DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY STUDENT STIPEND AGREEMENT (AMENDMENT)

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 2 minutes per resposne. 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 a vaild OMB control number appears in the upper right corner of this form. 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 (1660-0100). **NOTE: Do not send your completed form to the above address.**

Privacy Act Statement

General: This information is provided pursuant to Public Law 93-579 (Privacy Act of 1974), December 31, 1974, for individuals applying for student stipend reimbursement from the Federal Emergency Management Agency.

Authorities: Public Law 93-498, 15 U.S.C. 2206, 5 U.S.C. 301, 50 U.S.C. APP. 2253, E.O. 12127 and E.O. 12148, Public Law 81-920, section 201(e), Public Law 93-288, section 201(e), and Public Law 104-134.

<u>Purposes and Uses</u>: The purpose of the information requested on this document and any supporting documents is to facilitate the review, approval, accounting, and reimbursement of funds for the expense of student attendance at the National Emergency Training Center (NETC), the Mount Weather Emergency Assistance Center (MWEAC), or selected off campus locations.

Effects of Nondisclosure: Submission of the information is voluntrary; howerver, failure to provide the requested information may result in a delay in processing the reimbursement claim.

STUDENT'S NAME (Last, first, mi	ACCOUNT TO WHICH REIMBURSEMENT WILL BE DEPOSITED:																		
			- Financial Insititution Name:																
BUSINESS ADDRESS (Include area code)				1								 ר							
		Routing #:																	
MAILING ADDRESS		Account Title:																	
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		Account #:																	
			Check	king	Γ	Sa	aving	IS											
A student stipend agreement was a	approved for the above named individual in the a	amount of	\$. A	ctual	/erifie	d trav	el cost	t have	e exce	eded t	ne ori	ginal	stipen	d pa	yment.
This amendment provides a stipend	d supplement for total actual travel cost. All othe	er provisions	s of the	original	stipend	d cont	tract r	remair	1 the s	ame.									
		OTUDENE	0000																
I certify that the round- trip costs from my home to NETC, MEWAC, or other off campus locations exceeded my original travel stipend by \$, and I request reimburs that amount. Attached is doucmentary proof of the actual expense. I understand that I must file for reimbursement within 60 days of start of course or my claim will be deined.									seme	ent of									
that amount. Attached is doucmen	itary proot of the actual expense. I understand	that I must fi	ile for re	eimburs	ement v	within	60 da	ays of	start	of cou	irse or	r my c	laim w	rill be c	leinec	l.			
STUDENT'S SIGNATURE							DATE												
DO NOT WRITE BELOW THIS LINE - FOR OFFICIAL USE ONLY																			
ACCOUNTING INFORMATION:																			
Initial Stipend:	¢																		
initial oupond.	\$																		
Obligated This Agreement:	\$																		
Total Obligation:	\$																		
APPROVAL																			
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Signature Date						S	Signa	ture						0)ate			_	
FEMA Form 75-3A. JUL (EDIT)BSO	LEI	ГΕ														