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INDIVIDUAL AND FAMILY GRANT PROGRAM

100 ADMINISTRATIVE POLICIES AND PROCEDURES

101 GENERAL INFORMATION

This chapter provides policies and procedures used in determining the need for and administration of the Individual and Family Grant (IFG) Program.

Following an emergency declaration by the Governor and a major disaster declaration by the President, state and federal disaster assistance programs are made available to the state and local governments and disaster victims suffering loss or damage in the designated disaster area. Subsequent to approval of a request to the Federal Emergency Management Agency (FEMA), the Governor makes the Individual and Family Grant (IFG) Program available to those disaster victims whose necessary expenses or serious needs cannot be met by governmental programs or from other means. The IFG Program is administered by the state with 75 percent of the grant funds to individuals and families provided by the federal government, and 25 percent of the funds for such grants provided by the state. Five percent of the total federal grant can be used by the state for program administration. The maximum grant to an individual or family in any one major disaster is \$12,900.

102 AUTHORIZATIONS

Public Law 93-288 as amended The Stafford Disaster Relief and Emergency Assistance Act of 1988

Federal Disaster Assistance Administration Regulations 44 CFR 205.54

Nevada Revised Statutes, Chapter 414, as amended

State of Nevada Emergency Operations Plan (SNEOP) Annex F

103 ADMINISTRATION

The Individual and Family Grant (IFG) Program is administered by the Department of Health and Human Services (DHHS), Division of Welfare and Supportive Services (DWSS), and coordinated statewide by the Director of the Department of Health and Human Services (DHHS) in Carson City, Nevada.

- A. The Director of the Department of Health and Human Services, in coordination with the State Coordinating Officer (SCO), is responsible for implementation of the IFG Program.
1. The Director shall:
 - a. Authorize the utilization of department personnel for the IFG Program as interviewers and verifiers;
 - b. Appoint members of the Administrative Panel from the Division of Welfare and Supportive Services, Department of Health and Human Services. The IFG Program Manager is the chairman. If required, the Director shall appoint additional Administrative Panels and appoint the chairmen.
- B. The SCO prepares and distributes to appropriate agencies the IFG Fact Sheet containing pertinent information for the effective administration of the IFG Program.

104 DEFINITIONS

- A. "Administrative Panel" means a group of state employees consisting of three representatives from the Division of Welfare and Supportive Services, Department of Health and Human Services, which determines eligibility for a grant and the grant amount. The Panel Chairman is the IFG Program Manager.
- B. "Appeal Authority" means the Administrator of the Division who is responsible for determining eligibility, grant amounts, appointment of hearing officers and final authority on all appeals.
- C. "Assistance from other means" is assistance which includes monetary or in kind contributions from other governmental programs, insurance voluntary or charitable organizations or from any source other than those of the individual or family.
- D. "Family" means a social unit living together comprised of legally married individuals or couples living together as if they were married and their dependents, if any; or a head of household and dependents.

- E. “Federal Coordinating Officer” (FCO) means the person appointed by the FEMA Administrator to coordinate federal assistance in a major disaster.
- F. “Individual” is a person who is not a member of a family as defined in subparagraph (D) of this section.
- G. “Individual and Family Grant Program Manager” (IFG Program Manager) is the person from the **Division of Welfare and Supportive Services** designated by the Director of the **Department of Health and Human Services** as responsible for the specific actions necessary for effective implementation and administration of the program (also known as the Grant Coordinating Officer [GCO]).
- H. “National Eligibility Criteria” are the standards prescribed by FEMA Regulations which must be applied uniformly by states in determining eligibility for grants.
- I. “Necessary expense” is the cost of an item or service essential to an individual or family to mitigate or overcome an adverse condition caused by a major disaster.
- J. “Regional Director” means the Director of FEMA, Region IX.
- K. “Serious need” is a requirement for an item or service essential to an individual or family to prevent or reduce hardship, injury or loss caused by a major disaster.
- L. “State Coordinating Officer” (SCO) is the Director of the Division of Emergency Management who has been appointed by the Governor to coordinate state and local disaster assistance efforts with those of the federal government.

105 ELIGIBILITY

A. GENERAL

- 1. To qualify for an IFG, an individual or family representative must certify:
 - a. Application has been made to other available governmental programs for assistance to meet a necessary expense or serious need and were determined ineligible for such assistance; or demonstrate the assistance received has not satisfied the total necessary expense or serious need;
 - b. Neither the applicant or any member of the family has previously received or refused assistance from any other source to meet the cost of the necessary expense or serious need;
 - c. The individual or family shall refund to the state that part of the grant for which financial assistance from other sources has been received, or which is not spent.

2. Individuals or families who incurred a necessary expense or serious need in the major disaster area may be eligible for assistance without regard to their residency in the major disaster area or within the state in which the major disaster has been declared.
3. Individuals or families eligible for assistance for the IFG program must obtain flood insurance as required by PL 93-234 (Flood Disaster Protection Act of 1973).
4. IFG applications must be filed within 60 days following the date on which the major disaster was declared, except as noted in this manual section.
5. Farmers, ranchers and persons engaged in agriculture qualified to apply for Farmers Home Administration (FmHA) assistance must submit proof FmHA assistance was denied before they may be considered eligible for an IFG grant. If applicants have been denied a FmHA loan assistance because, in FmHA's determination, they are able to obtain necessary credit from other sources, they are ineligible for grant assistance provided by the FmHA's Emergency Loan Program.

B. ELIGIBLE CATEGORIES

Assistance may be made available to meet necessary expenses or serious needs in the following categories:

1. Medical or Dental
2. Housing

For private owner-occupied primary residences (including mobile homes), grants may be authorized to:

- a. Repair, replace, rebuild.
- b. Provide access.
- c. Clean or make sanitary.
- d. Remove debris from the residence.

Debris removal is limited to the minimum required to remove health hazards or protect against additional damage to the residence.

3. Personal Property

- a. Clothing.
- b. Household items, furnishings or appliances.
- c. Tools, specialized or protective clothing, or equipment essential to or required by an employer as a condition of employment.
- d. Repair, clean or sanitize eligible personal property items.
- e. Moving and storage to prevent or reduce damage.

4. Transportation

- a. Grants may be authorized for transportation by public conveyance provided the requirement for transportation was a direct result of the disaster.
- b. Grants may be authorized to repair, replace or provide private transportation if the loss or requirement for transportation was a direct result of the disaster, and transportation by public conveyance is inadequate or unavailable.

5. Funeral Expenses

Grants for funeral expenses are based on expenditures for burial or cremation and related costs.

6. Flood Insurance

If damage was caused due to flooding, the grant will include a one-year flood insurance premium cost which the grantee must purchase and provide proof of the purchase within thirty days of receipt of the grant; however, the total grant may not exceed \$12,900.

In all cases, disaster victims who have insurance to cover the losses incurred during the disaster for medical, dental or funeral expenses will not have an IFG application accepted during the registration process if they answered yes to question A-16 on the registration form. The victim will be informed to contact a toll-free information number if the insurance settlement does not meet their needs. The following statement will be used to inform the victim of this procedure:

“You have stated you have insurance to cover your medical/dental/funeral expenses. Therefore, an application for a grant from Nevada’s IFG program is not being accepted now. If your insurance settlement does not cover your disaster losses, please contact the agency on the toll-free information number.”

In addition, an IFG application is not taken from disaster victims needing assistance with housing repairs or personal property who answer yes to question B-2 indicating insurance coverage for disaster-related losses. The victim will be informed to contact the toll-free information number if the insurance settlement does not meet their needs. The following statement will be used to inform the victim of this procedure:

“According to the income test we have just taken, it has been determined you would not be able to repay a loan to replace or repair your disaster losses. However, your registration indicates you have insurance to cover these losses. Therefore, an application for a grant from the state’s IFG Program is not being accepted now. If your insurance settlement does not cover your disaster losses, please contact the toll-free information number.”

C. INELIGIBLE CATEGORIES

Assistance is not available for the following items or services:

1. Business losses including farm businesses and self-employment;
2. Improvements or additions to real or personal property, except Floodplain Management Improvement Requirements;
3. Landscaping;
4. Real or personal property used exclusively for recreation;
5. Financial obligations incurred prior to the disaster;
6. Reimbursement for labor and/or service performed by the applicant or persons living at the pre-disaster address;
7. Any necessary expense or serious need (or portion) where assistance was available from other sources but was refused by the individual or family.

D. OTHER CATEGORIES

The state may determine an individual or family has an expense or need not specifically identified as eligible. The state will provide a factual summary to the FEMA Regional Director requesting a determination of eligibility.

106 ORGANIZATION AND PROCEDURES FOR PROCESSING APPLICATIONS

State agencies charged with responsibilities under this plan ensure compliance with Section 44 CFR 205.16, Non-Discrimination in Disaster Assistance, and Section 44 CFR 205.10, Duplication of Benefits, of the FEMA regulations. The agency performs the following functions:

A. NOTIFYING POTENTIAL APPLICANTS

The Director shall publicize the availability of the Individual and Family Grant Program by:

1. Coordinating public information activities with the SCO and other appropriate agencies;
2. Providing news releases to local and state newspapers, radio and television stations;
3. Notifying local governments, private welfare and welfare-related agencies, civic and church groups;
4. Ensuring potential grant applicants are made aware of the closing date for filing applications by providing a minimum of three news releases to all newspapers with coverage in the disaster area;
5. Providing each applicant an Information Sheet (Exhibit 1202.4) containing general program information and specifying required documentation.

B. ESTABLISHING APPLICATION CENTERS

The IFG Program Manager will provide **Division** personnel to staff the Disaster Assistance Centers to accept grant applications. Subsequent to closing the centers, the IFG Program Manager will provide other locations to accept applications. In determining suitable locations, consideration is given to the location of disaster victims and their proximity to local state offices, and the number of disaster victims the office might be required to serve.

C. INTERVIEWING APPLICANTS, RECEIVING GRANT APPLICATIONS

The IFG Program Manager provides **Division** staff to interview applicants, receive applications and maintain case files. Applications are taken for sixty days following a major disaster declaration from any victim desiring grant assistance. The interviewer explains the scope and purpose of the program to each applicant and ensures the applicant clearly identifies the specific needs or expenses for which assistance is requested.

A casefile with all documents pertaining to the request for assistance is maintained for each applicant. Applicants who own no real estate, sustain only personal property damage and meet the employment and income criteria contained in Small Business Administration Regulations, Section 123.11, complete the Certification of Eligibility prior to applying for an IFG. The completed Certification of Eligibility is retained in the applicant's casefile and considered a denied request for loan assistance from the Small Business Administration (SBA).

D. VERIFYING NECESSARY EXPENSES OR SERIOUS NEEDS

The IFG Program Manager is responsible for **verifying** necessary expenses for which grant assistance has been requested. The **Division** provides the IFG Program Manager with verifiers to work under his/her supervision. The verifier is responsible for completing thorough checks on other sources of assistance (e.g., SBA, FmHA, VA, Red Cross, insurance, etc.). Field trips, including home visits, are made to verify serious needs or necessary expenses for which an IFG has been requested. The verifier categorizes the serious needs and necessary expenses into eligible categories, and attaches the necessary documentation to the verification form. The verification form is attached to the application and becomes a part of the casefile.

In those cases where verification is unavailable, the verifier so states this fact on the form. When verification is complete, the casefile is sent to the Administrative Panel.

E. DETERMINING ELIGIBILITY

The Administrative Panel reviews each application to determine eligibility and grant amount. All determinations are made in accordance with eligibility criteria and the Guidance and Checklist for Determining Individual and Family Grant Eligibility Categories Form (Exhibit C).

The determination of eligibility and monetary award authorized by the panel shall be documented in the Grant Award, a copy of which is a permanent part of the casefile. The complete casefile is returned to the **Division** for further processing.

F. NOTIFYING APPLICANTS OF GRANT APPROVAL/DISAPPROVAL

The IFG Program Manager notifies every applicant, in writing, of the eligibility determination made on their application. For approvals, the notice states the application has been approved, the grant amount, and the purpose for which the grant has been made. For denied applications, the notice states the application is denied and reasons for the denial. In all cases, the notice informs the applicant of the right to appeal the decision to the Hearing Officer, **Division of Welfare and Supportive Services, 1040 College Parkway, Carson City, Nevada 89706-7924**. Appeals must be made within 20 calendar days of the date of notice.

G. APPEAL PROCEDURES

The **Division** Hearing Officer considers each appeal within 20 calendar days of receipt. All decisions made by the Hearing Officer are final. Each applicant is notified in writing of the appeal results.

H. DISBURSEMENT PROCEDURES

The IFG Program Manager coordinates with the State Controller's Office to ensure all grants are disbursed within 5 days of approval by the Administrative Panel, the Hearing Officer, or the **Division**.

I. VERIFICATION OF GRANT EXPENDITURES

A representative sampling of not less than 5 percent of disbursed grants is selected by the IFG Program Manager for review. The purpose of the review is to verify grant funds were used to meet the necessary expenses/serious needs for which the grant was made. Cases in which grant funds have NOT been used appropriately are referred to the State Attorney General for collection/possible prosecution.

J. REPORTS

The directors of all designated agencies provide the State Coordinating Officer with such reports as he may require.

K. AUDITING

The IFG Program Manager ensures a state audit of all disbursements, including those for administrative expenses, is performed by the **Division**. He/She also ensures necessary program and fiscal audits required by the Audit Division, State Legislative Counsel Bureau, are performed. All disbursements for which the state requests reimbursement are subject to federal audit in accordance with the Single Audit Act of 1984.

107 TIME LIMITATIONS

Each time the IFG Program is implemented, the following time limits are adhered to:

- A. Applications are accepted for 60 days following the date the major disaster was declared.
- B. Applications filed after 60 days, but within 90 days following the date the major disaster was declared, are reviewed by the **Division** to determine if the late filing was a result of extenuating circumstances or conditions beyond the control of the individual or family. If it is determined good cause existed for the late filing, the application is accepted. If good cause does not exist, the application is rejected.

- C. No application is accepted when filed more than 90 days following the date the major disaster was declared.
- D. Administrative activities, including the submission of the final reports, the state audit report and vouchers to the FEMA Regional Director are completed within 180 days following the date the major disaster was declared.

108 INSTRUCTIONS AND PROCEDURES FOR INDIVIDUAL AND FAMILY GRANT PROGRAM

(DISASTER ASSISTANCE) AND EXAMPLES OF FORMS

	FUNCTION	SOURCE OF ACTION
108.1	Flow Chart	
108.2	Guidelines	
108.3	Basis Information	
	<Declaration of Disaster	President/Governor
	<Memorandum of Understanding Relating to the Individual Family Grant Program	Div. of Emergency Mgmt. Dept. of Health & Human Svcs. (DWSS)
	<State Application for Disaster Funds	Dept. of Health & Human Svcs.
	<Public Information Release	Dept. of Health & Human Svcs./Div. of Welfare & Supportive Svcs.
	<Registration/Application Form	Staff
108.4	Information Sheet for Applicant	DWSS
108.5	Certification and Disclosure Statement	DWSS Staff
108.6	Certification of Eligibility	Staff/Applicant
108.7	Verification	Staff/Applicant
108.8	Administrative Panel Checklist	Administrative Panel
108.9	Grant Award Form	DWSS Administrator
108-10	Sample Denial Letter - Grant	DWSS Administrator
108.11	Sample Appeal of Decision Letter	Applicant
108.12	Sample Denial of Appeal Letter	DWSS Hearing Officer
108.13	Sample Appeal Approval Letter	DWSS Hearing Officer
108.14	TANF Action Form (TAF)	DWSS Staff
108.15	Withdrawal of IFG Application	DWSS Administration
108.16	Sample Proof of Purchase of Flood Insurance/Homeowner	DWSS Staff
108.17	Collection of IFG Funds	DWSS Staff

RESERVED

110 GUIDELINES

The guidelines for procedures involved in application, validation and notification are indexed for easy use. Examples of forms and notices used in the IFG Program are included in this manual section.

111 BASIC INFORMATION ITEMS

A. DECLARATION OF DISASTER

This chapter describes policies and procedures for administration of Individual and Family Grants under the Federal Disaster Assistance Program. (PL 93-288, Section 408.)

Following an emergency declaration by the Governor and a major disaster declaration by the President, state and federal disaster assistance programs are made available to the state and local governments and disaster area. Subsequent to approval of his request to the Federal Emergency Management Agency (FEMA), the Governor makes available the Individual and Family Grant (IFG) Program to those disaster victims whose necessary expenses or serious needs cannot be met by governmental programs or from other means. The IFG Program will be administered by the state with 75 percent of the funds for grants to individuals and families provided by the Federal government, and 25 percent of the funds for such grants provided by the state. Five percent of the total Federal grant can be used by the state for program administration. The maximum grant to an individual or family in any one major disaster is \$12,900.

B. MEMORANDUM OF UNDERSTANDING

EXAMPLE

**MEMORANDUM OF UNDERSTANDING
RELATING TO
THE INDIVIDUAL AND FAMILY GRANT PROGRAM**

WHEREAS, Section 408 of PL 93-288 authorizes the President to declare a major disaster and allocate funds to the State of Nevada to make grants to eligible individuals and families with disaster-related serious needs or expenses for which assistance is unavailable from other means; and,

WHEREAS, the Individual and Family Grant Program must be administered by the state in accordance with the policies, rules and regulations stipulated in Section 2205.48, Title 24, Code of Federal Regulations; and,

WHEREAS, The Division of Emergency Management and the **Division of Welfare and Supportive, Department of Health and Human Services**, have mutually developed and promulgated an Administrative Plan which specifically delineates responsibilities and procedures for implementation of the Individual and Family Grant Program in Nevada;

WE, THE UNDERSIGNED, DO AGREE:

1. The State Individual and Family Grant Administrative Plan will be implemented by the Director of the **Department of Health and Human Services**, upon notification by the State Coordinating Officer.
2. The Director of the Division of Emergency Management will request the twenty-five percent matching funds required for Program implementation from the state legislature, the emergency fund account, or the contingency fund account as appropriate.
3. The **Department of Health and Human Services, Division of Welfare and Supportive Services**, will receive the total amount of federal funds provided to defray cost of program administration (five percent of the federal grant amount).
4. The **Department of Health and Human Services, Division of Welfare and Supportive Services**, will prepare instructions and conduct necessary training for their personnel to ensure a ready capability for implementation of the Administrative Plan.

Director
Division of Emergency Management

Director
Department of Health and Human Services

**C. STATE APPLICATION FOR DISASTER FUNDS
(INFORMATION ITEM)**

EXAMPLE

STATE OF NEVADA
INDIVIDUAL AND FAMILY GRANT PROGRAM
PL 93-288, Section 408

Incidence Period _____ FEMA _____ DR

Date of Declaration _____ Cause _____

Counties Designated:

Federal Coordinating Officer

State Coordinating Officer

Program Manager (Agency)

Administrative Panel Members

Estimated Number of Grant Applications

Estimated Total of Grants to Individuals
and Families

\$ _____

Federal Share \$ _____

State Share \$ _____

Application Taking Commences

Application Taking Terminates*

All Application Processing Terminated**

Close-out/Reports Due to RD***

*60 days after date of declaration

**90 days after date of declaration

***180 days after date of declaration

D. PUBLIC INFORMATION RELEASE

EXAMPLE

STATE OF NEVADA
PUBLIC INFORMATION RELEASE
PL 93-288, Section 408

For Immediate Release

Individual and Family Grants Available

to Eligible Disaster Victims

Individuals and families who have necessary expenses or serious needs due to the _____ that occurred on _____ may be eligible for grants of up to \$12,900, according to Governor _____'s announcement today. The Governor stated that reviewing the extent of the damage, and the amount and type of assistance available, (s)he requested additional assistance from the federal government. This additional assistance, known as the Individual and Family Grant Program, will be administered by the state, and is 75 percent federally funded, and 25 percent state funded.

Governor _____ stated the grants are designated to meet those necessary expenses or serious needs not covered or fully met by the available local, state and federal assistance programs, or from other means. The Governor emphasized disaster victims who have suffered necessary expenses, or serious needs, due to the disaster should apply for grant assistance immediately at the Disaster Assistance Centers.

The **Department of Health and Human Services, Division of Welfare and Supportive Services**, is accepting grant applications at the center(s) located at _____ beginning _____. Applications will be accepted for a period of 60 days, until _____.

E. REGISTRATION/APPLICATION FORM

The applicant must have Section D of the REGISTRATION /APPLICATION FORM completed by other Disaster Assistance Center (DAC) agencies. Interviewers from other agencies complete this section as the applicant walks through the various agencies to verify or identify sources of funding/loans available to the applicant. Each agency representative initials and dates their section. The green copy will be included in the applicant's file.

This provides data needed to complete the disaster application portion of the form. Completing the application is the next step for the applicant and interviewer.

APPLICATION FOR DISASTER GRANT ASSISTANCE

Once the **Division** determines the disaster victim is eligible to apply for an IFG, the caseworker completes the Application for Disaster Grant Assistance form obtaining as much detailed information as possible. The **case manager** is responsible for determining the expenses or serious needs the applicant has are a direct result of the disaster and cannot be met by other sources. (See manual section for further instructions prior to accepting an application from a victim with insurance which covers disaster-related losses.)

SIDE 1

Line-by-line instructions for completing the application portion of the form are as follows:

A. APPLICANT INFORMATION

1. Applicant

Print full name using alphabetic block characters. Do not use dashes (-), commas(,), apostrophes (') or other punctuation.

2. Name of Spouse/Co-Applicant - If Applicable

Print full name using alphabetic block characters. Do not use dashes, commas, apostrophes or other punctuation.

3. SSN

Complete with the applicant and spouse/co-applicant (if applicable) SSN.

4. Brief Description of How Applicant was Affected by Disaster

Reason client is applying for an IFG Grant.

5. Date of Loss

Date loss occurred.

6. Address of Damaged Property

The complete address of the damaged property must be entered. In some cases, no address will be applicable.

7. County

County where damaged property is located.

8. Primary Residence

Is damaged residence primary residence? Complete as directed on form.

9. Current Mailing Address

Complete first portion if same as primary residence. If different, second portion must be completed.

10. Phone Numbers

Enter phone numbers where applicant can be reached or where messages can be left.

11. thru

18. Referral Verification

Refers to Section D, other types of disaster assistance, and verification that applicant was determined eligible or ineligible for the various programs.

19. Household

Complete for all household members. Use additional page(s) as needed.

20. Prior Assistance

Determine if any other household member has applied for an IFG.

B. INSURANCE/HOUSING INFORMATION

1. Damage or loss caused by:

Identify type of disaster which caused the housing need. Check only one box.

2. Insurance Coverage

Complete this section concerning insurance coverage.

3. thru

6. Refer to Flooding Damage

Complete each section as appropriate - check only boxes that apply.

C. INCOME INFORMATION

1. Damage Estimate

Complete as appropriate from estimates, as possible.

2. Number of Household Members

Total number of household members, including applicant.

3. Income Test

Complete sections as appropriate to see if applicant meets SBA income criteria.

D. REFERRALS

Applicant must contact all potential assistance agencies within the Disaster Assistance Center (DAC) and those agency representatives must initial the form after contact. This is a checklist for duplication of benefits.

Comments: As needed.

E. CERTIFICATION

1. and 2. to be signed and dated by applicant.

3. DAC Number

Enter DAC number.

4. Name of Registrar

Print **Division** representative's name in box.

5. Lead Registrar

Initials of Lead Registrar application is complete.

F. FLOOD HAZARD DETERMINATION

To be completed if flood disaster is declared. Information will be provided by FEMA at the disaster center.

PAGE 2

3rd Paragraph - To be completed by exit interviewer. Check boxes and sign as indicated.

RESERVED

RESERVED

112 INFORMATION SHEET FOR APPLICANT - APPLICANT BRIEFINGS

- A. When a disaster is declared, the **Division** must establish an information center in the area. Upon receipt of inquiries from disaster victim(s), **Division** staff must explain individuals or families may be eligible for an IFG if:
1. Application has been made to other available governmental programs to meet a necessary expense or serious need, and they have not been determined eligible, OR for demonstrated reasons, assistance received has not satisfied the expense or need.
 2. With respect to the specific necessary expense or need (or portion) for which application is made, neither she/he nor, to the best of his/her knowledge, any member of his/her family has previously received or refused assistance from other means.
 3. Subsequent to the award of an IFG, should the individual or family receive a grant and/or assistance from other sources which meets the necessary expense or serious need, the individual or family shall refund the duplicated assistance amount.
- B. In addition, individuals or families who incur a necessary expense or need in the major disaster area may be eligible for assistance without regard to their residency in the major disaster area or within the state in which the major disaster occurred.
- C. Individuals or families eligible for assistance must obtain flood insurance as required by PL 93-234 (Flood Disaster Protection Act of 1973). This applies to federal financial assistance for the permanent repair or restoration of any building or mobile home located in an identified flood hazard area for which a flood hazard boundary map has been published. Individuals and families must purchase flood insurance in accordance with the Flood Disaster Protection Act of 1973 for the purpose of insuring any building, and/or contents, purchased and/or rehabilitated, with the proceeds of any grant funds obtained through this application if flood insurance is available, and if such building and/or contents is or will be located in a designated special flood hazard area.
- D. IFG applications must be filed within 60 days following the date on which the major disaster was declared, except as noted in this manual section.
- E. Farmers, ranchers and persons engaged in agriculture who may qualify to apply to the Farmers Home Administration (FmHA) must submit proof of the denial of loan assistance from the FmHA before they may be considered eligible for an IFG grant. If applicants have been denied a loan because, in FmHA's determination they are able to obtain necessary credit from other sources, they will be considered ineligible for the FmHA's Emergency Loan Program.

ELIGIBLE CATEGORIES

1. Medical or dental.
Needs (expenses) shall be verified by a doctor or dentist.
2. Housing (repair, replace, rebuild, debris removal).
Grant requests shall include cost estimates from contractors.
3. Personal property (clothing, household items, furnishings, appliances).
4. Transportation.
5. Funeral expenses.

INELIGIBLE CATEGORIES

1. Business losses (including farm businesses).
 2. Improvements to real or personal property, except Flood Plain Management Improvement Requirements.
 3. Landscaping.
 4. Real or personal property used exclusively for recreation.
 5. Financial obligations incurred prior to the disaster.
- F. Applicants are interviewed at the Disaster Assistance Center (DAC); or if closed, at other designated areas.
- G. The Administrative Panel reviews each application to determine eligibility and grant amounts. Each applicant must be notified in writing of the eligibility determination.
- H. The applicant has the right to appeal the decision of the Administrative Panel. Appeals must be made within 20 calendar days of the date of notice and sent to the **Division of Welfare and Supportive Services, Hearing Officer, 1470 College Parkway, Carson City, Nevada 89706-7924.**
- I. Appeals will be reviewed and decisions made by the Hearing Officer, **Division of Welfare and Supportive Services**, within 20 calendar days of receipt. The Hearing Officer's decision is final.

RESERVED

- J. Grant recipients must maintain expenditure receipts for three (3) years.
- K. Unauthorized expenditures and fraudulent action relating to the application are subject to criminal or civil penalties dependent upon the nature of the violation. (Reference: Federal Disaster Assistance Program: Handbook for Applicants (Dec. 1975) 3300.5 Rev., Pages 1-4.)

The applicant shall be given the Information Sheet for Applicant during the briefing and this form serves as the reference source for the briefing.

DIVISION OF WELFARE AND SUPPORTIVE SERVICES

INFORMATION SHEET FOR APPLICANT
Individual and Family Grant Program
PL 93-288, Sec. 408

- The Individual and Family Grant Program is administered by the state.
- The program is available to those victims whose necessary expenses or serious needs cannot be met by governmental programs or from other means.
- The maximum grant under this program for each disaster is \$12,900.
- “Family” means husband and wife, or a couple living together as if they were married, and their dependents, or a head of household and dependents.
- “Individual” means a person who is not a member of a family as described above.
- Eligibility rules:
 1. Applicant must certify assistance from other government programs was sought and they did not qualify.
 2. Applicant must verify assistance from other means was received or refused.
 3. Should applicant later receive a grant or assistance from other means, the applicant must certify he/she will refund to the state that portion for which assistance was received.
 4. Individuals or families who incurred a necessary expense or serious need in the disaster area may be eligible for assistance without regard to their residency in the major disaster area.
 5. Applicants must obtain flood insurance in accordance with the Flood Disaster Protection Act of 1973 for the purpose of insuring any building or contents purchased, or rehabilitated, with the proceeds of any grant funds obtained through this application if flood insurance is available and if such building or contents is or will be located in a designated special flood hazard area.

INFORMATION SHEET (Cont'd)

6. Application for the IFG Program must be filed within 60 days following the date the major disaster was declared.
 7. Farmers, ranchers or those engaged in agriculture who may qualify for FmHA loans must submit proof of denial of such loan to be eligible.
- Eligible categories:
1. Medical or dental.
Expenses shall be verified by a doctor or dentist.
 2. Housing (repair, replace, rebuild, debris removal).
Requests for grants shall include cost estimates from contractors.
 3. Personal property (clothing, household items, furnishings, appliances)
 4. Transportation.
 5. Funeral expenses.
- Ineligible categories:
1. Business losses (including farm businesses).
 2. Improvements to real or personal property except Flood Plain Management Improvement Requirements.
 3. Landscaping.
 4. Real or personal property used exclusively for recreation.
 5. Financial obligations incurred prior to the disaster.
- Applicants will be interviewed at Disaster Assistance Centers (DAC); or if closed, at other designated areas.
- The Administrative Panel reviews each application to determine eligibility and grant amounts. Every applicant must be notified by mail of the eligibility determination.

INFORMATION SHEET (Cont'd)

- In cases of denial, the applicant has the right to appeal. Appeals must be made within 20 calendar days of the date of notice.
- Appeals will be reviewed and a decision made by the **Division** Hearing Officer within 20 calendar days of receipt. The Hearing Officer's decision is final.
- Grant recipients must maintain receipts of expenditures for a period of three (3) years.
- Unauthorized expenditures will be referred to the Attorney General for prosecution.

113 CERTIFICATION AND DISCLOSURE STATEMENT

The Certification and Disclosure Agreement is submitted with the Application Form and Certification of Eligibility Form (See D-114).

A. INSTRUCTIONS

1. Read the certification statements to the applicant. Answer the applicant's questions about the IFG Program. The applicant must have formally applied or attempted to apply for all other available resources before this application may be considered. Document all questions and explanations.

Explain the IFG Program may provide the balance of costs up to a maximum of \$12,900.

2. Ensure the applicant is aware of consequences of misuse or misapplication of this grant.
3. The applicant and reviewer must both sign and date the Agreement.

DIVISION OF WELFARE AND SUPPORTIVE SERVICES
CERTIFICATION AND DISCLOSURE AGREEMENT

I certify:

1. Application has been made to other available governmental programs for assistance to meet the necessary expenses or serious needs identified in this application; I understand I may receive a grant only when determined ineligible for such assistance or, for demonstrated reasons, any assistance received does not satisfy the necessary expenses or serious needs identified herein.
2. With respect to the specific necessary expenses, or serious needs, or portions thereof, for which application is made, neither I, nor to the best of my knowledge, any member of my family, has previously received, or refused assistance from other means.
3. Should I or my family receive a grant and assistance from another means later becomes available, I or my family will refund to the State of Nevada that portion of the grant for which assistance from other means has been received.
4. Farmers, ranchers and persons engaged in agriculture must apply to either the Farmer's Home Administration (FmHA) or the Small Business Administration (SBA) for loan assistance and obtain a denial of such assistance from either FmHA or SBA before they may be considered eligible for a grant.

I am aware:

1. Any individual who fraudulently or willfully misstates any fact in connection with a request for assistance under the Stafford Disaster Relief and Emergency Assistance Act of 1988 shall be fined not more than \$5,000, or imprisoned for not more than one year, or both, for each violation.
2. Any individual who knowingly violates any order or regulations under the Stafford Disaster Relief and Emergency Assistance Act of 1988 shall be subject to a civil penalty of not more than \$5,000 for each violation.
3. Whoever knowingly misapplies the proceeds of a grant obtained under Section 408 of the Stafford Disaster Relief and Emergency Assistance Act of 1988 shall be subject to a fine in an amount equal to one and one-half times the original principal amount of the grant.
4. I must purchase flood insurance in accordance with the Flood Disaster Protection Act of 1973 for the purpose of insuring any building, or contents, purchased, or rehabilitated, with the proceeds of any grant funds obtained through this application, if flood insurance is available, and if such building, or contents, is, or will be, located in a designated special flood hazard area.

DISCLOSURE STATEMENT

I hereby authorize any federal, state, or local government agency, or disaster assistance organization to disclose to the **Division** all information in my case file, either provided by me, obtained collaterally, or originated by the agency, or organization, in conjunction with my request for disaster assistance.

Applicant	Date	Interviewer	Date
-----------	------	-------------	------

The grant program is administered without discrimination on the basis of race, religion, sex, color, age, economic status, or national origin.

NOTE: If the recipient is unable to sign, this form shall be referred to the Grant Coordinating Officer to ensure proper authorization and obligation understanding.

114 CERTIFICATION OF ELIGIBILITY

The Certification of Eligibility is submitted with the Application Form and Certification and Disclosure Statement.

INSTRUCTIONS:

Read the Certification of Eligibility carefully with the applicant. Request specific documents or evidence when available. Attach available information to the Certification of Eligibility.

The Certificate of Eligibility is used to expedite application processing. Upon reviewing and understanding the contents of the certification those applicants who can attest to ALL THREE CONDITIONS cited on the certificate pertain to themselves and their family need not apply for a Small Business Administration loan. Their application for a 408 GRANT can be initiated at this point. A copy of the Certificate of Eligibility signed by the individual applicant **MUST BE INCLUDED** in the case file and forwarded with other documentation throughout all application procedures. Applicants who **CANNOT** certify ALL THREE CONDITIONS PERTAIN TO THEM must apply for a Small Business Administration loan. Processing of their IFG application is suspended until their SBA loan application status is known.

EXHIBIT

DIVISION OF WELFARE AND SUPPORTIVE SERVICES
INDIVIDUAL AND FAMILY GRANT PROGRAM
PL 93-288, Section 408

CERTIFICATION OF ELIGIBILITY

FEMA _____ DR

The following certification is made because of my intention to file an application with the State of Nevada for a grant to meet disaster-related necessary expenses, or serious needs. This certification is made in lieu of obtaining a denial of eligibility for disaster loan assistance from the Small Business Administration.

I, _____, certify, on behalf of myself, and my family, all the following statements are true and accurate:

- 1. I/We have suffered only personal property damage. Yes No
- 2. I (and my spouse/co-applicant) am/are unemployed. Yes No
- 3. More than 50% of my/our family's income is derived from **welfare & supportive services**/Social Security payments. Yes No

In making this certification, I am aware any individual who fraudulently or willfully misstates any fact in connection with a request for assistance under PL 93-288 shall be fined not more than \$5,000, or imprisoned for not more than one year, or both, for each violation.

Signature

Date

Full Name & Signature of Interviewer

Date

115 VERIFICATION

Necessary expenses or serious needs listed by the applicant must be verified to determine: (1) the expense or need is disaster-related; (2) assistance from other governmental programs is unavailable or is insufficient to meet the necessary expense or serious need; and (3) assistance from other means has not been received or refused.

All findings must be verified by the eligibility caseworker when possible. For example, receipts for services rendered or estimates of work to be performed must be obtained and attached to this form. In addition, a complete summary of facts related to the case should be entered in the space provided (Section G, Comment). All other assistance must be verified; a central file is available to determine receipt of other assistance. A continuous coordinated effort of all state agencies is necessary to keep this file current.

A. MEDICAL COSTS

1. ALLOWABLE MEDICAL COSTS

- a. If there is private insurance and/or public insurance coverage (e.g., Veteran's Benefits, Medicaid, Medicare, Red Cross, Blue Cross & Blue Shield or Hospitalization), allowable costs include the deductible and the amount above what the private insurance and/or public coverage will pay, up to a maximum of \$12,900 per individual or family.
- b. If there is no private or public insurance coverage (e.g., Veteran's Benefits, Medicaid, Medicare, Red Cross, Blue Cross & Blue Shield or Hospitalization), actual costs up to \$12,900 per individual or family may be allowed.
- c. Allowable costs are care or services required as a result of the disaster. When hospitalization is required, only care in a semi-private room or ward is allowed unless care in a private room is required. A certification by the attending physician must be made before care in a private room is allowed.

2. VERIFICATION OF MEDICAL NEED

- a. The individual or family must provide a statement from the attending medical practitioner(s) and/or medical institution(s) as to the necessity for medical service. The statement must contain the type of medical service needed and a cost for each medical service.

- b. The individual or family must provide proof as to the amount of payment by the public agency or private insurance carrier. Additional information about coverage may be requested by the verifier from the insurance carrier or public agency.
- c. The individual or family must provide a statement from the attending medical practitioner(s) and/or medical institution(s) which certifies the injury or illness is a direct result of the disaster.

B. FUNERAL EXPENSES

1. ALLOWABLE FUNERAL EXPENSES (Must be result of the disaster)

- a. If there is burial coverage available, the grant will only include the actual cost of burial above what the insurance allows but not to exceed \$12,900.
- b. If there is no burial coverage available, the grant amount will include the actual expense up to \$12,900.

2. VERIFICATION OF FUNERAL EXPENSES

- a. The individual or family must provide a statement of uncovered cost from the funeral director.
- b. The individual or family must furnish information as to burial insurance or other coverage (e.g., Social Security, Veteran's Administration) to determine the amount of burial coverage needed.

C. HOUSING REPAIR

Normally, housing needs are met by the Temporary Housing Program. In some cases, grants may be authorized for minimal emergency repairs of permanent dwellings for protection of the dwelling to prevent further damage.

1. ALLOWABLE COST FOR HOUSING REPAIR

- a. Essential repairs are allowed for damage to a dwelling caused by a disaster such as a tornado or flood. The total allowable maximum coverage cannot exceed \$6,100.
- b. If the dwelling is covered by private insurance, flood insurance or other type of public coverage, the allowable cost is the deductible (if applicable) and the amount of uncovered cost up to a total maximum of \$12,900. Grants are limited to owner occupied primary residence.

- c. If the owner is reimbursed by insurance and/or any other grant, IFG Program payments can be made for the uncovered cost; however, the uncovered cost cannot exceed \$6,100.

2. VERIFICATION OF NEEDED HOUSING REPAIR

- a. An on-site inspection will be made of the dwelling by the verifier. If necessary, the owner must provide a statement from a building contractor the dwelling is structurally sound and is worth repairing.
- b. If the dwelling is repairable, the owner must provide two (2) itemized estimates of labor cost and building materials.
- c. The applicant must provide proof of flood insurance (in a flood hazard area) and certify the policy will be maintained for the life of the house. Funds to pay the first year's insurance premium will be included in the total grant. Proof flood insurance was purchased must be provided within thirty days from the date the grant is awarded.
- d. Any repairs done previously by the owner must be verified (bills, etc.).

D. HOME BUILDING

1. ALLOWABLE COST FOR REPAIRING/REBUILDING HOME

- a. Cost for repairing/rebuilding a dwelling if destruction was caused by a disaster is allowed. The total allowable maximum coverage cannot exceed \$6,100.
- b. If the dwelling is covered by private insurance, flood insurance or other public coverage, the allowable cost will be the deductible (if applicable) and the amount of uncovered cost up to \$6,100.
- c. If the owner is reimbursed by insurance and/or any other grant, an IFG can be awarded for the uncovered cost. The uncovered cost cannot exceed \$6,100.

2. VERIFICATION OF NEED FOR REPAIRING/REBUILDING HOME

- a. Proof of home ownership. Possible sources: assessor's office, tax receipts, title/deed, confirmed FDA loan or any other loan. Verifier needs to note date and source.
- b. An on-site inspection will be made of the dwelling by the verifier.

- c. The owner must obtain two (2) estimates for rebuilding including labor cost and building materials.
- d. A statement from the public or private insurer must provide the cost to be assumed by them. The amount of the grant is then determined. This is done during grant verification.
- e. The owner must provide proof of flood insurance (in a flood hazard area) and certify the policy will be maintained for the life of the dwelling. This proof must be provided within thirty days from the date the grant is awarded.

E. CLEANING AND SANITIZING

1. ALLOWABLE COSTS FOR CLEANING AND SANITIZING

Cleaning and sanitizing of real or personal property is an allowable cost. This includes cleaning of the dwelling if there is debris in part of or throughout the dwelling. This also includes cleaning of personal or household items. Sanitizing and cleaning may be necessary to prevent ultimate destruction of the property.

2. VERIFICATION OF CLEANING AND SANITIZING NEED

- a. An on-site inspection of Welfare staff is made to verify the need for cleaning and sanitizing. Payment to alleviate a health safety hazard outside of the dwelling must be verified to be an allowable cost.
- b. If public or private insurance coverage is available, a statement of uncovered cost is needed.

F. PERSONAL PROPERTY

1. ALLOWABLE COSTS FOR PERSONAL PROPERTY

- a. The cost of repair is allowed if personal property is usable and repairs will make the item functional. The individual or family must obtain itemized estimates for repair if requested. When personal property is insured or covered by a public agency, a statement from the insurance carrier or public agency is acceptable to determine allowable expenses.

- b. Replacement is allowed when eligible personal property is not usable and must be replaced, or if replacement is less expensive than repair. Replacement costs are allowed based on current itemized cost estimates. If personal property is insured or covered by a public agency, a statement from the insurance carrier or public agency is acceptable to determine allowable expenses.
- c. Current written price estimates will be obtained by the applicant. (Prices in current nationwide department stores will serve as the guide.) The applicant should not dispose of damaged items or clothing until damage is verified.

This may include specialized or protective clothing or equipment essential to or a condition of a wage earner's employment.

Unusual or exceptional situations are referred to the **DWSS** Central Office for a decision.

- d. If the individual or family is covered by insurance or public coverage for personal property loss, the allowable cost is the deductible (if applicable) and the uncovered cost of replacement up to a maximum of \$12,900.
- e. If the individual or family is not covered by insurance or public coverage for personal property loss, the allowable cost is the actual replacement or repair cost up to a maximum of \$12,900.

2. VERIFICATION OF PERSONAL PROPERTY LOSS

- a. An on-site inspection will be made to determine personal property damage or loss constituting a serious need or necessary expense. The allowable cost is based on the cost of repair or replacement of the personal property.
- b. A statement from the public or private insurer must be obtained showing the cost to be assumed by them. The amount of the grant is then determined.

G. TRANSPORTATION EXPENSES/NEEDS

1. If the need for transportation is the direct result of the disaster, grants to provide transportation by public conveyance may be given.
2. Grants may be given to repair, replace or provide private transportation if the loss or the need for the transportation is the direct result of the disaster and public transportation is not available or is inadequate.
 - a. Public Transportation - The grant amount is limited to the period during which transportation is required, not to exceed one year from the date of declaration of the disaster.
 - b. Private Transportation - The grant amount is based on the requirements of the individual or family and may include any type of conveyance common to the society or culture.

H. REPLACEMENT OR REPAIR OF MOTOR VEHICLES

1. ALLOWABLE REPLACEMENT OR REPAIR COST OF MOTOR VEHICLES
 - a. Replacement or repair of a motor vehicle for use in connection with the individual or family's essential and basic needs.
 - b. REPLACEMENT means the most inexpensive vehicle that is in good repair and operational. If the individual or family has private insurance coverage or public coverage is available, the replacement cost including the deductible (when applicable) will be costs above insurance coverages or assistance from other agencies not to exceed \$6,100.
 - c. Repair cost is allowed up to \$6,100 unless the motor vehicle is considered a total loss in which case replacement is necessary. If the individual or family has private insurance or public coverage is available, the cost allowed including the deductible (when applicable) shall be those costs above insurance coverages or assistance from other agencies not to exceed \$6,100.
 - d. Minor repairs for appearance only are not eligible. Minimum mechanical or body repairs to make the vehicle operational and meet state safety requirements are eligible.

2. VERIFICATION OF NECESSITY FOR REPLACEMENT OR REPAIR OF MOTOR VEHICLE

- a. An on-site inspection is mandatory to determine the need for replacement or repair. A determination must be made the vehicle was used in connection with the individual or family's essential and basic need. The place of residence in relation to work and the type of work is evaluated to determine eligibility for the requested repair or replacement of the vehicle.
- b. For repair and replacement, itemized bids on cost of replacement and repair may be secured as needed. For individuals who have private insurance or public coverage, an itemized written statement from the insurance company or public agency of their cost estimates must be secured. The insurance or public agency must furnish the amount of coverage they will allow so a determination of the deductible (if applicable) plus uncovered cost to be allowed in the grant can be made.
- c. Ownership of vehicle prior to and after the disaster shall be verified.

I. RENTAL ACCOMMODATIONS

Rental accommodations may include hotel, motel, or other temporary accommodations.

J. COSTS NOT ALLOWED

- 1. Business and Business Inventory Losses
- 2. Economic Injury Losses
- 3. Farm Operation Losses
- 4. Debris Removal (Private Lands & Waters) except for health or safety hazard
- 5. "Cosmetic" Repairs to Real or Personal Property
- 6. Improvements to Real or Personal Property
- 7. Landscaping (except protective measures)
- 8. Real or Personal Property used solely for recreation

9. Tools for Self-Employment
10. Pools (only if a health function – doctor’s certificate can verify need for this pool)

The verifier ensures all forms are completed and any unusual circumstances are documented.

NOTE: ENSURE ALL DOCUMENTATION IS ATTACHED.

116 ADMINISTRATIVE PANEL CHECKLIST AND APPROVAL WORKSHEET

When application and verification forms are completed (including all necessary attachments), the entire packet is forwarded to the **Division of Welfare and Supportive Services** Administrator’s office for review by the ADMINISTRATIVE PANEL (EXHIBIT A). The Panel Checklist WILL BE COMPLETED to ensure all attachments and forms are included. If any area cannot be completed on the Panel Checklist, do not forward the application for consideration by the panel. Ensure the completed Panel Checklist IS ATTACHED to the COMPLETE APPLICATION PACKET.

APPLICATION PACKETS WITHOUT COMPLETED PANEL CHECKLISTS WILL BE RETURNED TO THE CASEWORKER WITHOUT ADMINISTRATIVE PANEL REVIEW.

THE ADMINISTRATIVE PANEL MUST ENSURE DOCUMENTATION IS COMPLETE PRIOR TO AUTHORIZING GRANT DISBURSEMENT.

EXHIBIT B: ADMINISTRATIVE PANEL GRANT AWARD WORKSHEET

This worksheet is used to track approvals and amounts of grants awarded, and track denials and withdrawals. (See Exhibits)

ADMINISTRATIVE PANEL CHECKLIST AND APPROVAL WORKSHEET

**DIVISION OF WELFARE AND SUPPORTIVE SERVICES
ADMINISTRATIVE PANEL CHECKLIST**

Application For _____ Case No. _____

Social Security Number _____ FEMA _____ DR

Category of Expense or Need: Medical/Dental; Housing; Personal Property;
 Transportation; Funeral; Other

COMPLETENESS OF APPLICATION AND VERIFICATION FORMS:

- 1. Is the application signed? Yes No
- 2. Is the verification form complete, including:
 - a. Statement the needs/expenses are disaster-related Yes No
 - b. Documentation of insurance coverage Yes No
 - c. Written denials for other sources of assistance (SBA, FmHA, DHUD-MRP, ANRC) Yes No
- 3. MEDICAL/DENTAL: Is there a statement from a physician or dentist? Yes No N/A
- 4. HOUSING: Are two contractors' estimates provided? Yes No N/A
- 5. PERSONAL PROPERTY: If there is no denial from SBA, is there a signed Certificate of Eligibility? Yes No N/A
- 6. TRANSPORTATION
 - a. Will public transportation satisfy the need? Yes No N/A
 - b. If "NO" above, can applicant's automobile be repaired? Yes No N/A
 - c. Does the applicant's automobile need to be replaced? Yes No N/A
- 7. FUNERAL EXPENSES: Will VA, Social Security, County Welfare or any other source cover any of the cost? Yes No N/A
- 8. OTHER EXPENSES/NEEDS: If the expense/need is not clearly in an eligible category, it will be referred to the FEMA Regional Director for a decision.
- 9. FLOOD INSURANCE
 - a. Does applicant live in a special flood hazard area? Yes No
 - b. Is he applying for housing or personal possessions damaged by flood? Yes No
 - c. If "Yes" above, has he obtained, or agreed to obtain, flood insurance? Yes No

ADMINISTRATIVE PANEL ACTION:

Approve Eligible Categories _____

ITEMS	\$ AMOUNT
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
	TOTAL _____

Disapprove Reason for Disapproval _____

Signature of Administrative Panel Members

**ATTACHMENT Administrative Panel Grant Award Worksheet
 Medical/Dental/Funeral/Transportation**

EXHIBIT B

Name: _____

App # _____

**INDIVIDUAL AND FAMILY GRANT PROGRAM
FOR ADMINISTRATIVE PANEL USE ONLY**

Approved

Disapproved

Withdrawn

COMMENT:

ITEMS

DOLLAR VALUE

Signature

Date

Signature

Date

Signature

Date

117 GRANT AWARD FORM

The actual Grant Award form including detailed lists of item and dollar amounts approved shall be attached to the approval letter. For example see following pages.

SAMPLE NOTICE OF DECISION FOR GRANT APPROVAL

EXHIBIT

(DATE)

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF WELFARE AND SUPPORTIVE SERVICES

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Dear _____ :

Your application for grant assistance for disaster-related necessary expenses or serious needs as provided by the "Individual and Family Grant Program" has been received and reviewed by the State of Nevada Administrative Panel. The Panel has determined that you are eligible for grant assistance as indicated on the attachment. In the event you are not in agreement with the above decision, you have the right to appeal. Requests for appeal must be made in person or in writing to the Hearing Officer, Division of Welfare and Supportive Services, 1470 College Parkway, Carson City, NV 89706-7924, within 20 days of receipt of this letter. If you elect to appeal, you should include all additional information you feel would be helpful in a reconsideration of your case.

Sincerely,

Grant Coordinating Officer

(DATE)

ATTACHMENT

Award for Medical/Dental/Funeral/Transportation

INDIVIDUAL AND FAMILY GRANT PROGRAM

DATE: _____
DR#: _____
APP#: _____

Dear M(r/s):

We have reviewed your Disaster Assistance Application form and the verification you provided regarding your _____ expenses. It has been determined you are eligible for an Individual and Family Grant (IFG) award of \$ _____ for these expenses. Your check is being processed by the _____ and should be received within approximately _____ days from the date of this letter.

You must spend the money for this disaster-related item.

Do not spend the money for any ineligible items. Items not eligible are:

- Business-type losses;
- Cosmetic repairs or improvements to your home;
- Landscaping;
- Recreational and luxury items such as swimming pools and stereos;
- Bills you owed before the disaster.

Program guidelines require we review some grant awards. Please keep all original bills, receipts, estimates and canceled checks of what you bought with IFG money for three years, in case your grant award is selected for a review. If your records are unavailable or if you spend the money incorrectly, we may require you return the money.

We hope this money helps you recover from the disaster.

Sincerely,

Grant Coordinating Officer

(Enclosure)

Medical/Dental/Funeral/Transportation
Award Letter Attachment (optional)

ATTACHMENT

IFG Case No. _____
SSN _____
FEMA _____ -DP

STATE OF NEVADA
INDIVIDUAL AND FAMILY GRANT PROGRAM
GRANT AWARD ATTACHMENT

Applicant _____
(Mr., Mrs., Ms.) (Last name) (First name) (Middle initial)

Address _____

(Zip Code)

GRANT ASSISTANCE HAS BEEN AUTHORIZED FOR THE FOLLOWING
NECESSARY EXPENSES AND SERIOUS NEEDS. YOU MUST USE THE
FUNDS FOR THESE PURPOSES ONLY

Item/Service (Itemized List)

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

TOTAL GRANT AWARD \$ _____

118 SAMPLE DENIAL LETTER GRANT APPLICATION

Sample Notices of Decision for denial of the disaster grant application follow. Note an appeal process is available to all applicants. Also, send appeal letter with any denial, or approval less than a client requested, or less than the maximum grant requested.

EXHIBIT A

Denial Letter #1 - Specific Reason for Denial

**INDIVIDUAL AND FAMILY GRANT PROGRAM
STATE OF NEVADA**

Date: _____
DR# _____
APP# _____

NAME
ADDRESS
CITY, STATE, ZIP

Dear M(r/s) Name:

We have reviewed your Disaster Assistance Application and the inspection report of the damages to your home and/or personal property.

You are not eligible for assistance from the Individual and Family Grant (IFG) Program because:

- _____ There was no significant damage to your property.
- _____ Your needs were met by insurance or other forms of disaster assistance, specifically, _____
- _____ You refused assistance offered by other programs, specifically, _____
- _____ You requested items that are not covered by the IFG program, specifically, _____
- _____ The community in which you live is "sanctioned" because _____

If you told us about damages or needs for other items, such as medical, dental, funeral expenses or transportation, you will receive another notice from us; it will tell you you will receive an IFG award for them.

You have 13 days from the date of this notice to appeal this decision. Your appeal must be written and sent to:

**INDIVIDUAL AND FAMILY GRANT PROGRAM
STATE OF NEVADA
(Address)**

Sincerely,

Grant Coordinating Officer

SAMPLE DENIAL LETTER GRANT APPLICATION

EXHIBIT B

Denial Letter #2 - Other Reason for Denial

INDIVIDUAL AND FAMILY GRANT PROGRAM

Date: _____
DR#: _____
APP#: _____

Dear M(r/s):

We have reviewed your Disaster Assistance Application and the verification information you provided regarding your _____ expenses. It has been determined you are not eligible for an Individual and Family Grant (IFG) award for these expenses, for the following reason:

If you are dissatisfied with this decision, you have the right to appeal. If you wish to appeal, you must request an appeal in writing or in person within 13 days from the date of this letter to:

Individual and Family Grant Appeals Authority
(Address)

Sincerely,

Grant Coordinating Officer

119 APPEAL OF DECISION - SAMPLE LETTER

If the applicant wishes to appeal the denial, staff may provide a sample appeal letter for the applicant's use. This form shall be attached to each notice of denial or any notice of adjustment relative to the grant application.

EXHIBIT

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF WELFARE AND SUPPORTIVE SERVICES**

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Hearing Officer, Welfare Division
State of Nevada
2527 North Carson Street
Carson City, NV 89706-0113

Case No. _____

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Dear Sir:

I wish to appeal your decision relative to my(our) grant application for disaster funds under PL 93-288, Section 408. My appeal is based on the following justification. (Please indicate below in detail why you are appealing. A separate sheet may be attached.)

Thank you for your consideration.

Name _____

Address _____ Zip Code _____

Telephone _____

120 DENIAL OF APPEAL - SAMPLE LETTER

A sample form letter denying the appeal follows.

EXHIBIT

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF WELFARE AND SUPPORTIVE SERVICES**

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Date: _____

Case No.: _____

FEMA: _____ DR

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Dear _____ :

I have carefully reviewed your grant application, the decision made by the State of Nevada Administrative Panel and your reasons for appeal.

I regret to inform you I must affirm the decision of the Administrative Panel denying you grant assistance. The decision is based upon the following reason(s):

Sincerely,

HEARING AUTHORITY

121 APPROVAL OF APPEAL - SAMPLE LETTER

A sample letter approving the appeal for an Individual Family Grant follows. The Grant Award Form must be attached to the approval document and shall indicate the amounts approved.

EXHIBIT

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF WELFARE AND SUPPORTIVE SERVICES**

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Date: _____

Case No.: _____

FEMA _____ DR

L

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Dear _____ :

I have carefully reviewed your grant appeal, the decision made by the State of Nevada Administrative Panel, and your application. I have concluded you are eligible for grant assistance, as indicated on the attached grant award.

Sincerely,

HEARING AUTHORITY

Attachment

122

APPEAL DECISION LETTER APPROVAL – SAMPLE LETTER

Appeal Decision Letter Approval
ENCLOSURE

IFG Case No.: _____
SSN: _____
FEMA: _____ - DP

STATE OF NEVADA
INDIVIDUAL AND FAMILY GRANT PROGRAM
GRANT AWARD ATTACHMENT

Applicant _____
(Mr., Mrs., Ms.) (Last name) (First name) (Middle initial)

Address _____

(Zip Code)

GRANT ASSISTANCE HAS BEEN AUTHORIZED FOR THE FOLLOWING
NECESSARY EXPENSES AND SERIOUS NEEDS. YOU MUST USE THE FUNDS
FOR THESE PURPOSES ONLY

Item/Service (Itemized List)

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Sub-total \$ _____
*Flood Insurance When Required \$ _____
TOTAL GRANT AWARD \$ _____

123 ACTION FORM

Payment is made on the TANF Action Form (2135) using the SUPPLEMENTAL PAYMENTS AND CANCELLATIONS section. Aid code 89 is assigned all cases under the Individual and Family Grant Program.

The case may be approved, paid and closed on one action form. See example.

EXHIBIT

RESERVED

124 WITHDRAWAL OF IFG APPLICATION - SAMPLE NOTICE

A sample NOTICE acknowledging withdrawal of an application for an Individual and Family Grant follows:

ATTACHMENT Withdrawal of Application Notice

IFG Case No.: _____

SSN: _____

FEMA: - DP _____

(DATE)

Dear _____ :

Your application for grant assistance for disaster-related necessary expenses or serious needs as provided by the Individual and Family Grant Program has been received. It is recognized you are voluntarily withdrawing your application for this grant.

If you should change your mind and wish your application be considered, you may call _____ at _____ prior to the ending date for application consideration, _____.

(date)

If further assistance is needed, please call _____.

Sincerely,

(Name)

Grant Coordinating Officer

125 LETTER REQUESTING PROOF OF PURCHASE OF FLOOD INSURANCE/HOMEOWNER - SAMPLE LETTER

A sample letter requesting proof of purchase of homeowners flood insurance is attached. This letter is to be sent if the IFG recipient does not provide proof of insurance within required time frames.

IFG Case No.: _____
SSN: _____
FEMA: _____ - DR

(DATE)

Dear _____ :

As a result of the Presidential Disaster Declaration for (county[ies]) _____ (date) _____, you applied to the Individual and Family Grant Program for financial assistance from the State of Nevada. In completing your application, you agreed to purchase the minimum amount of flood insurance as required by federal law. You were awarded \$ _____ with which to purchase the minimum amount of flood insurance coverage. As of this date, we do not have a copy of your policy or proof of purchase.

If you do not comply with this request within _____ calendar days of the date appearing at the top of this letter, you will be required to return to the State of Nevada the entire amount of the grant.

Send your proof of purchase to:

Grant Coordinating Officer

(Address)

If any questions arise, you may call _____ during office hours.

Sincerely,

(Name)
Grant Coordinating Officer

Enclosure: Certification Sheet

126 COLLECTION OF IFG FUNDS B DUPLICATION OF BENEFITS

- EXHIBIT A: First Letter
- EXHIBIT B: Second Letter - Follow-up
- EXHIBIT C: Record of Contact Sheet

Samples of collection letters for duplication of benefits and contact record sheet follow.

EXHIBIT A

FIRST LETTER FOR COLLECTION OF FUNDS

IFG Case No.: _____
SSN: _____
FEMA: _____

(DATE)

Dear _____ :

I am writing concerning the grant of \$ _____ you received from the Individual and Family Grant Program. I regret to inform you our records indicate you were eligible but received a duplication of benefits from _____.

Federal law requires Individual and Family Grant funds cannot be provided to persons who are eligible and received financial assistance from any other source. Since financial assistance has become available to you, we must seek a refund in the amount of \$ _____ for the duplicated items.

I am enclosing a copy of your agreement to refund grant monies to the State of Nevada in the event future assistance became available. Also, enclosed is a copy of our voucher indicating the amount paid in connection with your Individual and Family Grant application. Additionally, I am enclosing an itemized list of the benefits duplicated.

Please mail your remittance in the enclosed self-addressed envelope, payable in the amount of \$ _____ to the _____ and send to _____, Grant Coordinating Officer, within _____ calendar days from the date appearing at the top of this letter.

Failure to comply with this request necessitates possible legal action by the State Attorney General's Office.

Direct any questions to the _____, Grant Coordinating Officer, _____ or you may telephone at _____.

Sincerely,

(Name)
Grant Coordinating Officer

Enclosures: Agreement, Voucher, Itemized List, Pre-addressed envelope

EXHIBIT B

SECOND LETTER FOR COLLECTION OF FUNDS

IFG Case No.: _____
SSN: _____
FEMA: _____ - DR

(DATE)

Dear _____ :

On _____ a letter was sent to you requesting you return the amount of \$ _____ which was representative of a duplication of benefits with another program and the Individual and Family Grant you received. You were given _____ calendar days to remit the necessary amount. To date, we have not received payment. You will have _____ additional calendar days to respond with the amount of \$ _____. Failure to comply with this request requires us to notify the State Attorney General for possible legal action.

Please mail your remittance in the enclosed self-addressed envelope, payable to the State of Nevada - IFG Program and send to _____, Grant Coordinating Officer, State of Nevada – **Division of Welfare and Supportive Services, 1470 College Parkway, Carson City, Nevada 89706-7924.**

If there are any questions, please feel free to call _____ and speak to _____, the Grant Coordinating Officer.

Sincerely,

(Name)
Grant Coordinating Officer

Enclosures: Agreement
Voucher
Pre-addressed envelope

***NOTE TO GRANT COORDINATING OFFICER: TO BE SENT BY REGISTERED MAIL, RETURN RECEIPT REQUESTED.**

