

PUBLIC ASSISTANCE APPLICANT ELIGIBILITY CHECKLIST

Applicant

The following is required for all applicants.

- Request for Public Assistance (RPA)
- Applicant/State Agreement
- Direct Deposit Form / State Inter-Agency Transfer Form
- W-9 Form
- Federal Tax ID # _____
- DUNS # _____

The following is additional information required for all Private Non-Profit (PNP) Organizations.

- Critical Non-Critical
If Non-Critical, are you open the General Public? Yes No
- Do you provide an essential government service? Yes No
- Effective Ruling Letter from the IRS granting Tax Exemption under section 501 (c), (d), or (e)
- State Certification as a PNP and STATE TAX ID# _____
- Provide a copy of BY-LAWS and/or CHARTERS
- PNP FACILITY QUESTIONNAIRE

ALL DOCUMENTS ARE REQUIRED TO DETERMINE ELIGIBILITY

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	<input type="text"/>

APPLICANT PHYSICAL LOCATION

STREET ADDRESS

CITY	COUNTY	STATE	ZIP CODE
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MAILING ADDRESS (If different from Physical Location)

STREET ADDRESS

POST OFFICE BOX	CITY	STATE	ZIP CODE
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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 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

STATE OF ARKANSAS
DEPARTMENT OF EMERGENCY MANAGEMENT

Public Assistance Program
Applicant – State Agreement

FEMA 4124 - DR - ARKANSAS

1. The Applicant shall comply with all uniform grant administration requirements required by State and Federal statutes, rules and regulations, including but not limited to, the Robert T. Stafford Disaster Relief and Emergency Assistance Act, Public Law 93-288, as amended, Title 44 of the Code of Federal Regulations, applicable OMB circulars, and policy guidance issued by the Federal Emergency Management Agency (FEMA).
2. The Applicant shall comply with all applicable codes and standards in the completion of eligible work to repair or replace damaged public facilities. **Any change to the approved scope of work on a Project Worksheet (PW) must be reported and approved before work begins.** Failure to report changes may jeopardize Federal funding. Contact the ADEM Recovery Branch at (501) 683-6700 prior to starting work.
3. PWs will not be funded until all regulatory and statutory requirements have been met. I.E. Permits with State Historical Preservation Officer (SHPO), Army Corps of Engineers, and Arkansas Department of Environmental Quality (ADEQ), etc. All permit information can be found in the “green book”: Public Assistance and Hazard Mitigation Grant Program.
4. Additional damages reported after 60 days of the Kick Off meeting will not be considered for reimbursement.
5. The Applicant shall comply with the provisions of 42 U.S.C. §5155 (Section 312 of the Stafford Act) which prohibits duplication of benefits. Applicant shall notify State immediately if any other source of funds is available to offset disaster assistance provided pursuant to this Agreement. Applicant agrees that eligible costs under this Agreement will be reduced by duplicate benefits received from any other source.
6. All contracts must meet minimum procurement procedures as identified by City, County, and State standards. The Applicant shall comply with all applicable provisions of Federal and State statutes, rules and regulations regarding the procurement of goods and services and regarding contracts for the repair and restoration of public facilities.
7. The Applicant shall not enter into any contract with an entity that is debarred or suspended from participation if Federal Assistance. The State and/or FEMA will not be under any obligation to reimburse Applicant for payments made to a debarred or suspended contractor.
8. If the Applicant pays contractors, subcontractors or consultants with funds provided through this Agreement, the Applicant shall include language in all contracts that binds

the contractor, subcontractor or consultant to the terms and conditions of this Agreement with the State. Contractual arrangements with contractors, subcontractors or consultants shall in no way relieve the Applicant of its responsibilities to ensure that all funds and documentation provided through this Agreement are administered in accordance with all State and Federal requirements and are available for audit.

9. All work must be done prior to the approved project completion deadline assigned to each PW. Should additional time be required to complete the approved work, a time extension request must be submitted prior to the existing completion date which a.) Identifies the PW(s) requiring an extension, b.) Explains the reason for needing an extension, c.) Indicates the percentage of work that has been completed and d.) Provides an anticipated completion date. The reason for needing an extension must be based on extenuating circumstances or unusual project requirements that are beyond the control of your jurisdiction/organizations. **Failure to submit a time extension request may jeopardize federal funding.**
10. Applicants with large project worksheets (PWs) must complete a signed large project reimbursement form when documentation is submitted for reimbursement. All costs associated with approved work (as defined in the scope of work) must be listed on the form. All costs listed on the form must be supported by individual summaries and other required documentation. Sample included in Applicant Briefing packet.
11. If any PW required the purchase of insurance as a condition of receiving federal funds, a copy of the current policy must be included with documentation submitted for reimbursement.
12. A quarterly report for all large projects not 100% complete is required by FEMA and ADEM. You will be notified as to the first required quarterly report. Form included in packet. **Failure to submit a quarterly report may jeopardize federal funding and may delay or prevent the approval of time extensions.**
13. In order to be considered for supplemental funding for a net cost overrun on all small projects, an appeal must be submitted to ADEM within 60 days of completing the last small PW. You must maintain records for each project cost. **All small projects will be audited for actual cost.**
14. Appeals may be filed on any determination made by FEMA or the State. All appeals must be submitted to this office within 60 days from receiving written notice of the action you wish to appeal. Should you wish to appeal a determination contained in a PW, the 60 days will start the day the PW is signed.
15. The Grant Closeout Request (state share) form must be sent to ADEM once all the approved work has been completed. Please note that the state cost share will not be sent until all projects are 100% complete and inspected and all Federal funds have been paid. Effective January 1, 2011, cost share for state agencies will be 25%, Private Non-Profits 6.25%, and all other applicants 12.5%. The average minimum time for state share payment is 60-90 days from the date of final inspection.

16. State shares will not be paid until all financial obligations, repayment of funds, and disaster settlements have been fulfilled
17. Complete records and cost documents for all approved work must be maintained for at least three years from closeout of the disaster. During this time, all approved PW's are subject to State and Federal audit/review.
18. Applicants expending \$500,000 or more in total Federal financial assistance in a fiscal year will be required to have an audit made in accordance with the Single Audit Act Amendments of 1996-OMB A133. A copy of the Single Audit must be submitted to your State agency or this office within applicable reporting time frames. Consult with your financial officer regarding this requirement.

Please certify by signing below that the above requirements will be complied with and are understood. Failure to comply with this agreement may jeopardize all State and Federal funds.

ORGANIZATION

AUTHORIZED APPLICANT AGENT (PRINT)	TITLE
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AUTHORIZED APPLICANT AGENT (SIGNATURE)	DATE
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ADEM PUBLIC ASSISTANCE OFFICER (PRINT)	TITLE
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ADEM PUBLIC ASSISTANCE OFFICER (SIGNATURE)	DATE
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DESIGNATION OF APPLICANT'S AGENT

PUBLIC ASSISTANCE

State Emergency Management

Organization Name (hereafter named Organization)

Primary Agent	Secondary Agent
Agent's Name	Agent's Name
Organization	Organization
Official Position	Official Position
Mailing Address	Mailing Address
City ,State, Zip	City ,State, Zip
Daytime Telephone	Daytime Telephone
Facsimile Number	Facsimile Number
Pager or Cellular Number	Pager or Cellular Number

The above Primary and Secondary Agents are hereby authorized to execute and file Application for Public Assistance on behalf of the Organization for the purpose of obtaining certain state and federal financial assistance under the Robert T. Stafford Disaster Relief & Emergency Assistance Act, (Public Law 93-288 as amended) or otherwise available. This agent is authorized to represent and act for the Organization in all dealings with the State of Arkansas for all matters pertaining to such disaster assistance required by the agreements and assurances printed on the reverse side hereof.

Chief Financial Officer	Certifying Official
Name	Official's Name
Organization	Organization
Official Position	Official Position
Mailing Address	Mailing Address
City ,State, Zip	City ,State, Zip
Daytime Telephone	Daytime Telephone
Facsimile Number	Facsimile Number
Pager or Cellular Number	Pager or Cellular Number

Applicant's State Cognizant Agency for Single Audit purposes (If a Cognizant Agency is not assigned, please indicate):

Applicant's Fiscal Year (FY) Start

Month:

Day:

Applicant's Federal Employer's Identification Number

-

Applicant's State Payee Identification Number

-

-

Certifying Official's Signature



ARKANSAS DEPARTMENT OF EMERGENCY MANAGEMENT

DIRECT DEPOSIT FORM

AUTHORIZATION AGREEMENT

I hereby authorize the **Arkansas Department of Emergency Management** to initiate automatic deposits to my account at the financial institution named below.

Further, I agree not to hold the **Arkansas Department of Emergency Management** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until the **Arkansas Department of Emergency Management** receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form.

APPLICANT (SUB-GRANTEE) INFORMATION

Name of Sub-Grantee (Organization)

Authorized Representative (CEO, Mayor, Judge, Etc.)	Financial Point of Contact (Clerk, CFO, Treasurer, Ect.)
Job Title	Job Title
Address	Address
City State Zip	City State Zip
Phone Fax	Phone Fax
Email	Email

FINANCIAL INSTITUTION ACCOUNT INFORMATION

PLEASE ATTACH A VOIDED CHECK OR DEPOSIT SLIP AND RETURN THIS FORM TO THE ADDRESS BELOW.

Name of Financial Institute or Bank Name

Routing Number

Account Number

Checking

Savings

SIGNATURE

Authorized Signature (Sub-Grantee)

Date

Authorized Signature (Financial POC)

Date

Please return original copies to:

Arkansas Department of Emergency Management
Attn: Disaster Management Division
Building #9501 Camp J T Robinson
North Little Rock, AR 72199



ARKANSAS DEPARTMENT OF EMERGENCY MANAGEMENT STATE INTER-AGENCY TRANSFER FORM

AUTHORIZATION AGREEMENT

I hereby authorize the **Arkansas Department of Emergency Management** to initiate automatic fund transfers to the account information indentified below.

Further, I agree not to hold the **Arkansas Department of Emergency Management** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or state agency or due to an error on the part of the state agency in transferring funds to the following account information.

This agreement will remain in effect until the **Arkansas Department of Emergency Management** receives a written notice of cancellation from me or my agency, or until I submit a new state agency transfer form.

APPLICANT (SUB-GRANTEE) INFORMATION

Name of Sub-Grantee (State Agency)

<hr/> Authorized Representative	<hr/> Financial Point of Contact
<hr/> Job Title	<hr/> Job Title
<hr/> Address	<hr/> Address
<hr/> City State Zip	<hr/> City State Zip
<hr/> Phone Fax	<hr/> Phone Fax
<hr/> Email	<hr/> Email

FINANCIAL ACCOUNT TRANSFER INFORMATION

Business Area	Fund Center	Fund	Cost Center	WBS Element
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SIGNATURE

Authorized Signature (Sub-Grantee)	Date
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Authorized Signature (Financial POC)	Date
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Please return original copies to: **Arkansas Department of Emergency Management**
Attn: Disaster Management Division
Building #9501 Camp J T Robinson
North Little Rock, AR 72199

Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number
or
Employer identification number

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

**FEDERAL EMERGENCY MANAGEMENT AGENCY
PNP FACILITY QUESTIONNAIRE**

This questionnaire is to be used by FEMA and state personnel to help determine the eligibility of specific facilities of an approved Private Non-Profit (PNP) organization. Obtain answers to the following questions for each PNP organization. If the organization has more than one facility that incurred damage, complete a separate sheet for each facility.

Name of PNP Organization: _____

Name of the damaged facility and location: _____

What is the primary purpose of the damaged facility? _____

Who may use this facility? _____

What fee, if any, is charged for the use of the facility? _____

Was the facility in use at the time of the disaster? Yes No

Did the facility sustain damage as a direct result of the disaster? Yes No

What type of assistance is being requested? _____

Does the PNP organization own the facility? Yes No

If "Yes," obtain proof of ownership; check here if attached.

If "No," do they lease / rent the facility? Yes No

If "Yes," obtain a copy of the lease or rental agreement for the damaged facility; check here if attached.

Are the repairs of this facility the legal responsibility of the organization? Yes No

Is the facility insured? Yes No

If "Yes," obtain a copy of the insurance policy; check here if attached.

Additional information or comments:

Name of contact person

Phone number

DUNS Numbers

- The Data Universal Numbering System (DUNS) number identifies your organization. It is how the Federal Government tracks grant funds.
- DUNS Numbers are issued by Dunn and Bradstreet INC.
- Organizations are required to have a DUNS number to apply for Federal Grants.
- To get a DUNS Number call 1-866-705-5711.
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Required Information for DUNS

- Name of organization
- Organization address
- Local phone number
- Name of the CEO/Owner
- Legal structure of the organization
(corporation, partnership, proprietorship)
- Year organization started
- Primary line of business
- Total number of employees (full and part time)