Tribal Government (Federally Recognized)</p> <p>J. Indian/Native American Tribal Government (Other than Federally Recognized)</p> <p>K. Indian/Native American Tribally Designated Organization</p> <p>L. Public/Indian Housing Authority</p>	<p>M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)</p> <p>N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education)</p> <p>O. Private Institution of Higher Education</p> <p>P. Individual</p> <p>Q. For-Profit Organization (Other than Small Business)</p> <p>R. Small Business</p> <p>S. Hispanic-serving Institution</p> <p>T. Historically Black Colleges and Universities (HBCUs)</p> <p>U. Tribally Controlled Colleges and Universities (TCCUs)</p> <p>V. Alaska Native and Native Hawaiian Serving Institutions</p> <p>W. Non-domestic (non-US) Entity</p> <p>X. Other (specify)</p>				

**Application for Federal Assistance SF-424**

Version 02

*1. Type of Submission		*2. Type of Application		*If Revision, select appropriate letter(s):	
<input type="checkbox"/> Preapplication		<input type="checkbox"/> New			
<input type="checkbox"/> Application		<input type="checkbox"/> Continuation		* Other (Specify)	
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision			
*3. Date Received:			4. Application Identifier:		
5a. Federal Entity Identifier:			*5b. Federal Award Identifier:		
<b>State Use Only:</b>					
6. Date Received by State:			7. State Application Identifier:		
<b>8. APPLICANT INFORMATION:</b>					
* a. Legal Name:					
* b. Employer/Taxpayer Identification Number (EIN/TIN):			*c. Organizational DUNS:		
<b>d. Address:</b>					
*Street 1:					
Street 2:					
*City:					
County:					
*State:					
Province:					
Country:				*Zip/ Postal Code:	
<b>e. Organizational Unit:</b>					
Department Name:			Division Name:		
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>					
Prefix:		First Name:			
Middle Name:					
*Last Name:					
Suffix:					
Title:					
Organizational Affiliation:					
*Telephone Number:			Fax Number:		
*Email:					

**Application for Federal Assistance SF-424**

Version 02

9. Type of Applicant 1: Select Applicant Type: - Select One -

Type of Applicant 2: Select Applicant Type:  
- Select One -

Type of Applicant 3: Select Applicant Type:  
- Select One -

\*Other (specify):

\*10. Name of Federal Agency:

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

\*12. Funding Opportunity Number:

\*Title:

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

\*15. Descriptive Title of Applicant's Project:

**Attach supporting documents as specified in agency instructions.**

**Application for Federal Assistance SF-424**

Version 02

16. Congressional Districts Of:

\*a. Applicant

\*b. Program/Project:

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

\*a. Start Date:

\*b. End Date:

**18. Estimated Funding (\$):**

\*a. Federal

\*b. Applicant

\*c. State

\*d. Local

\*e. Other

\*f. Program Income

\*g. TOTAL

\$0.00

**\*19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

a. This application was made available to the State under the Executive Order 12372 Process for review on

b. Program is subject to E.O. 12372 but has not been selected by the State for review.

c. Program is not covered by E.O. 12372

\*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

Yes

No

21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

\*\*I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

**Authorized Representative:**

Prefix:

\*First Name:

Middle Name:

\*Last Name:

Suffix:

\*Title:

\*Telephone Number:

Fax Number:

\*Email:

\*Signature of Authorized Representative:

Date Signed:

**Application for Federal Assistance SF-424**

Version 02

**\*Applicant Federal Debt Delinquency Explanation**

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.

## ASSURANCES - CONSTRUCTION PROGRAMS

OMB Number: 4040-0009  
Expiration Date: 06/30/2014

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0042), Washington, DC 20503.

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.**

**NOTE:** Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the Awarding Agency. Further, certain Federal assistance awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, the right to examine all records, books, papers, or documents related to the assistance; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will not dispose of, modify the use of, or change the terms of the real property title or other interest in the site and facilities without permission and instructions from the awarding agency. Will record the Federal awarding agency directives and will include a covenant in the title of real property acquired in whole or in part with Federal assistance funds to assure non-discrimination during the useful life of the project.
4. Will comply with the requirements of the assistance awarding agency with regard to the drafting, review and approval of construction plans and specifications.
5. Will provide and maintain competent and adequate engineering supervision at the construction site to ensure that the complete work conforms with the approved plans and specifications and will furnish progressive reports and such other information as may be required by the assistance awarding agency or State.
6. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
7. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
8. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards of merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
9. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
10. Will comply with all Federal statutes relating to non-discrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681 1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee 3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.

11. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal and federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
12. Will comply with the provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
13. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333) regarding labor standards for federally-assisted construction subagreements.
14. Will comply with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
15. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
16. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
17. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq).
18. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
19. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

* SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	* TITLE [Redacted]
* APPLICANT ORGANIZATION [Redacted]	* DATE SUBMITTED Completed on submission to Grants.gov



U. S. DEPARTMENT OF HOMELAND SECURITY  
 FEDERAL EMERGENCY MANAGEMENT AGENCY  
**BUDGET INFORMATION-NONCONSTRUCTION PROGRAMS**

See reverse for Paperwork  
 Burden Disclosure Notice

Page \_\_\_\_\_ of \_\_\_\_\_ pages

O.M.B. No. 1660-0025  
 Expires July 31, 2007

1. PROGRAM AGENCY AND ORGANIZATION ELEMENT TO WHICH REPORT IS SUBMITTED

2. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED

3. RECIPIENT ORGANIZATION (Name and complete address, including zip code)

4. EMPLOYER IDENTIFICATION

5. RECIPIENT ACCOUNT NUMBER OR I.D. NO.

6. BUDGET PERIOD (Month, Day, Year)  
 Beginning Date \_\_\_\_\_  
 Ending Date \_\_\_\_\_

7. Mark  in Appropriate Box  
 New Budget  
 Revised Budget Enter Grant Number in Box 2 above  
 Date of Budget Revision: \_\_\_\_\_

8. FEDERAL RATE SHARING (%) \_\_\_\_\_

9. PROGRAM ACRONYM \_\_\_\_\_  
 CFDA NUMBER \_\_\_\_\_

TOTAL

Object Class	10. a. Personnel						
	b. Fringe Benefits						
	c. Travel						
	d. Equipment						
	e. Supplies						
	f. Contractual						
	g. Construction						
	h. Other						
	i. Total Direct Charges (10a to 10h)						
	j. Indirect Charges						
	k. Total (Sum of 10i & 10j)						
Source	l. Federal Share						
	Non-Federal Resources:						
	m. Applicant						
	n. State						
	o. Local						
Income	p. Other Sources						
	q. Total (Sum of 10l to 10p)						
Indirect Cost	r. Program Income						
	s. Detail on Indirect Cost						

11. Signature of Authorizing Official

12. Name and Title (Type or print)

13. Telephone Number (Area code, Number and Extension)

Date Report Submitted

## Paperwork Burden Disclosure Notice

Public reporting burden for this form is estimated to average 9.7 hours per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing, reviewing, and submitting the form. You may send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, U.S. Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472. 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. **Please do not send your completed form to the above address.**

### INSTRUCTIONS

1. Enter FEMA.
2. Enter grant or cooperative agreement identifier.
3. Enter the name of the recipient to receive assistance.
4. Enter the number assigned to the recipient by the Internal Revenue Service. This number should be the same as the the number reported in item 6 of the applicant's Application for Federal Assistance, SF 424.
5. Enter recipient account number or identification number.
6. Enter the beginning and ending dates for the budget period submitted for approval.
7. Mark the appropriate box for budget submission and date of budget revision.
8. Enter Federal rate of sharing percentage.
9. Enter each program acronym and CFDA number in the horizontal columns. Columns are to be used to report by Program.
10. Enter the estimated amounts for:
  - 10a. Personnel costs.
  - 10b. Fringe benefits.
  - 10c. Travel.
  - 10d. Equipment to be purchased. Note: Rented or leased equipment amounts are listed in Other, Item (h).
  - 10e. Expendable supplies.
  - 10f. Contractual costs.
  - 10g. Minor construction or renovation costs.
  - 10h. Rent, reproduction, telephone, rented/leased equipment, janitorial and security services, etc.
  - 10i. Enter the sum of items 10a through 10h.
  - 10j. Enter amount for the indirect charges (applicant must include a copy of the approved indirect cost agreement with the application).
  - 10k. Enter the sum of items 10i and 10j.
  - 10l. Federal Share. Enter the Federal share amount.
  - 10m. Non-Federal Resources. Enter the non-Federal amounts in items 10m through 10p that are being contributed by:
    - The applicant.
    - 10n. The State.
    - 10o. The local government.
    - 10p. Sources other than State or local governments.
  - 10q. Enter the sum of 10i through 10p.
  - 10r. Enter the amount of program income. Report income expected to be generated during the grant period.
  - 10s. Provide the details on type of rate, the rate or rates that are in effect during the funding period, the amount of base the rate is to be applied and the total amount of indirect costs. If additional space is required to provide an explanation, attach a schedule. Note: Each time a FEMA Form 20-20 is submitted, the applicant is to attach the most recent negotiated Indirect Cost Agreement.
11. The individual's signature who has the responsibility for the submission of the budget data.
12. Type or print the authorizing official's name and title.
13. Telephone Number. Type or print the authorizing official's telephone number. Date Report Submitted. Enter the date of submission.

# Appendix C

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## *Public Assistance*

DEPARTMENT OF HOMELAND SECURITY  
 FEDERAL EMERGENCY MANAGEMENT AGENCY  
**REQUEST FOR PUBLIC ASSISTANCE**

**O.M.B. NO. 1660-0017**  
**Expires April 30, 2013**

**PAPERWORK BURDEN DISCLOSURE NOTICE**

Public reporting burden for this form is estimated to average 10 minutes. Burden means the time, effort and financial resources expended by persons to generate, maintain, disclose, or to provide information to us. You may send comments regarding the burden estimate or any aspect of the collection, including 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 (OMB Control Number 1660-0017). You are not required to respond to this collection of information unless it displays a valid OMB number. **NOTE: Do not send your completed questionnaire to this address.**

APPLICANT (Political subdivision or eligible applicant)	DATE SUBMITTED
---	----------------

COUNTY (Location of Damages. If located in multiple counties, please indicate)	DUNS NUMBER
--	-------------

**APPLICANT PHYSICAL LOCATION**

STREET ADDRESS

CITY	COUNTY	STATE	ZIP CODE
------	--------	-------	----------

**MAILING ADDRESS (If different from Physical Location)**

STREET ADDRESS

POST OFFICE BOX	CITY	STATE	ZIP CODE
-----------------	------	-------	----------

**Primary Contact/Applicant's Authorized Agent**

**Alternate Contact**

NAME	NAME
TITLE	TITLE
BUSINESS PHONE	BUSINESS PHONE
FAX NUMBER	FAX NUMBER
HOME PHONE (Optional)	HOME PHONE (Optional)
CELL PHONE	CELL PHONE
E-MAIL ADDRESS	E-MAIL ADDRESS
PAGER & PIN NUMBER	PAGER & PIN NUMBER

Did you participate in the Federal/State Preliminary Damage Assessment (PDA)?  YES  NO

Private Non-Profit Organization?  YES  NO

If yes, which of the facilities identified below best describe your organization? \_\_\_\_\_

Title 44 CFR, part 206.221(e) defines an eligible private non-profit facility as: "... any private non-profit educational, utility, emergency, medical or custodial care facility, including a facility for the aged or disabled, and other facility providing essential governmental type services to the general public, and such facilities on Indian reservations." "Other essential governmental service facility means museums, zoos, community centers, libraries, homeless shelters, senior citizen centers, rehabilitation facilities, shelter workshops and facilities which provide health and safety services of a governmental nature. All such facilities must be open to the general public."

**Private Non-Profit Organizations must attach copies of their Tax Exemption Certificate and Organization Charter or By-Laws. If your organization is a school or educational facility, please attach information on accreditation or certification.**

**OFFICIAL USE ONLY: FEMA - \_\_\_\_\_ -DR- \_\_\_\_\_ - \_\_\_\_\_ FIPS# \_\_\_\_\_ DATE RECEIVED \_\_\_\_\_**

## Appendix D

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### *Payment Management System – Smartlink*

## Smartlink Account Application and Procedures

The Tribe will be required to request a Smartlink account if they have not participated in a disaster declaration as a Grantee. This process will require three documents from the Tribe. Please keep in mind, this process can take up to 30 days to complete.

### Required Documents

#### 1. Tribal Government Letter requesting a Smartlink Account

This letter is addressed to the Regional Administrator (or FCO upon declaration) on Tribal Letterhead and requests the establishment of a Smartlink account. A sample letter is provided in Appendix D.

#### 2. Direct Deposit Sign-up Form (SF-1199A)

This document can be found at [www.gsa.gov](http://www.gsa.gov), [www.dpm.psc.gov](http://www.dpm.psc.gov) or from the Tribe's bank. The form can also be located in Appendix D.

##### Section 1

- Completion of Sections A, B, C, D, E and the Payee Certification Signature are required
- Part F should have Other checked and FEMA – Disaster Finance should be entered
- The Payee must sign and date Section 1 on the left side

##### Section 2

- This section should be completed by the Payee or the Financial Institution
- Government Agency Name:
  - o FEMA – Disaster Finance
- Government Agency Address:
  - o PO Box 9001, Winchester, VA 22604

##### Section 3

- This section is to be filled out by the Tribe's financial institution and must include a signature

#### 3. Contact Information Sheet (SF-1199A)

This form is required by the Division of Payment Management in order to track the current Grantee contacts and should be updated by the Tribe as necessary. This document can be found at [www.gsa.gov](http://www.gsa.gov), [www.dpm.psc.gov](http://www.dpm.psc.gov) or from the Tribe's bank. The form can also be located in Appendix D.



Division of Payment Management
7700 Wisconsin Ave, 10th Floor
Bethesda, Maryland 20814

Division of Payment Management
Payment Management System Access Form

\*\*\*This form must be completed in its entirety in order to be processed\*\*\*

Please fill in, print and fax

Action(s) Requested: (check all that apply)

[ ] Establish New User Access

[ ] Change Existing User Access: Current PMS Username [ ]

[ ] Update Existing User Contact Information: Current PMS Username [ ]

[ ] Deactivate User Access: Current PMS Username if not known, print or type first and last name of person to be deactivated and complete sections 1, 2 and 5 below [ ]

1. Name of Institution/Organization: [ ]

2. Payee Identification Number(s) (PIN) if not known, list EIN: [ ]

Is the action requested for all accounts associated with this PIN(s)? [ ] Yes [ ] No

3. Request to Establish/Change Access or Update Contact Information for:

Name: [ ] Title: [ ]

Mailing Address: [ ]
[ ]
[ ]

E-Mail Address: [ ] Telephone #: [ ]

4. Type of access requested for user. Please select one in each category if applicable.

Payment Requests and Inquiries

- [ ] Payment Requests and Inquiries
[ ] Inquiry Only

Federal Financial Report (FFR)

(B type accounts can only receive FFR View Only)

- [ ] FFR Preparer Only
[ ] FFR Certifier Only
[ ] FFR Preparer and Certifier
[ ] FFR View Only

5. Supervisor's Approval of requested action (recipient organization authorized representative)
If you are the highest ranking person in your organization, please sign your own form.

Supervisor's Signature: [ ]

Supervisor Name (Please Type): [ ]

Supervisor's Title: [ ] Supervisor's Telephone #: [ ]

IF THIS IS A NEW ACCOUNT, PLEASE MAIL THIS FORM ALONG WITH YOUR SF-1199A DIRECT DEPOSIT FORM.

IF YOUR BANKING INFORMATION HAS BEEN ESTABLISHED IN THE PAYMENT MANAGEMENT SYSTEM, YOU MAY FAX THIS FORM TO DIRECTLY TO THE DIVISION OF PAYMENT MANAGMENT AT 301-492-5096.

**Instructions for Completion of the  
DIRECT DEPOSIT SIGN-UP FORM (SF-1199A)**

*(Please Read This Carefully)*

## **OVERVIEW**

### **What is the purpose of this form?**

#### **For Department of Health & Human Services (DHHS) Grant Recipients**

It collects the information necessary for the Payment Management System (PMS) to have Federal funds electronically deposited into the recipient's bank account.

#### **For NON-DHHS Grant Recipients**

Grant Recipients must have established, active accounts in the Payment Management System (PMS) in order to request authorized funds. The accounts are established in PMS once the completed **SF-1199A** and **Payment Management System Access** forms have been received by DPM. It is the responsibility of the Awarding Agency to provide the requisite **Direct Deposit Sign-Up Form (SF-1199A)** and DPM's **Payment Management System Access Form** to the grantee for completion. It is also the Awarding Agency's responsibility to ensure the accuracy of the forms' information prior to forwarding them to DPM for processing.

### **Who must complete this form?**

#### **For Department of Health & Human Services (DHHS) Grant Recipients**

**SF-1199A**: Sections 1 and 2 are to be completed by the recipient. Section 3 is to be completed by the recipient's financial institution.

#### **For NON-DHHS Grant Recipients**

**SF-1199A** - *Section 1* is to be completed by the grant recipient. *Section 2* is to be completed by the Awarding Agency. *Section 3* is to be completed by the recipient's financial institution.

### **Who must disseminate copies of this form?**

#### **For Department of Health & Human Services (DHHS) Grant Recipients**

The recipient's financial institution is responsible for disseminating copies of the three-part form in accordance with the copy designation stamped at the foot of the form. The "Government Agency Copy" will be forwarded to the Division of Payment Management. The "Payee(s) Copy" will be forwarded to the recipient. The "Financial Institution Copy" will be kept by the recipient's financial institution.

#### **For NON-DHHS Grant Recipients**

The Awarding Agency should retain *copies* of the SF-1199A and Contact Information forms. The financial institution will retain its copy of the SF-1199A. Both originals must be mailed to the Awarding Agency.



**What if some of the information changes (banking or contact information)?**

**For Department of Health & Human Services (DHHS) Grant Recipients**

The recipient must obtain and complete a new SF-1199A. Blank forms are available on the DPM website at <http://www.dpm.psc.gov> and should be available at the recipient's financial institution as well. Once all sections are completed, please include a cover memo stating that the accompanying SF-1199A form is being submitted to change account information in the Payment Management System. **The memo should list all the Payee Account Numbers (PANS) that are affected.**

**Send to: Division of Payment Management**

**Regular Mail Only – Post Office Box 6021, Rockville, MD 20852**

**Express Mail Only – 7700 Wisconsin Ave - Suite 10104, Bethesda, MD 20814**

**For NON-DHHS Grant Recipients**

The recipient must obtain and complete a new SF-1199A. Blank forms are available on the DPM website at <http://www.dpm.psc.gov> and should be available at the recipient's financial institution as well. Once all sections are completed, please include a cover memo stating that the accompanying SF-1199A form is being submitted to change account information in the Payment Management System. **The memo should list all the Payee Account Numbers (PANS) that are affected. All information should be forwarded to your Awarding Agency.**

**Who must complete the DPM Payment Management System Access Form?**

The form must be completed and accompany the SF-1199A for “each” individual who wants to gain access to the Payment Management System. The form should accompany the SF-1199A. Forms should also be submitted for personnel changes and/or account access deactivations.

**ADDITIONAL INFORMATION**

- The back of the SF-1199A must be read carefully before signatures are made.
- All information is to be typed or printed in ink on the SF-1199A.
- All signatures must be original and in ink.
- Alterations such as erasures, correction fluid and strike-outs are unacceptable and will invalidate the form.
- All data elements on the SF-1199A must be completed unless a blank is indicated.
- The SF-1199A can not be faxed
- Payment Management Access Form must have signature in order to be valid

**Section 1 (To be Completed by Payee)**

- A. **TYPE OR PRINT YOUR ORGANIZATION'S NAME, ADDRESS AND TELEPHONE NUMBER.** Do not enter an individual's name in this block. Forms containing white out or any alterations to the payee name are unacceptable.
- B. **TYPE OR PRINT YOUR ORGANIZATION'S NAME.**
- C. **Claim or Payroll ID Number:** The form cannot be processed without this information. **This is your organization's 12-digit Central Registry (CRS)/Entity Identification Number (EIN) or your organization's 9-digit Tax Identification Number (TIN).** For DHHS Grant Recipients, this number is also found on your Notice of Grant Award (NGA) issued by the DHHS awarding agency.
- D. Check type of Bank account "**Checking**" or "**Savings**".
- E. **TYPE THE ACCOUNT NUMBER** at your Financial Institution to which the funds will be "Direct Deposited". Do not use white out or make any alterations to the account number.
- F. Check the box "**Other**" and type the name of the awarding Federal agency.
- G. Leave blank.

Payee Account Holder's Certification: The individual(s) having signature authority for the bank account should sign and date.

**Other Required Information:** At The Top Right Hand Corner, Please Type "Duns" Followed By Your Organizations Duns Number (Dun And Bradstreet Number)

**Section 2 (To be Completed By Payee)**

For DHHS Grant Recipients: Type or print "DHHS / DPM - 'PAN' " where PAN is YOUR Payee Account Number & the address "Post Office Box 6021, Rockville, Maryland 20852"

For Non-DHHS Grant Recipients: Awarding Agency Information

**Section 3 (To be completed by your Financial Institution)**

The bank's representative must sign the form and provide a telephone number for contact purposes. The depositor account title must be filled in and should match the payee name in most cases. Maintain the payee(s) copy for your records. Note: If "ALL" portions of this section are not completed, this will cause a delay in your organization being established in PMS.

## DIRECT DEPOSIT SIGN-UP FORM

### DIRECTIONS

- To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.
- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

### SECTION 1 (TO BE COMPLETED BY PAYEE)

<b>A</b> NAME OF PAYEE (last, first, middle initial)		<b>D</b> TYPE OF DEPOSITOR ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	
ADDRESS (street, route, P.O. Box, APO/FPO)		<b>E</b> DEPOSITOR ACCOUNT NUMBER	
CITY	STATE	ZIP CODE	<input type="text"/>
TELEPHONE NUMBER AREA CODE		<b>F</b> TYPE OF PAYMENT (Check only one)	
<b>B</b> NAME OF PERSON(S) ENTITLED TO PAYMENT		<input type="checkbox"/> Social Security <input type="checkbox"/> Fed. Salary/Mil. Civilian Pay <input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> Mil. Active _____ <input type="checkbox"/> Railroad Retirement <input type="checkbox"/> Mil. Retire. _____ <input type="checkbox"/> Civil Service Retirement (OPM) <input type="checkbox"/> Mil. Survivor _____ <input type="checkbox"/> VA Compensation or Pension <input type="checkbox"/> Other _____ <span style="float: right;">(specify)</span>	
<b>C</b> CLAIM OR PAYROLL ID NUMBER		<b>G</b> THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (if applicable)	
Prefix	Suffix	TYPE	AMOUNT
<b>PAYEE/JOINT PAYEE CERTIFICATION</b>		<b>JOINT ACCOUNT HOLDERS' CERTIFICATION (optional)</b>	
I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.		I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.	
SIGNATURE	DATE	SIGNATURE	DATE
SIGNATURE	DATE	SIGNATURE	DATE

### SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

GOVERNMENT AGENCY NAME	GOVERNMENT AGENCY ADDRESS
------------------------	---------------------------

### SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

NAME AND ADDRESS OF FINANCIAL INSTITUTION		ROUTING NUMBER		CHECK DIGIT
		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/>
		DEPOSITOR ACCOUNT TITLE		
<b>FINANCIAL INSTITUTION CERTIFICATION</b>				
I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.				
PRINT OR TYPE REPRESENTATIVE'S NAME	SIGNATURE OF REPRESENTATIVE	TELEPHONE NUMBER	DATE	

Financial institutions should refer to the GREEN BOOK for further instructions.  
**THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.**

## DIRECT DEPOSIT SIGN-UP FORM

### DIRECTIONS

- To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.
- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

### SECTION 1 (TO BE COMPLETED BY PAYEE)

<b>A</b> NAME OF PAYEE (last, first, middle initial)			<b>D</b> TYPE OF DEPOSITOR ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS																						
ADDRESS (street, route, P.O. Box, APO/FPO)			<b>E</b> DEPOSITOR ACCOUNT NUMBER																						
CITY	STATE	ZIP CODE	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td> </tr> </table>																						
TELEPHONE NUMBER AREA CODE			<b>F</b> TYPE OF PAYMENT (Check only one)																						
<b>B</b> NAME OF PERSON(S) ENTITLED TO PAYMENT			<input type="checkbox"/> Social Security	<input type="checkbox"/> Fed. Salary/Mil. Civilian Pay	<input type="checkbox"/> Mil. Active _____																				
<b>C</b> CLAIM OR PAYROLL ID NUMBER			<input type="checkbox"/> Supplemental Security Income	<input type="checkbox"/> Mil. Retire. _____	<input type="checkbox"/> Mil. Survivor _____																				
Prefix	Suffix	<input type="checkbox"/> Railroad Retirement	<input type="checkbox"/> Civil Service Retirement (OPM)	<input type="checkbox"/> VA Compensation or Pension	<input type="checkbox"/> Other _____ <small>(specify)</small>																				
<b>PAYEE/JOINT PAYEE CERTIFICATION</b> I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.			<b>G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (if applicable)</b>																						
SIGNATURE			DATE	<table border="1" style="width: 100%;"> <tr> <th style="width: 50%;">TYPE</th> <th style="width: 50%;">AMOUNT</th> </tr> <tr> <td style="height: 20px;"> </td> <td style="height: 20px;"> </td> </tr> </table>		TYPE	AMOUNT																		
TYPE	AMOUNT																								
SIGNATURE			DATE	<b>JOINT ACCOUNT HOLDERS' CERTIFICATION (optional)</b> I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.																					
SIGNATURE			DATE	SIGNATURE																					
SIGNATURE			DATE	DATE																					

### SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

GOVERNMENT AGENCY NAME	GOVERNMENT AGENCY ADDRESS

### SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

NAME AND ADDRESS OF FINANCIAL INSTITUTION		ROUTING NUMBER			CHECK DIGIT
ADDRESS		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CITY		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
STATE		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ZIP CODE		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
DEPOSITOR ACCOUNT TITLE		DEPOSITOR ACCOUNT TITLE			
<b>FINANCIAL INSTITUTION CERTIFICATION</b> I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.					
PRINT OR TYPE REPRESENTATIVE'S NAME		SIGNATURE OF REPRESENTATIVE		TELEPHONE NUMBER	DATE
NAME		SIGNATURE		NUMBER	DATE

Financial institutions should refer to the GREEN BOOK for further instructions.

**THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.**

## DIRECT DEPOSIT SIGN-UP FORM

### DIRECTIONS

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### SECTION 1 (TO BE COMPLETED BY PAYEE)

<b>A</b> NAME OF PAYEE (last, first, middle initial)  ADDRESS (street, route, P.O. Box, APO/FPO)  CITY                                  STATE                                  ZIP CODE  TELEPHONE NUMBER AREA CODE		<b>D</b> TYPE OF DEPOSITOR ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS  <b>E</b> DEPOSITOR ACCOUNT NUMBER <div style="border: 1px solid black; width: 100%; height: 20px; display: flex; justify-content: space-around;"> <span style="font-size: 10px;"> </span> </div>					
<b>B</b> NAME OF PERSON(S) ENTITLED TO PAYMENT		<b>F</b> TYPE OF PAYMENT (Check only one) <input type="checkbox"/> Social Security <input type="checkbox"/> Fed. Salary/Mil. Civilian Pay <input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> Mil. Active _____ <input type="checkbox"/> Railroad Retirement <input type="checkbox"/> Mil. Retire. _____ <input type="checkbox"/> Civil Service Retirement (OPM) <input type="checkbox"/> Mil. Survivor _____ <input type="checkbox"/> VA Compensation or Pension <input type="checkbox"/> Other _____ <div style="text-align: right; font-size: 8px;">(specify)</div>					
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TYPE	AMOUNT						
<b>PAYEE/JOINT PAYEE CERTIFICATION</b>  I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.		<b>JOINT ACCOUNT HOLDERS' CERTIFICATION (optional)</b>  I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.					
SIGNATURE	DATE	SIGNATURE	DATE				
SIGNATURE	DATE	SIGNATURE	DATE				

### SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

GOVERNMENT AGENCY NAME	GOVERNMENT AGENCY ADDRESS
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### SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

NAME AND ADDRESS OF FINANCIAL INSTITUTION		ROUTING NUMBER <div style="border: 1px solid black; width: 100%; height: 25px; display: flex; justify-content: space-around;"> <span style="font-size: 10px;"> </span> </div>	
		CHECK DIGIT <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	
DEPOSITOR ACCOUNT TITLE			
<b>FINANCIAL INSTITUTION CERTIFICATION</b>  I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.			
PRINT OR TYPE REPRESENTATIVE'S NAME	SIGNATURE OF REPRESENTATIVE	TELEPHONE NUMBER	DATE

Financial institutions should refer to the GREEN BOOK for further instructions.  
**THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.**

**BURDEN ESTIMATE STATEMENT**

The estimated average burden associated with this collection of information is 10 minutes per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Financial Management Service, Facilities Management Division, Property & Supply Section, Room B-101, 3700 East-West Highway, Hyattsville, MD 20782 or the Office of Management and Budget, Paperwork Reduction Project (1510-0007), Washington, D.C. 20503.

**PLEASE READ THIS CAREFULLY**

All information on this form, including the individual claim number, is required under 31 USC 3322, 31 CFR 209 and/or 210. The information is confidential and is needed to prove entitlement to payments. The information will be used to process payment data from the Federal agency to the financial institution and/or its agent. Failure to provide the requested information may affect the processing of this form and may delay or prevent the receipt of payments through the Direct Deposit/Electronic Funds Transfer Program.

**INFORMATION FOUND ON CHECKS**

Most of the information needed to complete boxes A, C, and F in Section 1 is printed on your government check:

- (A) Be sure that payee's name is written exactly as it appears on the check. Be sure current address is shown.
- (C) Claim numbers and suffixes are printed here on checks beneath the date for the type of payment shown here. Check the Green Book for the location of prefixes and suffixes for other types of payments.
- (F) Type of payment is printed to the left of the amount.

The diagram shows a check from the United States Treasury, Austin, Texas. The date is 08/31/84. The check number is 0000 415785. The amount is \$100.00. Callout A points to the payee name field, callout C points to the claim number field, and callout F points to the type of payment field. The check is marked 'NOT NEGOTIABLE' and has the MICR line '⑈00000518⑈ 041571926⑈'.

**SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS**

Joint account holders should immediately advise both the Government agency and the financial institution of the death of a beneficiary. Funds deposited after the date of death or ineligibility, except for salary payments, are to be returned to the Government agency. The Government agency will then make a determination regarding survivor rights, calculate survivor benefit payments, if any, and begin payments.

**CANCELLATION**

The agreement represented by this authorization remains in effect until cancelled by the recipient by notice to the Federal agency or by the death or legal incapacity of the recipient. Upon cancellation by the recipient, the recipient should notify the receiving financial institution that he/she is doing so.

The agreement represented by this authorization may be cancelled by the financial institution by providing the recipient a written notice 30 days in advance of the cancellation date. The recipient must immediately advise the Federal agency if the authorization is cancelled by the financial institution. The financial institution cannot cancel the authorization by advice to the Government agency.

**CHANGING RECEIVING FINANCIAL INSTITUTIONS**

The payee's Direct Deposit will continue to be received by the selected financial institution until the Government agency is notified by the payee that the payee wishes to change the financial institution receiving the Direct Deposit. To effect this change, the payee will complete a new SF 1199A at the newly selected financial institution. It is recommended that the payee maintain accounts at both financial institutions until the transition is complete, i.e. after the new financial institution receives the payee's Direct Deposit payment.

**FALSE STATEMENTS OR FRAUDULENT CLAIMS**

Federal law provides a fine of not more than \$10,000 or imprisonment for not more than five (5) years or both for presenting a false statement or making a fraudulent claim.

## Appendix E

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*DUNS Number*

## **Obtaining a DUNS Number**

### **A Guide for Federal Grant and Cooperative Agreement Applicants**

The Federal government requires that all applicants for Federal grants and cooperative agreements with the exception of individuals other than sole proprietors, have a DUNS number. (See policy at: [http://www.omb.gov/grants/grants\\_docs](http://www.omb.gov/grants/grants_docs)). The Federal government will use the DUNS number to better identify related organizations that are receiving funding under grants and cooperative agreements, and to provide consistent name and address data for electronic grant application systems.

#### **Data Universal Number System (DUNS) Number**

- The Data Universal Numbering System (DUNS) number is a unique nine-digit identification number provided by Dun & Bradstreet (D&B).
- The DUNS Number is site-specific. Therefore, each distinct physical location of an entity (such as branches, divisions, and headquarters) may be assigned a DUNS number. Organizations should try and keep DUNS numbers to a minimum. In many instances, a central DUNS number with a DUNS number for each major division/department/agency that applies for a grant may be sufficient.
- In order to provide on-the-spot DUNS number assignment, the requestor should do this by telephone. (See telephone number below.)

#### **Obtaining a DUNS Number**

- You should verify that you have a DUNS number or take the steps needed to obtain one as soon as possible, if there is a possibility you will be applying for future Federal grants or cooperative agreements. There is no need to wait until you are submitting a particular application.
- *If you already have a DUNS number.* If you, as the entity applying for a Federal grant or cooperative agreement, previously obtained a DUNS number in connection with the Federal acquisition process or requested or had one assigned to you for another purpose, you should use that number on all of your applications. It is not necessary to request another DUNS number from D&B. You may request D&B to supply a family-tree report of the DUNS numbers associated with your organization. Organizations should work with D&B to ensure the right information is on the report. Organizations should not establish new numbers, but use existing numbers and update/validate the information associated with the number.
- *If you are not sure if you have a DUNS number.* Call D&B using the toll-free number, **1-866-705-5711** and indicate that you are a Federal grant applicant/prospective applicant. D&B will tell you if you already have a number. If you do not have a DUNS number, D&B will ask you to provide the information listed below and will immediately assign you a number, free of charge.
- *If you know you do not have a DUNS number.* Call D&B using the toll-free number, **1-866-705-5711** and indicate that you are a Federal grant applicant/prospective applicant. D&B will ask you to provide the information listed below and will immediately assign you a number, free of charge.



### Managing Your DUNS Number

- D&B periodically contacts organizations with DUNS numbers to verify that their information is current. Organizations with multiple DUNS numbers may request a free family tree listing from D&B to help determine what branches/divisions have numbers and whether the information is current. Please call the dedicated toll-free DUNS Number request line at **1-866-705-5711** to request your family tree.
- D&B recommends that organizations with multiple DUNS numbers have a single point of contact for controlling DUNS number requests to ensure that the appropriate branches/divisions have DUNS numbers for Federal purposes.
- As a result of obtaining a DUNS number you have the option to be included on D&B's marketing list that is sold to other companies. If you do not want your name/organization included on this marketing list, request to be de-listed from D&B's marketing file when you are speaking with a D&B representative during your DUNS number telephone application.

Obtaining a DUNS number is absolutely **Free** for all entities doing business with the Federal government. This includes grant and cooperative agreement applicants/prospective applicants and Federal contractors. Be certain that you identify yourself as a Federal grant applicant/prospective applicant.

### To Obtain Your DUNS Number

- Please call the dedicated toll-free DUNS Number request line for Federal grant and cooperative agreement applicants or prospective grant applicants at:

**1-866-705-5711**

The number is staffed from 8 a.m. to 6 p.m. (local time of the caller when calling from within the continental United States) Calls placed to the above number outside of those hours will receive a recorded messages requesting the caller to call back between the operating hours.

- The process to request number takes about 5-10 minutes.
- A DUNS number will be assigned at the conclusion of the call.
- You will need to provide the following information:
  - Legal Name
  - Headquarters name and address for your organization
  - Doing business as (DBA) or other name by which your organization is commonly known or recognized
  - Physical Address, City, State and Zip Code
  - Mailing Address(is separate from Headquarters and/or physical address)
  - Telephone Number
  - Contact Name and Title
  - Number of Employees at your physical location