

U.S. REPATRIATION PROGRAM EMERGENCY REPATRIATION REIMBURSEMENT REQUEST

SECTION I: AGENCY AND INCIDENT INFORMATION					
1. Name of Agency / Address (street, city, state, zip)		2. Type of Agency <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Authorized Support Organization		3. Incident Name and Date Name From To	
4. Nature of Claim <input type="checkbox"/> Partial #___ <input type="checkbox"/> Final <input type="checkbox"/> Revision to claim submitted on _____		5. Emergency Repatriation Center (ERC) Information <input type="checkbox"/> Airport _____ <input type="checkbox"/> Military Base _____ <input type="checkbox"/> Other _____ TOTAL # of ERCs ____			
SECTION II: COSTS					
6. List costs in the table below.					
Cost	Total	Cost	Total	Cost	Total
Port of Entry		Staff Overtime		Lodging (Repatriate)	
ERC Space		Other Staff Costs		Planning, Training, Exercises	
Security		Money Payments (Repatriate)		Other (specify)	
Equipment		Food (Repatriate)		Other (specify)	
Supplies		Medical Services		Other (specify)	
Congregate Transportation		Transportation (Repatriate)		Other (specify)	
7. Additional Information					
SECTION III: SIGNATURE					
<i>By signing this document, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, section 1001)</i>					
8. Name and Title of Agency Official Name Title			9. Contact Information Telephone Email		
10. Signature				11. Date (MM/DD/YYYY)	

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is for states to request reimbursement for costs incurred as a result of an emergency repatriation or an approved planning, training, or exercise activity. Public reporting burden for this collection of information is estimated to average 0.3 hours per respondent, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This collection of information is required to obtain reimbursement for an emergency repatriation (42 U.S.C. Section 1313). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The OMB # is 0970-0474 and the expiration date is 06/30/2025. If you have any comments on this collection of information, please contact the U.S. Repatriation Program, 330 C St. SW, Washington, D.C. 20201.

GENERAL INFORMATION

Purpose: For state agencies and OHSEPR- authorized support agencies to request reimbursement for reasonable, allowable, and allocable costs incurred as a result of (1) OHSEPR activation of the State Emergency Repatriation Plan (SERP); (2) agreement with OHSEPR to support an emergency repatriation operation; or (3) an OHSEPR-approved planning, training, or exercise activity in support of the U.S. Repatriation Program.

Who Should Complete this Form: An authorized representative of the state agency or of the OHSEPR-authorized support agency. Only one representative may submit per state.

When to Submit: Reimbursement requests may be submitted on an ongoing basis, but must be submitted no later than one year after the date on the deactivation notice date for an emergency repatriation operation or the completion date of the planning, training, exercise activity.

What to Include:

1. Use this form as a summary sheet to submit a full or partial claim for reimbursement of reasonable, allowable, and allocable costs incurred. The state must not include federal agencies' costs in its reimbursement request.

2. Reimbursement requests must be for actual costs and must not include estimates. Reimbursement requires sufficient supporting documentation (e.g., signed cost approval forms [RR-08], receipts, signed vouchers, invoices, etc.). Documentation must be provided for both administrative and temporary assistance costs. See instructions below, ACF's Emergency Repatriation Information Memorandum, and 45 CFR Part 75 for more information regarding required documentation.

Where to Send: Requests should be sent to the above address or via e-mail to the designated ACF staff and OHSEPR-AF@acf.hhs.gov.

Disclaimer: Title 18 of the United States Code 1001 states that an individual who "knowingly and willfully - (1) falsifies, conceals, or covers up by any trick, scheme, or device a material fact; (2) makes any materially false, fictitious, or fraudulent statement or representation; or (3) makes or uses any false writing or document

knowing the same to contain any materially false, fictitious, or fraudulent statement or entry; shall be fined under this title, imprisoned not more than 5 years...or both."

Reimbursement is contingent upon availability of the U.S. Repatriation Program funds and the allowability of costs under 42 U.S.C. § 1313, the implementing regulations at 45 CFR Parts 211 and 212, and the general grants administration regulations at 45 CFR Part 75 particularly subpart E – Cost Principles.

SPECIFIC INSTRUCTIONS

SECTION I: AGENCY AND INCIDENT INFORMATION

Item 1. Name of Agency/ Address. Provide Agency name and physical address.

Item 2. Type of Agency. Check only one box.

Item 3. Incident Name and Date. Enter the name of the repatriation incident and its activation and deactivation dates.

Item 4. Nature of Claim. Indicate if this submission is a portion of the final amount anticipated to be billed, the final bill for the incident, or a revision of a previously submitted form. If this is a partial claim, indicate if this is the first, second, third, etc. If this is a revision, please include the date and a copy of the previously submitted form.

Item 5. ERC Information. Enter the city and state/ physical location(s) and address(es) for the ERC(s) in your state. Include the total number of ERCs.

SECTION II: COSTS

Item 6. List cost totals according to type provided. Include supporting documentation such as cost pre-approvals and itemized receipts. Provide additional information in the space provided, as needed.

Port of Entry costs are those associated with the establishment of operations to receive repatriates at the port of entry. Provide an itemized bill and supporting documentation (e.g., lease agreement).

ERC Space is the physical location to provide services to repatriates. Provide copy of lease, contract, or receipts.

Security associated with keeping the ERC and personnel safe and secure. Provide necessary receipts such as contract or invoice.

Equipment. Provide a copy of the rental agreement for the equipment and/or other applicable receipts.

Supplies necessary to carry out the operation. Provide all supporting documentation.

Congregate Transportation (ERC). For ground transportation between the airport and the ERC for repatriates and staff. Provide copies of all applicable contracts, receipts, and, if necessary, state policies.

Money Payments. For cash assistance provided to repatriates, states must submit receipts for cash cards and proof of cash amount provided to the repatriate (e.g., copy of signed voucher).

Food (Repatriate). Provide an itemized bill and copies of receipts.

Medical Services. (1) For congregate medical services, provide an itemized bill of all costs such as staff time and medical supplies. If necessary, provide a supporting statement or explanation of cost. Indicate the total number of repatriates assisted.

(2) For pharmaceuticals, provide an itemized bill with associated costs, including costs allocable to each repatriate. Provide a supporting statement or explanation of cost. Indicate the total number of repatriates who received pharmaceuticals at the ERC and the type of over-the-counter or prescription medicine. For instance, if 50 repatriates received some type of pharmaceutical, list the repatriates, the type of medication received), and the cost of each medication.

(3) For ambulances, use current Centers for Medicare and Medicaid Services (CMS) reimbursement rates and guidelines in the locality. Provide the total number of ambulances used and total number of repatriates who received medical transportation.

(4) For hospitalizations provide itemized hospital bills showing CMS or other health insurance payments.

Lodging. When applicable, states should submit a copy of the receipt for each repatriate. Receipts can be in the

form of a voucher signed by the repatriate. For hotel room blocks, states must submit the OHSEPR pre-approval indicating the number of rooms and length of time.

(1) For temporary congregate accommodations, provide a copy of the contract, agreement, and/or rental document showing the total cost per facility.

(2) For non-congregate accommodations, such as a hotel, reimbursement will be provided for each repatriate's lodging accommodation.

(3) For other types of accommodations, documentation may include invoices, receipts, or agreements.

Staff Overtime. Provide supporting documentation on staff hours worked and labor rates. Provide both individual and summary information.

Other Staff Costs. These may include staff transportation and lodging. Provide copies of receipts and state policies if necessary.

Planning, Training & Exercises. Provide copies of OHSEPR pre-approval, receipts, bills, agreements, and/or other supporting documentation.

Other. Identify other costs by category and provide a description. Provide copies of pre-approval requests (RR-08) and other supporting documentation such as contracts, receipts, etc.

Item 7. Additional Information. Use this space to provide additional information, if necessary.

SECTION III: SIGNATURE

Item 8. Name and Title of Agency Official. Provide full name and title of the agency official signing this form.

Item 9. Contact Information. Provide the telephone and email information for the agency official signing this form.

Item 10. Signature. The agency official must sign in order for HHS/ACF to process the form.

Item 11. Date (MM/DD/YYYY). Provide the date the form is signed. Format as two-digit month and day and four-digit year.