

U.S. Department of Homeland Security
Region II
FEMA-4336-DR-PR
FEMA-4339-DR-PR
P.O. Box 70105
San Juan, P.R. 00936-8105



FEMA

November 7, 2017

Mr. Jose I. Marrero, Esq., CPA
Alternate Governor's Authorized Representative
Government of Puerto Rico
P.O. Box 9023228
San Juan, PR 00902-3228

RE: FEMA-3384-EM-PR; FEMA-4336-DR-PR; FEMA-4339-DR-PR
Manual Drawdowns
Public Assistance Program

Dear Mr. Marrero:

This letter is to inform you that FEMA has decided to implement a manual drawdown process for Hurricanes Irma and Maria. Because of the magnitude and associated costs of the response and recovery efforts for these events, FEMA has determined that an additional level of review is required prior to the Commonwealth of Puerto Rico (Commonwealth) drawing down funds under the Public Assistance program.

The Commonwealth must receive approval from FEMA to draw down funds by submitting the attached *Request for Advance or Reimbursement* Standard Form 270 (SF-270) to FEMA with documentation supporting that the requested drawdown amount was incurred, is eligible, is reasonable, and aligns with the approved scope of work. FEMA will review the request and provide a written response.

Should you have any questions or require further assistance, please contact Mrs. Ana Morales, Infrastructure Branch Chief, at (787) 296-3500 or ana.morales@fema.dhs.gov.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael Byrne".

Michael Byrne
Federal Coordinating Officer
FEMA-4336-DR-PR

REQUEST FOR ADVANCE OR REIMBURSEMENT

(See instructions on back)

1. TYPE OF PAYMENT REQUESTED

a. "x" one or both boxes
 ADVANCE REIMBURSEMENT

b. "x" the appropriate box
 FINAL PARTIAL

2. BASIS OF REQUEST

CASH

 ACCRUAL

3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED

4. FED GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FED AGENCY

5. PARTIAL PAYMENT REQUEST NUMBER FOR THIS REQUEST

6. EMPLOYER IDENTIFICATION NUMBER:

7. RECIPIENTS ACCOUNT NUMBER OR IDENTIFYING NUMBER

8. PERIOD COVERED BY THIS REQUEST

From (month, day, year)

To (Month, day, year)

Advance Only (month, day, year)

9. RECIPIENT ORGANIZATION

Name:

 Number and Street:

 City, State and ZIP Code:

10. PAYEE (Where check is to be sent if different than item 9)

Name:

 Number and Street:

 City, State and ZIP Code:

11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS/ADVANCES REQUESTED

| PROGRAMS/FUNCTIONS/ACTIVITIES | (a) | (b) | (c) | TOTAL |
|--|-----------|-----|-----|-------|
| a. Total program outlays to date (As of date) | \$ | \$ | \$ | \$ |
| b. Less: Cumulative program income | | | | |
| c. Net program outlays (Line a minus Line b) | | | | |
| d. Estimated net cash outlays for advance period | | | | |
| e. Total (Sum of lines c & d) | | | | |
| f. Non-Federal share of amount on line e | | | | |
| g. Federal share of amount on line e | | | | |
| h. Federal payment previously requested | | | | |
| i. Federal share now requested (line g minus line h) | | | | |
| j. Advances required by month when requested by Federal grantor agency for use in making prescheduled advances | 1st month | | | |
| | 2nd month | | | |
| | 3rd month | | | |

12. ALTERNATE COMPUTATION FOR ADVANCES ONLY

a. Estimated Federal cash outlays that will be made during period covered by the advance

b. Less: Estimated balance of Federal cash on hand as of beginning of advance period

c. Amount requested (Line a minus line b)

13. CERTIFICATION

I certify that to the best of my knowledge and belief the data above are correct and that all outlays were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL

DATE REQUEST SUBMITTED

TYPED OR PRINTED NAME AND TITLE

TELEPHONE (AREA CODE, NUMBER, EXTENSION)

This space for agency use