PUBLIC ASSISTANCE
APPLICANT ELIGIBILITY CHECKLIST

Applicant

<u>The following is required for all applicants.</u>

- ☐ 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 QUESTIONAIRE

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

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 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 _____

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 TRANFER 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)

Authorized Representative	**Financial Point of Contact**
Job Title	**Job Title**
Address	**Address**
City **State** **Zip**	**City** **State** **Zip**
Phone **Fax**	**Phone** **Fax**
Email	**Email**

FINANCIAL ACCOUNT TRANSFER INFORMATION

Business Area **Fund Center** **Fund** **Cost Center** **WBS Element**

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

Form **W-9**
(Rev. October 2007)
Department of the Treasury
Internal Revenue Service

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: ☐ Individual/Sole proprietor ☐ Corporation ☐ Partnership
☐ Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶
☐ Other (see instructions) ▶

☐ Exempt payee

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 ▶**

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.
-

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)

STATE OF ARKANSAS
DEPARTMENT OF EMERGENCY MANAGEMENT

Public Assistance Program
Applicant – State Agreement

FEMA 4143 - DR - ARKANSAS

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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. Pursuant to Section 428 of the Stafford Act, FEMA has adopted several alternative procedures for the provision of Public Assistance. Pursuant to Section 428(f), FEMA is carrying out these procedures as a pilot program. The alternative procedures are delineated in the Public Assistance Alternative Procedures (PAAP) for Permanent Work Pilot Guide, dated May 20, 2013, and the PAAP for Debris Removal Pilot Guide, dated June 28, 2013, the terms and conditions which are hereby incorporated into this agreement. Participation in the alternative procedures is at the election of the applicant. Any Federal funds provided under the Stafford Act for Public Assistance will be limited to 75% of total eligible costs in the designated area, with the exception of debris removal projects carried out, at the election of the applicant, pursuant to the Accelerated Debris Removal Increased Federal Cost Share and/or Debris management Plan Alternative procedures as established by the PAAP for Debris Removal Pilot Guide. Projects properly carried out under either procedure will be subject to adjustments in the Federal cost share as established by the Pilot Guide.

4. Payment Procedures for Public Assistance Alternative Procedures for Permanent Work**:** The Grantee is authorized to disburse the total Federal share of the subgrant funds to the Subgrantee after FEMA obligated funds. However, the Grantee may disburse the funds in accordance with their own requirements and procedures used for PA Program funding.
   a. The Grantee will pay 75% of the federal share on projects under $1,000,000 upon obligation of the funds by FEMA. The remaining 25% federal share will be paid when documentation is received and final inspection is made.
   b. The Grantee will pay 50% of the federal share on projects totaling $1,000,000 or more upon obligation of the funds by FEMA. The remaining 50% federal share will be paid when documentation is received and final inspection is made.
   c. Upon obligation of the funds for projects totaling $5,000,000 or more, payments will be made on a case by case basis.
   d. No advances will be allowed on Alternative Procedures projects.
   e. If the Subgrantee accepts a fixed-grant estimate, the Subgrantee cannot apply for additional funding.

f. State Shares will not be paid on any projects until all documentation has been received and final costs have been reconciled and an inspection is complete.

5. 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.

6. Additional damages reported after 60 days of the Kick Off meeting will not be considered for reimbursement.

7. 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.

8. 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.

9. 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.

10. 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.

11. 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.**

12. 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.

13. 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.

14. 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.**

15. 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.

16. 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.

17. 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.
    a. 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.

18. State shares will not be paid until all financial obligations, repayment of funds, and disaster settlements have been fulfilled

19. 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.

20. 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

AUTHORIZED APPLICANT AGENT (SIGNATURE) DATE

ADEM PUBLIC ASSISTANCE OFFICER (PRINT) TITLE

ADEM PUBLIC ASSISTANCE OFFICER (SIGNATURE) DATE

Public Assistance

Public Assistance, oriented to public entities, can fund the repair, restoration, reconstruction, or replacement of a public facility or infrastructure damaged or destroyed by a disaster.

Eligible applicants include the State and any of its political subdivisions and local governments. Certain private non-profit (PNP) organizations also may receive assistance. Eligible PNP's include educational, emergency, medical, rehabilitation, and temporary or permanent custodial care facilities (including those for the aged and disabled), utilities, and other PNP facilities which provide essential services of a governmental nature to the general public.

As soon as practicable after the declaration, the State, assisted by the Federal Emergency Management Agency (FEMA) conducts briefings for the government and PNP officials to inform them of the assistance available and how to apply for it. Intent to apply for assistance must be filed with the State within 30 days after the area is designated eligible for assistance. Following the briefings, every applicant is assigned a FEMA Public Assistance Coordinator (PAC). This designated PAC schedules a meeting with applicant to describe and explain the Public Assistance Program.

The PAC remains the applicant's single point of contact for the duration of the disaster.

Projects fall into the following categories:

- *Category A: Debris Removal*
- *Category B: Emergency Protective Measures*
- *Category C: Road Systems & Bridges*
- *Category D: Water Controls Facilities*
- *Category E: Public Buildings & Contents*
- *Category F: Public Utilities*
- *Category G: Parks, recreational, and other*

Projects falling below a certain threshold are considered "small." The threshold is adjusted annually for inflation. For Fiscal Year 2013, that threshold is $67,500. For small projects, payment of the Federal share of the estimate is made upon approval of the project. The project must be completed and is subject to audit. For large projects, payment is made on the basis of actual costs determined after the project is completed; although interim payments may be made as necessary.

Applicants have the opportunity to carry out their own recovery process, as they desire, based on their particular abilities and issues. Many choose to prepare their own Project Worksheets (PW) for "small" projects. Others will rely on the FEMA/State teams to assist them in the preparation of their PW. A FEMA/State team in cooperation with the applicant prepares the PW for large projects.

For insurable structures within Special Flood Hazard Areas (SFHA), primarily buildings, assistance from FEMA is reduced by the amount of insurance settlement which has been obtained under a standard National Flood Insurance Program (NIFP) policy. For structures located outside of a SFHA, FEMA will reduce the amount of the eligible assistance by any insurance proceeds.

FEMA reviews and approves the submittals and obligates the Federal share of the costs (which cannot be less than 75 percent) to the State. Once FEMA obligates funds to the State; further management of the assistance, including disbursement to applicants, is the responsibility of the State. FEMA will continue to monitor the recovery progress to ensure the timely delivery of eligible assistance and compliance with laws and regulations.

Public Assistance

TIME LIMITS

Requesting Assistance (RPA)	30 days from designation
Project Information	60 days from designation
FEMA Granting of Funds	45 days after receipt of all information pertinent to the project
Appeal of Decision of Quarterly Reports	60 after notification
Submission of Quarterly Reports	90 days after approval of project is completed

Completion of Work

Debris Clearance	6 months from designation
Emergency Work	6 months from designation
Permanent Work	18 months from designation

A time extension may be requested through the stat e, if extenuating circumstances or unusual project conditions exist.

SPECIAL CONSIDERATION GUIDELINES

Special Considerations is a term used by FEMA to refer to matters that require specialized attention. These include insurance, historic, environmental and hazard mitigation issues.

FEMA and the State are required to ensure that all funding actions are in compliance with current State and Federal laws, regulation, and agency policy.

Ways you can help:

- Identify all facilities located in the 100 year floodplain area.
- Identify all facilities 50 years old or older and/or those that have an important social or cultural significance.
- Identify if a project will require ground disturbance, particularly of previously undisturbed ground.
- Look for and request hazard mitigation opportunities.
- Provide insurance policies to the PAC at the earliest opportunity. Even if you don't think the facility is covered under the policy, if a policy exists, provide a copy to the PAC for review.
- Notify the PAC of all Special Consideration issues as soon as possible. This will ensure the fastest review and funding.
- Maintain all documentation that has to do with any identified Special Consideration issues. Even if they are considered to be of no consequence, keep all related documentation in case any questions arise at a later date.

PUBLIC ASSISTANCE APPEAL PROCEDURE

If there is a disagreement between the local, state and/or federal government representative about project funding, eligibility, time limits, or any other matter regarding a project, an appeal process is available for further review and/or reconsideration of the decision made.

An appeal must be made in writing to ADEM within 60 days of the FEMA or ADEM action in question. If the necessary information to support an appeal is not available within the 60-day appeal timeframe, the applicant must (within the 60 day period) notify ADEM in writing of its intention to appeal and then follow-up with the required support documentation. The appeal must identify the specific line item(s) or the specific matter of concern, and include copies of reference material not otherwise available to ADEM or FEMA.

Upon receipt of an appeal from the applicant, ADEM will review the material submitted, make such additional investigations as necessary, and will forward the appeal with a written recommendation to FEMA within 60 days.

The FEMA Regional Director, upon receipt of the appeal, will review the material submitted and make such additional investigations, as he/she deems appropriate. The Regional Director will notify ADEM in writing of his/her decision to grant or deny the appeal. If the decision is to grant the appeal, the Regional Director will take such additional action as is necessary to implement that decision.

Second Appeal

A second appeal to the FEMA Associate Director may be made if the Regional Director denies the first appeal. This appeal must be submitted in writing to ADEM **no** later than 60 days after the applicant is notified in writing of the Regional Director's denial of the first appeal.

PUBLIC ASSISTANCE PROGRAM CONTACT INFORMATION

JODI LEE
Recovery Branch Manager

CLAY BEWLEY
Public Assistance Officer

KYLE KEY
Public Assistance Officer

recoverybranch@adem.arkansas.gov

Main: (501)683-6700
Fax: (501)683-7892

AR Department of Emergency Management
Attn: Recovery Branch
Bldg 9501, Camp Joseph T. Robinson
North Little Rock, AR 72199

ADDITIONAL INFORMATION & FORMS

http://www.adem.arkansas.gov