

PUBLIC ASSISTANCE APPLICANT ELIGIBILITY CHECKLIST

Applicant Name (please print)

The following is required for all applicants.

- RPA
- Direct Deposit Form (**with voided check**) or State Inter-Agency Transfer Form
- W-9 Form
- Federal Tax ID # _____
- DUNS # (see instruction sheet for information on obtaining) _____
- www.sam.gov info (for ADEM use only) _____

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

OMB Control Number 1660-0017
Expires December 31, 2019

Paperwork Burden Disclosure Notice

Public reporting burden for this data collection is estimated to average 15 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. This collection of information is required to obtain or retain benefits. You are not required to respond to this collection of information unless a valid OMB control number is displayed in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW., Washington, DC 20472, Paperwork Reduction Project (1660-0017) **NOTE: Do not send your completed form to this address.**

Privacy Act Statement

Authority: FEMA is authorized to collect the information requested pursuant to the Robert T. Stafford Disaster Relief and Emergency Assistance Act, §§ 402-403, 406-407, 417, 423, and 427, 42 U.S.C. 5170a-b, 5172-73, 5184, 5189a, 5189e; The American Recovery and Reinvestment Act of 2009, Public Law No. 111-5, § 601; and "Public Assistance Project Administration," 44 C.F.R. §§ 206.202, and 206.209.

APPLICANT (Political subdivision or eligible applicant)	DATE SUBMITTED
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COUNTY (Location of Damages. If located in multiple counties, please indicate)

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 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
FOR PUBLIC ASSISTANCE**

Applicant Name

Primary Contact

Secondary Contact

Name

Name

Official Title

Official Title

Mailing Address

Mailing Address

City ,State, Zip

City ,State, Zip

Daytime Telephone

Daytime Telephone

Fax Number

Fax Number

Cell Number

Cell Number

Chief Financial Officer

Certifying Official (If other than Primary Contact)

Name

Name

Official Title

Official Title

Mailing Address

Mailing Address

City ,State, Zip

City ,State, Zip

Daytime Telephone

Daytime Telephone

Fax Number

Fax Number

Cell Number

Cell Number

Applicant's Fiscal Year Start

Month:

Day:

Data Universal Number System (DUNS)

The above Primary and Secondary Agents are hereby authorized to execute and file Application for Public Assistance on behalf of the Applicant 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. Only these agents are authorized to represent and act for the Applicant in all dealings with the State of Arkansas for all matters pertaining to disaster assistance.

Certifying Official's Signature



ARKANSAS DIVISION OF EMERGENCY MANAGEMENT

STATE INTER-AGENCY TRANSFER FORM

AUTHORIZATION AGREEMENT

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

Further, I agree not to hold the **Arkansas Division 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 Divison 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-RECIPIENT) INFORMATION

Sub-Recipient (State Agency)

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

FINANCIAL ACCOUNT TRANSFER INFORMATION

Business Area	Fund Center	Fund	Cost Center	WBS Element
SIGNATURE				

Authorized Signature (Sub-Recipient) **Date**

Authorized Signature (Financial POC) **Date**

Please return original copies to: **Arkansas Division of Emergency Management**
Attn: Recovery Branch
Building #9501 Camp J T Robinson
North Little Rock, AR 72199



ARKANSAS DIVISION OF EMERGENCY MANAGEMENT

DIRECT DEPOSIT FORM

AUTHORIZATION AGREEMENT

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

Further, I agree not to hold the **Arkansas Division 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 Division 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-RECIPIENT) INFORMATION

Sub-Recipient (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 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-Recipient) Date

Authorized Signature (Financial POC) Date

Please return original copies to: **Arkansas Division of Emergency Management
Attn: Recovery Branch
Building #9501 Camp J T Robinson
North Little Rock, AR 72199**

STATE OF ARKANSAS
DIVISION OF EMERGENCY MANAGEMENT

Public Assistance Program
Applicant – State Agreement

FEMA 4556 - DR ARKANSAS

1. The Sub-Recipient (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, Title 2 of the Code of Federal Regulations, applicable OMB circulars, and policy guidance issued by the Federal Emergency Management Agency (FEMA).
2. The Sub-Recipient shall comply with all applicable codes and standards in the completion of eligible work. **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 FEMA “green sheet, which will be provided to each applicant.
4. Sub-Recipient must complete a Damage Inventory to identify all disaster-related damage/costs. Additional damages reported after 60 days of the Recovery Scoping meeting will not be considered for reimbursement.
5. The Sub-Recipient shall comply with the provisions of 42 U.S.C. §5155 (Section 312 of the Stafford Act) which prohibits duplication of benefits. Sub-Recipient shall notify Recipient (State) immediately if any other source of funds is available to offset disaster assistance provided pursuant to this agreement. Sub-Recipient 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, state and federal standards. The Sub-Recipient shall comply with all applicable provisions of state and federal statutes, rules and regulations regarding the procurement of goods and services and regarding contracts for the repair and restoration of public facilities. Adequate opportunities shall be made to small businesses, minority-owned firms, and women’s business enterprises.

7. The Sub-Recipient shall not enter into any contract with an entity that is debarred or suspended from participation in Federal Assistance. The State and/or FEMA will not be under any obligation to reimburse Sub-Recipient for payments made to a debarred or suspended contractor. Information regarding nationwide debarred and suspended parties may be obtained from System for Award Management (SAM) at www.sam.gov.
8. If the Sub-Recipient pays contractors, subcontractors or consultants with funds provided through this agreement, the Sub-Recipient 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 Sub-Recipient 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 to the Recipient 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. Sub-Recipients must complete the PA Grant Reimbursement Workbook when documentation is submitted for reimbursement. All costs listed on the form must be supported by documentation to verify costs being claimed.
11. Recipient is authorized to disburse the total Federal share of the subgrant funds to the Sub-Recipient after FEMA obligates funds. However, the Recipient may disburse the funds in accordance with their own requirements and procedures used for PA Program funding.
 - a. Federal Funds for large projects will be paid when documentation is received and verified.
12. If any PW requires 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.
13. A quarterly report for all projects not 100% complete is required by FEMA and ADEM. You will be notified as to the first required quarterly report. **Failure to submit a quarterly report may jeopardize federal funding and may delay or prevent the approval of time extensions.**

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. 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. Project Closeout Report: Sub-Recipient shall submit final payment request and all supporting documentation to ADEM for review within 90 days from the work completion date for each large project.
17. Once Sub-Recipient submits final payment request to ADEM, it goes into a queue in the order it was received to be reviewed. Once reviewed, your Area Coordinator will inspect to ensure the Scope of Work was followed. After inspection, the payment process will begin. There is no set timeline for documentation to be reviewed or paid.
18. The Grant Closeout Request form must be sent to ADEM once all approved work has been completed. A final inspection and audit will be performed by ADEM to insure that all work has been completed per program guidelines and scope of work on each project.
19. Sub-Recipient's cost share, also known as "non-Federal share," or "match," is the portion of the costs of a federally assisted project or program not borne by the Federal Government.
 - a. Federal share for this disaster will be 75%. Non-Federal share 25%, and is responsibility of Sub-Recipient.
20. Recipient and Sub-recipient are required to retain complete records of all work funded under the Public Assistance program for three years from the date of the disaster closeout. During this three-year period, all approved Project Worksheets are subject to State and Federal audit/review. The Recipient will notify all Sub-Recipients of the closeout date.
21. Sub-Recipient must attend or view an Applicant Briefing for FEMA 4556-DR Arkansas as presented by the ADEM Recovery Branch.
22. In accordance with the Single Audit Act Amendments of 1996-OMB A133, a non- Federal entity that expends \$750,000 or more in Federal awards during that entity's fiscal year must have a single audit or program-specific audit conducted for that year. A copy of the audit must be submitted to this agency within a year after receipt of federal funds. Consult with your financial officer regarding this requirement. The Catalog of Federal Domestic Assistance number (CFDA #) for a Public Assistance disaster grant is 97.036.

23. All Sub-Recipients are required to utilize FEMA’s grants portal to upload essential information, track the status of projects, etc.

By signing below, you and your organization certify 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 DATE

DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY
PNP FACILITY QUESTIONNAIRE

O.M.B. NO. 1660-0017
Expires December 31, 2011

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 30 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing, reviewing, and submitting the form. You are not required to respond to this collection of information unless it displays a valid OMB control number. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing this burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC, 20472, Paperwork Reduction Project (1660-0017). **Please do not send your completed survey to the above address.**

FEMA and State personnel will use this questionnaire to determine the eligibility of specific facilities of an approved Private Non-Profit (PNP) organization (See 44 CFR 206.221). Owners of critical facilities (i.e., power, water (including providing by an irrigation organization or facility, if it is not provided solely for irrigation purposes), sewer, wastewater treatment, communications and emergency medical care) can apply directly to FEMA for assistance for emergency work (debris removal and emergency protective measures) and permanent work (repair, restore or replace a damaged facility). Owners of non-critical facilities can apply directly to FEMA for assistance for emergency work, but must first apply to the U. S. Small Business Administration (SBA) for assistance for permanent work. If the owner of a non-critical facility does not qualify for an SBA loan or the cost to repair the damaged facility exceeds the SBA loan amount, the owner may apply to FEMA for assistance.

1. Name of PNP Organization _____

2. Name of the damaged facility and location _____

3. What was the primary purpose of the damaged facility _____

4. Is the facility a critical facility as described above? Yes No

5. Who may use the facility _____

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

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

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

9. What type of assistance is being requested? _____

10. Does the PNP organization own the facility? Yes No

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

12. Does the PNP organization have the legal responsibility to repair the facility? Yes No

13. If "Yes", provide proof of legal responsibility; check here if attached. Yes No

14. Is the facility insured? Yes No

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

Additional information or comments:

CONTACT PERSON

DATE

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.

Social security number
or
Employer identification number

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

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,

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)

PUBLIC ASSISTANCE PROGRAM
CONTACT INFORMATION

JODI LEE
Recovery Branch Manager

ANNA POOL
Public Assistance Officer

KIARA BARNETT
Public Assistance Officer

NATHAN MURRAY
Public Assistance Officer

recoverybranch@adem.arkansas.gov

Main: (501)683-6700

Fax: (501)683-7892

AR Division 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>