

# Long-Term Recovery Committee Manual

## Introduction

**As you start the process of forming and functioning as a Long-Term Recovery Committee in response to a specific event, the following items are some of the things that will warrant your consideration:**

- It is almost certain that you will encounter issues or problems along the way that were not originally contemplated and which might not be addressed in this manual. In other words, while it is believed that this manual will provide a reasonable guide for organizing the committee and for fulfilling its fundamental responsibilities, it should also be understood that a Long-Term Recovery Committee will need to be adaptable to circumstances as they present themselves.
- This is a framework and a guide which is intended to help you to have necessary conversations about important topics and will help you to answer many of the tough questions with which you will be faced. It is anticipated that the committee will go over the manual, including its guidelines and forms, and make appropriate changes, additions, and deletions as dictated by the specific event and set of circumstances that accompany it.
- This packet will not contemplate or help you with every issue you will face. Decisions made by the committee should be documented and made a part of the manual and its forms, etc.
- Control of centralized public messaging will be essential for the perceived success of the committee.
- This is a marathon, not a sprint, and maintaining enthusiasm will be challenging and important.
- You will need a chairperson who can keep you together and moving in the right direction.
- The Committee must always be mindful of the importance of protecting the public trust by carrying out its duties diligently and ethically at all times.
- One of the responsibilities of the permanent members of the Long-Term Recovery Committee might be to take early leadership roles that will enable them to help temporary members get up to speed when a full Long-Term Recovery Committee is formed in response to a particular disaster or event. This could include the task of identifying and informally recruiting at least some of the people that would likely be called upon when an event occurs so that their willingness and readiness to respond at that time would be known ahead of time. A copy of this manual could be distributed to them also so that they would have some familiarity with it.
- Voting members might need to recuse themselves in certain situations, particularly if an issue involves a business, entity, property, or people that they are particularly connected to.
- At the first meeting of the Committee, event specific details should be provided and expectations of committee members should be discussed.
- Professional guidance is available through Emergency Management at the county and municipal levels.
- The event is dynamic and the amount and quality of information will change throughout the duration of the event requiring a willingness to be adaptable to change.

# Long-Term Recovery Committee Manual

## Introduction

- In order to continue to improve the usefulness of this manual for Long-Term Recovery Committees that are formed to respond to future events, the creators of this material would appreciate any and all feedback that you can provide. It is hoped that this would be one of the last acts of any Long-Term Recovery Committee.

Thank you for your willingness to serve as part of a long-term recovery effort. While you might not individually receive a great deal of thanks and appreciation, particularly if your role tends to be behind the scenes as opposed to being directly involved in case management, rest assured that your efforts are greatly appreciated by many because, when your community needed you, you responded.

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# Long Term Recovery Manual Structure

## Introduction / Background

### Committee

- Process for Forming Committee
- Committee Composition / Make-Up
- Sub-committees
- Leadership Structure
- Role Descriptions

### Fund Management

- Committee Checklist
- Guidelines

### Unmet Need Categories and Thresholds

### Case Management

- Committee Checklist
- Case Manager Process Checklist
- Application for Assistance Form
- Application for Assistance Instructions

### Appendix

- Bid Guidelines
- Applicant Approval Process

## **Committee Section**

## Process for Forming Committee

- The need to establish a Long Term Recovery Committee will be based on:
  - a. A declaration by a local jurisdiction
  - b. The judgment of the responding Emergency Manager or their delegate
- Permanent committee members will assemble and discuss the need for assembling a long term recovery committee with the responding Emergency Manager or their delegate. The discussion will include:
  - a. The scope and size of the event
  - b. The number of and Representation of the committee members needing to be assembled
  - c. Assigning responsibilities for identifying and soliciting individuals responsible for playing each role
  - d. A target timeline for committee member identification and an initial meeting
- The committee will meet to:
  - a. provide a brief review of the Introduction – Background section of the Long Term Recovery Manual and the structure of the manual (performed by the permanent members of the committee)
  - b. elect the officers of the committee
  - c. establish the frequency and dates of future meetings
  - d. develop an agenda for the next meeting

## Recommended Structure for Localized Event - Scalable to Size of Event

LTR Committee Structure					Minimum: 7 - majority votes = 4, quorum = 2/3 (5)	
Ideal	Minimum	Maximum	Status	Voting	Representation	Knowledge
2	1	3	Permanent	Yes	Elected VOAD members	VOAD structure and resources; can activate help expertise in emergency response and resource coordination, working relationship with people in jurisdictions throughout the county
1	1	1	Permanent	???	Designated county em representative	service delivery system: can activate resources
1	1	1	Permanent	Yes	Designated county human services representative	victim service delivery; conduit for victims services
1	1	1	Permanent	Yes	Designated American Red Cross representative	victim service delivery; conduit for victims services
1	1	1	Permanent	Yes	Designated Salvation Army representative	volunteer resources; can activate direct help
1	1	1	Permanent	Yes	Designated Volunteer Center representative	Health related concerns, issues, resources needed and good practices
1	1	1	Permanent	Yes	Designated Public Health Department representative	local agricultural issues, agricultural damage assessment and response
1	1	2	Permanent	Yes	Agricultural agency rep (such as UW Extension or Planning & Parks or USDA)*	community; can activate faith-based resources; provide volunteers
2	0	2	Temporary	Yes	Solicited representatives from local churches	community; can activate business resources; provide volunteers
2	0	2	Temporary	Yes	Solicited representatives from local businesses - fewer than x employees	community; can activate business resources; provide volunteers
2	0	2	Temporary	Yes	Solicited representatives from local businesses - more than x employees	community; can activate business resources; provide volunteers
2	0	2	Temporary	Yes	Solicited representatives from local neighborhood (s) from affected area(s)	community: know who/where damage is
1	0	2	Temporary	No	Appointed or designated local elected official	represents local elected officials: serves as communication link; can activate resources and call out local volunteers
2	0	2	Temporary	Yes	Solicited local civic group representatives	community: can activate resources: serves as communication link to other civic organizations: can activate volunteer base
1	0	1	Temporary	???	Designated local em representative	community, emergency response plans, emergency response resources
2	0	2	Temporary	Yes	Solicited other local service providers (NGO)	community; knows service picture and how to access it for the LTR team and for families affected
1	1	3	Temporary	Yes	Representative from local school system(s)	impact on education, family dynamics, communication with families
24	9	29	<b>Totals</b>			
					<b>Subcommittee for Emergency Fund recommendations</b>	

					<b>minimum 3, quorum - all, majority votes = 2, at least one rep from the LTR committee</b>	
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Consider whether committee members represent the demographics of the communities involved including but not limited to gender, ethnicity and cultural representation.

### Multi-jurisdictional event - several jurisdictions

LTR Committee Structure					Minimum: 17 - majority votes = 9, quorum = 2/3 (12)	
Ideal	Minimum	Maximum	Status	Voting	Representation	Role
2	1	3	Permanent	Yes	Elected VOAD members	VOAD structure and resources; can activate help
1	2	1	Permanent	???	Designated county em representative	expertise in emergency response and resource coordination, working relationship with people in jurisdictions throughout the county
1	1	1	Permanent	Yes	Designated county human services representative	knows service delivery system: can activate resources
1	1	1	Permanent	Yes	Designated American Red Cross representative	knows victim service delivery; conduit for victims services
1	1	1	Permanent	Yes	Designated Salvation Army representative	knows victim service delivery; conduit for victims services
1	1	1	Permanent	Yes	Designated Volunteer Center representative	knows volunteer resources; can activate direct help
1	1	1	Permanent	Yes	Designated Public Health Department representative	Health related concerns, issues, resources needed and good practices
1	1	2	Permanent	Yes	Agricultural agency rep (such as UW Extension or Planning & Parks or USDA)*	knowledge of local agricultural issues, agricultural damage assessment and response
2	1	2	Temporary	Yes	Solicited representatives from local churches	knowledge of community; can activate faith-based resources; provide volunteers
2	1	2	Temporary	Yes	Solicited representatives from local businesses - fewer than x employees	knowledge of community; can activate business resources; provide volunteers
2	1	2	Temporary	Yes	Solicited representatives from local businesses - more than x employees	knowledge of community; can activate business resources; provide volunteers
4	1	4	Temporary	Yes	Solicited representatives from local neighborhood (s) from affected area(s)	knowledge of community: know who/where damage is
4	2	4	Temporary	No	Appointed or designated local elected official	represents local elected officials: serves as communication link; can activate resources and call out local volunteers
4	2	4	Temporary	Yes	Solicited local civic group representatives	knowledge of community: can activate resources: serves as communication link to other civic organizations: can activate volunteer base
Varies	2	Varies	Temporary	???	Designated local em representative	knowledge of community, emergency response plans, emergency response resources
2	0	2	Temporary	Yes	Solicited other local service providers (NGO)	knowledge of community; knows service picture and how to access it for the LTR team and for families affected

1	1	3	Temporary	Yes	Representative from local school system(s)	impact on education, family dynamics, communication with families
27	19	29	<b>Totals</b>			



### Advisors

					donations management representative	this is a needed role like case management but does not necessarily need to be a committee representative.
					county vendor - home repair, contractor, construction, trades	knowledge of rebuilding
					Local First Responders - ad hoc	credibility in emergency / disaster situations
1					WeVolunteer disaster administrator	can activate special skill volunteers

# Subcommittees

**Emergency Fund recommendations** (fund management?) - ???

**Public Messaging** - The responsibilities of this committee include any communications through any form to the public in mass or individually. Public messaging is likely to include announcements related to donations / the long term recovery fund; funds dispersed; how to apply for assistance; etc...

**Process and documentation** - The responsibilities of this committee include: (1) reviewing the Long Term Recovery Manual and the forms contained therein and making recommendations for adjustments in the policies, procedures, and/or documents that would best fit their situation and the event that they are faced with; (2) making suggestions regarding how to best facilitate the implementation of the plan. The Subcommittee's recommendations are to be submitted to the LTR Committee for discussion and approval; (3) identifying and recommending the additional processes which need to be established in response to the event (including the steps in each process) and the documentation which needs to be created and maintained in response to the event; (4) identifying how the documentation is to be maintained and for what period of time.

**Applicant evaluation and recommendation** - The responsibilities of this committee include reviewing applications for assistance and making recommendations regarding fulfilling unmet need by applicant. The committee will operate within the unmet needs categories and thresholds established by the Long Term Recovery Committee and take into consideration other guidance and information provided by the Long Term Recovery Committee, including

**Case management** - The responsibilities of this committee include oversight of the case management process and Case Manager performance, including the assignment of case managers to applicants and ensuring case management documentation satisfies established standards.

**Volunteer resource management** - The responsibilities of this committee include identifying and deploying volunteer resources available (whether provided by individuals or through other organizations) to respond to the event for the purpose of fulfilling unmet need for applicants.

**Relationship management** (other entities) - The responsibilities of this committee include acting as a liaison between the Long Term Recovery Committee and other organizations involved in or responding to the event. To the extent possible, this subcommittee will address issues related to the resources available through other organizations for satisfying unmet need including: avoiding multiple reimbursements for the same loss / damage; the timing and scope of the funds disbursed through other organizations; the nature of the funds / resources available through other organizations; etc... This committee will be responsible for developing a list of known disaster programs offered by existing agencies such as WELS, etc.

# **LTR Job Description**

Responsibilities

Skills and Experience

Length of Service

Nature of the Commitment

**Officer Job Descriptions**

**Sub committee charges**

# **Fund Management Section**

# Long Term Recovery Checklist

## Signatories

- Identify any pre-authorized signatories
- Establish signatories representing multiple constituencies

## Fund Management Considerations

- Estimate the total amount of available funding.
- Determine and articulate funding priorities based on agreed upon principles, values and measurable criteria.
  - Decide where funds are most needed / best used.
  - Discuss and decide if there should be any income thresholds for fund recipients
  - Determine the importance of promoting future responsible behavior through decisions that are being made.
  - Consider the applicant's ability to insure or otherwise prevent the loss.
- Determine what other funds are available to potential recipients and under what circumstances (covered in the application).
- Determine the extent to which donors can direct or allocate donations. Plan for the distribution of funds based on stated donor intent (specific event, geographically designated or general).
- Determine if funds available should be entirely exhausted in response to the event (or held over for future events).
- Based on priorities, other funds available and the decision whether or not to exhaust funds, determine\*:
  - The definition of unmet need as it relates to the event
  - Which categories of unmet need are eligible for payment
  - The maximum payment / threshold by Applicant
  - The maximum payment / threshold by unmet need category
  - Determine the period(s) of unmet need to which the fund will respond (urgent response, short term, long term, etc...)

\* - The Unmet Needs Categories and Thresholds document provides the structure for the Long Term Recovery Committee to document most of these decisions. Consult eligibility criteria for specific considerations related to fund recipient eligibility and define for the event.

# Long Term Recovery Fund / Committee Guidelines

## Signatories

- Determine the minimum and maximum number of signatories for the affected area
  - 2 min, 6 max
- Establish preferences for the roles / organizations represented as signatories
  - Financial management / accounting skill set, experience
  - A county VOAD representative and at least one from another entity in the affected area
- Check writing
  - Dual signatures on all checks with segregation of duties for signatories
  - Checks cut from list of approved disbursements for the period which contain necessary details (recipient\*, case number and amount, etc...) to allow disbursement
  - Checks shall not be pre-signed
  - Signatory 1, receives approved disbursements list for the period from Long Term Recovery Committee, cuts check and signs
  - Signatory 2 reconciles checks against approved disbursements for the period list and signs checks
  - Signatory 2 updates approved disbursement list with check number and returns list to Long Term Recovery Committee
- Confidentiality
  - Signatories must keep the details of all transactions in confidence

## Fund Management Guidelines

- The Unmet Needs Categories and Thresholds document provides the structure for the Long Term Recovery Committee to discuss:
  - which categories of unmet need are eligible to be paid on behalf of fund recipients
  - how “unmet need” is defined
  - what elements of the financial loss the fund will address
- Disbursements should be made out to entities supplying products or services (vendors, contractors, retailers) not made out to “cash” and not made out to the applicant.
- The management of long term recovery funds and the processes followed are intended to be tailored to the specific event. Be clear in communications generated and in fund disbursement that the decisions in one event do not set a precedent or create entitlement for benefits for future events.

# Unmet Need Categories and Thresholds

## Guidelines

- A maximum of \$XXX in financial assistance from the Long Term Recovery Fund will be provided per 'applicant'. It is understood this maximum may not return the applicant to his or her pre-event condition.
- Case managers must be aware of the legal requirement for issuance of building permits prior to beginning repairs and the necessity to comply with local building inspection codes. Building inspection compliance is the responsibility of the property owner.
- Fund recipients are responsible for understanding and complying with local building codes and other ordinances.
- Case Managers can work directly with the Case Manager Supervisor / Donation & Volunteer Coordinator to resolve cases where no monetary assistance is being sought.
- The following categorical award thresholds have been established by the Long Term Recovery Committee. Funding requests that exceed a threshold may be reviewed by the Long Term Recovery Committee to determine appropriateness and for authorization of costs. Thresholds and conditions should be re-visited by the committee as other funds become available or other facts change.

Eligibility (Yes/No)	Category	Conditions	Award Threshold
	Business Property		\$
	Exterior Mitigation		\$
	Farm Property		\$
	Financial Assistance: Individuals / Families		\$
	Financial Assistance: NGOs		\$
	Flooring		\$
	Furniture & Furnishings		\$
	Garages and Outbuildings		\$
	General clean-up expenses		\$
	Home Appliance Repair / Replacement		\$
	Home Construction repairs		\$
	Home Mechanicals		\$
	Home Mitigation		\$
	Medical Equipment		\$
	Mold Inspection & Remediation		\$
	Storage Unit		\$
	Temporary lodging		\$
	Vacation / Second Residence		\$
	Vehicles		\$
	Additional categories to be determined by Long Term Recovery Committee		\$

# Unmet Need Categories and Thresholds

- Monetary awards shall be paid directly to the business vendor, not to an ‘applicant’, wherever possible.
- Categories are intended to be mutually exclusive. Awards to applicants from multiple categories are possible.
- Reimbursements will be made for each expense only once. The Long Term Recovery Committee and individual Case Managers have the authority to make decisions which ensure applicant costs are not reimbursed more than once.

## Definitions & Limitations

The following is a list of definitions and limitations as determined by the Long Term Recovery Committee. Any variance from these definitions must have the approval of the Long Term Recovery Committee.

### Applicant:

For residence buildings or contents, an Applicant includes all household members living at the same residence. For businesses or farms, an Applicant is the legal entity which includes the business owner(s) and their spouse(s). The definition of Applicant determines the total unmet need, income, assets and expenses.

### Award Threshold:

Where pre-set monetary limitations have been noted, it is the intent of Long Term Recovery Committee that such is the maximum allowed. Where an ‘applicant’s’ bid / billing exceeds the award limitations, it is the intent of Long Term Recovery Committee that the ‘applicant’ will cover any & all expenses beyond the award level.

### Business Property:

Buildings and personal property owned by the applicant and used by the applicant’s business. Business property does not include “primary residences” physically located on land owned by or used by any business.

### Event:

An occurrence or series of occurrences which cause increased costs due to property damage for property belonging to the members of a community / county / multiple counties. Events include terms like catastrophe, disaster, crisis, etc... Events include occurrences which are natural or man made.

### Exterior Mitigation:

The repair / replacement / new installation of landscaping at the affected primary residence, where such is necessary for future event mitigation needs. This should be considered to be the area owned by the ‘applicant’ located immediately around the primary residence that is presenting a negative impact on the primary residence in a future event. This may include, but is



## Unmet Need Categories and Thresholds

not limited to, related labor, gravel, dirt, stone – concrete, drain tile systems, culverts, tree removal or trimming, necessary water diversion walls & other routine landscaping materials. These funds are not intended for general cosmetic repairs / maintenance that do not present a future negative impact on the primary residence.

### Farm Property:

Buildings and personal property owned by the applicant, occupied and used for the operation of a farm. Farm property does not include “primary residences” physically located on the farm.

### Field Audits:

The Long Term Recovery Committee will, based upon their judgment, the size and scope of an individual ‘applicant’s’ award or other criteria, direct that a field audit be conducted to confirm that repair work authorized by the Long Term Recovery Committee and paid for with Long Term Recovery Funds. The ‘applicant’ is responsible for compliance with all state and local building codes and this audit **does not** constitute a building inspection as to the quality of work or life safety code issues associated with that work. This audit is intended to confirm that funds expended were used as requested and is conducted solely for the benefit and use of the Long Term Recovery Committee.

The field audit will be conducted by an individual identified by the Long Term Recovery Committee who is not connected with the case management process including the case manager or case management supervisor.

### Financial Assistance: Individuals / Families

The payment of event related bills and expenses. The requests for assistance must be determined to be “Unmet Needs”. These may include, but are not limited to, catching up utility bills where cleanup efforts have noticeably increased these costs; assisting with the purchase of necessary daily living supplies; assisting with related medical bills; as well as assisting with foreclosure / bankruptcy prevention efforts (counseling & financial).

### Financial Assistance: Non-governmental Organizations

The payment of event related support or aid provided by non-governmental organizations to those adversely affected by the event. A food pantry is an example of such support.

### Flooring:

The repair / replacement / new installation of damaged flooring material (carpet, tile, wood, vinyl, etc.) owned by the applicant which have been damaged by the current event. This includes the costs related to the removal of old flooring, floor preparations and the installation of new materials.

### Furniture & Furnishings:

The repair / replacement of damaged home furnishings & furniture which were at the primary residence during the event and owned by the ‘applicant’, which have been damaged by the current event. Furniture and furnishings includes the costs related to remove old furniture and furnishings and the installation of new furniture and furnishings.

# Unmet Need Categories and Thresholds

## Garages & Out Buildings:

Buildings that are not physically attached to a “primary residence” but which are located at the primary residence.

## General Clean-up Expenses:

Expenses associated with cleaning of buildings or cleaning or removal of personal property owned by the applicant which has been damaged during the event and is not included within another definition. General clean-up expenses includes the cost of dumpster rental or dumping fees necessary for the removal of damaged property. Funds can be utilized for the purchase of general home cleaning supplies and / or the hiring of a commercial cleaning service.

## Home Appliances Repair / Replacement:

The repair / replacement and installation of damaged appliances which were located at the primary residence during the event and owned by the ‘applicant’, which have been damaged by the event. This may include, but is not limited to, necessary labor, washers, dryers, stoves, dishwashers, microwave ovens, refrigerators, freezers and dehumidifiers.

## Home Construction:

The repair / replacement of damaged portions of the primary residence damaged in the event and owned by the ‘applicant’. This may include, but is not limited to, any & all related construction materials, foundation - basement walls, roofing, interior &/or exterior walls & rooms, related permits & inspection fees, driveway & sidewalk repairs (immediate to the building) and related labor costs.

## Home Mechanicals:

The repair / replacement and installation of damaged mechanicals in the primary residence damaged in the event and owned by the ‘applicant’. This may include, but is not limited to any & all related materials, necessary labor, furnace systems, water heaters, air conditioning systems, sump pumps, electrical systems, and basement flood control systems.

## Home Mitigation:

The mitigation of current & future issues at the home, which have been identified in the current event. This may be for the repair, replacement or new installation of materials in and around the ‘primary residence’ that clearly present a threat for causing future damages to the ‘primary residence’ owned by the ‘applicant’ in a similar event, if not corrected. This may include but is not limited to the new installation or repair / replacement / sealing of exterior walls, back-flow valves, windows & doors, installation of storm water control systems on the affected property, and other items that will prevent future home damages.

## Medical Equipment

The repair / replacement of damaged medical equipment owned or leased by the ‘applicant’ (where the lease requires the applicant to pay for damages to the leased equipment), which has been damaged by the current event. Medical equipment includes the costs related to remove old medical equipment and the installation of new medical equipment.

# Unmet Need Categories and Thresholds

## Mold Inspections & Remediation:

The inspection of primary residences for mold and / or the remediation of mold. The remediation may be by common household products or a professional mold remediation service depending on the level of mold present.

## Primary Residence:

The “primary” home of the owner / renter at which the ‘applicant’ resides the majority of the year. A ‘primary residence’ may include a mobile trailer unit or apartment. The primary residence includes attached garages or other attached buildings.

## Reimbursement Assistance:

Funds which are utilized to provide reimbursements for unmet needs to ‘applicants’ that have expended their own funds, obtained assistance from loan services, or utilized a credit card / system for future repayments.

## Storage Unit Rent:

Rental fees on a temporary storage unit at a commercial storage unit facility for property owned by the applicant which was located at the location damaged by the event and which can not currently be stored there. These funds shall not be utilized to pay rent to other non-commercial individuals to store personal property. The items placed in storage shall be personal belongings (not vehicles or out-door equipment) that belong to the ‘applicant’ and actually require in-door storage.

## Temporary Housing:

The cost of motels or other temporary housing sites while the ‘applicant’ can not currently occupy their primary residence due to damage from the event. These funds can not be utilized to pay friends, neighbors, relatives and the like for allowing the ‘applicant’ to temporarily reside there.

## Unmet Need:

It is the intent of Long Term Recovery Committee to utilize the funds in the Long Term Recovery Fund to address “unmet need”. “Unmet Need” is defined as financial loss which the applicant is ill prepared to incur and which is not reimbursed through any other source, including but not limited to insurance or other event related sources. The financial loss is defined as the cost to return the ‘applicant’ to their financial state immediately prior to the event. Unmet need is not intended to include a pre-disaster condition or an ongoing social issue and it is not intended to be an upgrade to the recipient’s previous living condition although this may happen in reconstruction for obvious reasons in order to provide safe, sanitary, secure, appropriate housing and to comply with building codes.

## Vacation / Second Residence:

Any residence damaged in the event at which the ‘applicant’ resides less than the majority of the year, whether they own or rent. A vacation residence or second residence may include a mobile

## **Unmet Need Categories and Thresholds**

trailer unit, apartment, attached garages or other attached buildings. This includes the repair / replacement of damaged portions of the vacation residence or second residence damaged in the event and owned by the 'applicant'. This may include, but is not limited to, any & all related construction materials, foundation - basement walls, roofing, interior &/or exterior walls & rooms, related permits & inspection fees, driveway & sidewalk repairs (immediate to the building) and related labor costs. This also includes furniture, furnishings and appliances owned by the applicant and damaged in the event.

### Vehicles & Transportation:

Any vehicles or other modes of transportation owned by the 'applicant' and damaged in the event. These funds may be utilized for the repair or replacement of automobiles or other modes of transportation damaged in the event.

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## **Case Management Section**

## **LONG-TERM RECOVERY COMMITTEE CASE MANAGEMENT PROCESS CHECKLIST**

### **1. Eligibility**

- a. Determine the types of applicants which are eligible to receive funds:
  - Individual/Joint Homeowners or Residents (for their benefit and the benefit of immediate family members who reside at a primary residence)
  - Non-Profit Organizations\*
  - Business owner\*
  - Other service organizations\*
  - Etc...

### **2. Case Management Considerations**

- a. Will we utilize Case Managers?
  - Size and scope of event
  - Availability and suitability of case managers from other parties
  - Terms and conditions and formal agreements which accompany case managers provided by a third party
  - Availability of volunteer case managers (with the necessary skill sets)
- b. Determine who will be utilized as case managers (assuming case managers are going to be used).
- c. Will long term recovery funds be used to pay for case management services?
- d. Determine:
  - How will supervision, reporting and communication with respect to Case Managers and their case load be performed?
  - How will due diligence be performed on behalf of the Long Term Recovery Committee as part of the case management process?

The assumption used in drafting these considerations is that Case Managers will not be directly employed by the Long Term Recovery Committee. If a decision is made to employ Case Managers directly the committee should seek advice on human resource and insurance considerations.

The purposes of these case management guidelines is limited in scope to the allocation and disbursement of local donor funds.

### **3. Volunteer resources**

- a. How and by whom are volunteer resources brought to bear
- b. Who manages volunteer resources

### **4. Review and Approval - Processes and Guidelines** (modifying processes as needed)

- a. Case management intake process
- b. Expectations for supporting documentation (see **Case File Guidelines**)
- c. Applicant approval process
- d. Bid guidelines
- e. Guidelines on the entities to which disbursements should be made
- f. **Volunteer utilization process**
- g. **Recipient reporting process**
- h. **Case closure reporting process**
- i. **Grievance/appeal process**

### **5. Case Tracking / Record Keeping Process**

- a. Establish expectations for record keeping and mid-case reporting
- b. Manage / verify process is being followed

## **6. Guideline exceptions**

- a. Discuss, determine and document how exceptions to guidelines will be handled. Exceptions may be considered in the areas of:
  - i. the supporting documentation needed by applicants,
  - ii. applicant eligibility
  - iii. unmet need categories for which disbursements may be made
  - iv. etc...

## **7. Timing of donations and disbursements**

It is highly unlikely donations and disbursements will actually occur in an orderly and linear fashion, with all disbursements following the collection of all donations. It is more likely the Long Term Recovery Committee will have requests to disburse funds prior to the committee knowing the total donations which will ultimately be collected or the total of all requests for funds to be distributed. Because both donations and disbursements are likely to continue for an extended period, the committee should discuss, determine and document:

- a. the probable duration the committee will be accepting donations and distributing funds
- b. the frequency with which applicant requests are reviewed and disbursement decisions made (waves or phases of review and disbursement)
- c. the allocation of current donations to current and future waves or phases (as a percentage or fixed dollar amount)
- d. etc...

## **8. Fund Disbursement Process**

- a. Review applications and decide amount to be disbursed (if any)
- b. Disburse fund and issue checks as approved

## **9. Case Closure Process**

- a. Review **applicant satisfaction surveys** and **case closure reports** and take action as needed
- b. Review **case progress metrics** to make sure cases are progressing at an acceptable pace

## **10. Grievance Process**

\* - for damages incurred or to the extent that they provide a specific service acceptable to the Long Term Recovery Committee as an unmet need and which are unfunded. There is no presumption for reimbursement of charitable acts / organizations not authorized by the Long Term Recovery Committee.

# **Application for Assistance Form**



County \_\_\_\_\_ City / Village / Town \_\_\_\_\_ Case# \_\_\_\_\_  
 (circle one)

**APPLICATION FOR ASSISTANCE**

*Before completing this document, the applicant needs to be aware that they must complete the full form and all entries must be true and correct. Furthermore, verifications and audits of the information provided may be conducted prior to, during, and after the case is presented for potential assistance. Without full and correct information on this form, this request for assistance will not be considered. If extra space is necessary for any question or response, please use the back side of this form.*

**Applicant Information** (please print in all fields)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Post-Disaster

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

**Other Persons seeking reimbursement** (For residences include all household members. For businesses and farms include other business owners and spouses.)

Last Name	First Name, Middle Initial	Relationship to Applicant

(List additional persons on a separate page)

Damaged property is (check all that apply and specify ownership of each part):

Type of Property	Do you own?	Do you lease / rent?	Do you rent to others?
<input checked="" type="checkbox"/> Example: Residence / contents	Contents	Residence - apartment	No
<input type="checkbox"/> Residence / contents			
<input type="checkbox"/> Business building / contents			
<input type="checkbox"/> Farm building / contents			
<input type="checkbox"/> Vehicle			

If a residence has been damaged, is this your primary residence? \_\_Yes \_\_No

If a residence has been damaged, is the residence located in a Flood Plain? \_\_Yes \_\_No  
 \_\_Unknown *Is the question needed, if so, should it be answered on a separate document?*

County \_\_\_\_\_ City / Village / Town \_\_\_\_\_ Case# \_\_\_\_\_  
 (circle one)

Date of Damage: \_\_/\_\_/\_\_ Cause of Damage: \_\_\_\_\_

Type of Property	General description of damage	Insurance coverage (Y/N)	Flood insurance (Y/N)	Estimated cost to repair / replace
Residence building(s)				
Residence contents				
Business building(s)				
Business contents				
Farm building(s)				
Farm contents				
Vehicle				

**Please attach an itemized list of items to be replaced or repaired.** Please attach estimates for repairs or replacement.

Was your insurance sufficient to cover all the damages? \_\_Yes \_\_No \_\_NA If “No”, Please explain in the space provided below or on an attached sheet:

\_\_\_\_\_

\_\_\_\_\_

What other financial assistance do you need to meet daily living requirements? Please describe the type and amount needed:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Were you employed before the disaster? \_\_Yes \_\_No

Did you lose all or part of your employment as a result of the disaster? \_\_Yes \_\_No If “Yes”, Please explain in the space provided below or on an attached sheet:

County \_\_\_\_\_ City / Village / Town \_\_\_\_\_ Case# \_\_\_\_\_  
(circle one)

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**Residence Buildings and Contents**

Please list all monthly income for **all household members:**

*(Verification documents necessary)*

Wages \_\_\_\_\_ Social Security \_\_\_\_\_  
Child Support \_\_\_\_\_ Unemployment \_\_\_\_\_ Other \_\_\_\_\_

Please list all assets for **all household members:**

*(Verification documents necessary)*

Home: estimated value \$ \_\_\_\_\_ Mortgage balances \$ \_\_\_\_\_  
Vehicles: estimated value \$ \_\_\_\_\_ outstanding liens \$ \_\_\_\_\_  
Savings (cash, checking, savings, investment accounts) \$ \_\_\_\_\_  
Other assets \$ \_\_\_\_\_

Please list all monthly living expenses for **all household members:**

*(Verification documents necessary)*

Rent/Mortgage \_\_\_\_\_ Transportation \_\_\_\_\_ Phone \_\_\_\_\_  
Heat \_\_\_\_\_ Electric \_\_\_\_\_ Childcare \_\_\_\_\_  
Medical \_\_\_\_\_ Credit Cards \_\_\_\_\_ Other \_\_\_\_\_

**Business and Farm Buildings and Contents**

Please attach copies of the most current balance sheet and income statements for the previous year and current year to date for the business or farm. Do not include income or assets stated in the section above.

Please list all monthly income for **business owner(s) and spouse(s):**

*(Verification documents necessary)*

Wages \_\_\_\_\_ Social Security \_\_\_\_\_  
Child Support \_\_\_\_\_ Unemployment \_\_\_\_\_ Other \_\_\_\_\_

Please list all assets for **business owner(s) and spouse(s):**

*(Verification documents necessary)*

Buildings: estimated value \$ \_\_\_\_\_ Mortgage balances \$ \_\_\_\_\_  
Vehicles: estimated value \$ \_\_\_\_\_ outstanding liens \$ \_\_\_\_\_  
Savings (cash, checking, savings, investment accounts) \$ \_\_\_\_\_  
Other assets \$ \_\_\_\_\_

Please list all monthly expenses for **business owner(s) and spouse(s):**

*(Verification documents necessary)*

Rent/Mortgage \_\_\_\_\_ Transportation \_\_\_\_\_ Phone \_\_\_\_\_

County \_\_\_\_\_ City / Village / Town \_\_\_\_\_ Case# \_\_\_\_\_  
 (circle one)

Heat \_\_\_\_\_ Electric \_\_\_\_\_  
 Credit Cards \_\_\_\_\_ Other \_\_\_\_\_

Did you apply for assistance from FEMA?  Yes  No  
 If yes, your FEMA case number is \_\_\_\_\_

Please list the FEMA assistance received: *(Verification documents necessary)*  
 Temporary Housing (Amount) \_\_\_\_\_  
 Home Repairs \_\_\_\_\_  
 Personal Belongings \_\_\_\_\_  
 Other Needs \_\_\_\_\_  
 Total amount received: \_\_\_\_\_

Did you apply for the assistance from an SBA loan?  Yes  No (Amount \_\_\_\_\_)  
*(Verification documents necessary)*

Was your SBA loan application approved?  Yes  No If not, why not?  
 \_\_\_\_\_  
 \_\_\_\_\_

Did you apply for assistance from a Community Development Block Grant (CDBG)?  Yes  
 No *(Verification documents necessary)*

Was your CDBG application approved?  Yes  No If not, why not?  
 \_\_\_\_\_  
 \_\_\_\_\_

Please list any assistance you have received or applied for from other organizations or agencies:

Application Date	Name of Organization / Agency	Description of Assistance Applied for	Amount Applied for	Amount Received

Comments / Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

County \_\_\_\_\_ City / Village / Town \_\_\_\_\_ Case# \_\_\_\_\_  
(circle one)

**APPLICANT STATEMENT:** I agree and affirm that I am making a voluntary application for assistance for disaster relief from \_\_\_\_\_. I understand that the information contained in this application and the accompanying Release of Confidential Information form will be utilized to assist me with my disaster related needs. I understand that the assistance is not guaranteed and that the case manager does not make the final determination of the availability of funds or other kinds of help. It is further understood that without truthful completion of this form, that my case may not be processed. I further understand that the case manager or later funding source(s) may require the verification of this data, as well as conduct financial and field audits after awards are approved. My signature below signifies that I have read and/or understand this document and the service being provided me.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Case Manager: \_\_\_\_\_ Date: \_\_\_\_\_

DRAFT

**Application for Assistance Instructions**

County \_\_\_\_\_ City / Village / Town \_\_\_\_\_ Case# \_\_\_\_\_  
 (circle one)

**APPLICATION FOR ASSISTANCE**

*Before completing this document, the applicant needs to be aware that they must complete the full form and all entries must be true and correct. Furthermore, verifications and audits of the information provided may be conducted prior to, during, and after the case is presented for potential assistance. Without full and correct information on this form, this request for assistance will not be considered. If extra space is necessary for any question or response, please use the back side of this form.*

**Applicant Information** (please print in all fields)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Post-Disaster

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

**Other Persons seeking reimbursement** (For residences include all household members. For businesses and farms include other business owners and spouses.)

Last Name	First Name, Middle Initial	Relationship to Applicant

(List additional persons on a separate page)

Damaged property is (check all that apply and specify ownership of each part):

Type of Property	Do you own?	Do you lease / rent?	Do you rent to others?
<input checked="" type="checkbox"/> Example: Residence / contents	Contents	Residence - apartment	No
<input type="checkbox"/> Residence / contents			
<input type="checkbox"/> Business building / contents			
<input type="checkbox"/> Farm building / contents			
<input type="checkbox"/> Vehicle			

If a residence has been damaged, is this your primary residence? \_\_Yes \_\_No

If a residence has been damaged, is the residence located in a Flood Plain? \_\_Yes \_\_No  
 \_\_Unknown *Is the question needed, if so, should it be answered on a separate document?*

**Comment [J1]:** The Applicant is the primary person with whom Case Managers or representatives of the Long Term Recovery Committee will work. See the definition of Applicant in the Unmet Needs Categories and Thresholds section for further assistance.

**Comment [J2]:** List the types of property you own which were damaged. Options include Residence, Contents, Business Building, Farm Building, Vehicle.

**Comment [J3]:** List the types of property you rent or lease which were damaged.

**Comment [J4]:** Do you own this location and rent it to any person or business?

**Comment [J5]:** We need to add the resource for a Case Manager or Applicant to find this answer

County \_\_\_\_\_ City / Village / Town \_\_\_\_\_ Case# \_\_\_\_\_  
 (circle one)

Date of Damage: \_\_\_/\_\_\_/\_\_\_ Cause of Damage: \_\_\_\_\_

Type of Property	General description of damage	Insurance coverage (Y/N)	Flood insurance (Y/N)	Estimated cost to repair / replace
Residence building(s)				
Residence contents				
Business building(s)				
Business contents				
Farm building(s)				
Farm contents				
Vehicle				

**Comment [j6]:** In general terms, describe what was damaged and the nature of the damage. For example: "the carpeting and drywall have water damage" or "the furniture in the kitchen and living room are broken due to the collapse of the roof"

**Comment [j7]:** Do you have insurance coverage which covers the damaged property?

**Comment [j8]:** Do you have flood insurance coverage which covers the damaged property?

**Comment [j9]:** For the type of property shown in the left column, what is the total estimated cost to repair or replace all property of this type?

Please attach an itemized list of items to be replaced or repaired. Please attach estimates for repairs or replacement.

**Comment [j10]:** Attach a separate document with a complete list of all items to be repaired or replaced where the repair or replacement cost for the item is greater than \$25. At the bottom of the list provide a total of the repair and replacement costs where the repair or replacement cost for the items are \$25 or less and a general description of the types of items which were damaged.

Was your insurance sufficient to cover all the damages? \_\_\_Yes \_\_\_No \_\_\_NA If "No", Please explain in the space provided below or on an attached sheet:

\_\_\_\_\_

\_\_\_\_\_

**Comment [j11]:** Answer "No" if your limit of insurance was less than the total cost of repair and replacement for the damaged items or you paid a deductible amount. Attach a copy of your insurance policy which shows the limits of insurance and deductible.

Answer "NA" if you had no insurance coverage.

Answer "Yes" if your insurance coverage adequately covered the damaged property.

What other financial assistance do you need to meet daily living requirements? Please describe the type and amount needed:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Were you employed before the disaster? \_\_\_Yes \_\_\_No

Did you lose all or part of your employment as a result of the disaster? \_\_\_Yes \_\_\_No If "Yes", Please explain in the space provided below or on an attached sheet:



County \_\_\_\_\_ City / Village / Town \_\_\_\_\_ Case# \_\_\_\_\_  
(circle one)

**Residence Buildings and Contents**

Please list all monthly income for **all household members:**  
(Verification documents necessary)

Wages \_\_\_\_\_ Social Security \_\_\_\_\_  
Child Support \_\_\_\_\_ Unemployment \_\_\_\_\_ Other \_\_\_\_\_

Please list all assets for **all household members:**  
(Verification documents necessary)

Home: estimated value \$ \_\_\_\_\_ Mortgage balances \$ \_\_\_\_\_  
Vehicles: estimated value \$ \_\_\_\_\_ outstanding liens \$ \_\_\_\_\_  
Savings (cash, checking, savings, investment accounts) \$ \_\_\_\_\_  
Other assets \$ \_\_\_\_\_

Please list all monthly living expenses for **all household members:**  
(Verification documents necessary)

Rent/Mortgage \_\_\_\_\_ Transportation \_\_\_\_\_ Phone \_\_\_\_\_  
Heat \_\_\_\_\_ Electric \_\_\_\_\_ Childcare \_\_\_\_\_  
Medical \_\_\_\_\_ Credit Cards \_\_\_\_\_ Other \_\_\_\_\_

**Business and Farm Buildings and Contents**

Please attach copies of the most current balance sheet and income statements for the previous year and current year to date for the business or farm. Do not include income or assets stated in the section above.

Please list all monthly income for **business owner(s) and spouse(s):**  
(Verification documents necessary)

Wages \_\_\_\_\_ Social Security \_\_\_\_\_  
Child Support \_\_\_\_\_ Unemployment \_\_\_\_\_ Other \_\_\_\_\_

Please list all assets for **business owner(s) and spouse(s):**  
(Verification documents necessary)

Buildings: estimated value \$ \_\_\_\_\_ Mortgage balances \$ \_\_\_\_\_  
Vehicles: estimated value \$ \_\_\_\_\_ outstanding liens \$ \_\_\_\_\_  
Savings (cash, checking, savings, investment accounts) \$ \_\_\_\_\_  
Other assets \$ \_\_\_\_\_

Please list all monthly expenses for **business owner(s) and spouse(s):**  
(Verification documents necessary)

Rent/Mortgage \_\_\_\_\_ Transportation \_\_\_\_\_ Phone \_\_\_\_\_

**Comment [J12]:** Include the total monthly income for everyone who lives at the residence at least half of the year. Attach copies of W2s, Social Security statements, child support checks / statements, unemployment checks / statements.

**Comment [J13]:** Include the total assets for anyone who lives at the residence at least half of the year.

**Comment [J14]:** Attach your most recent property tax assessment enter the assessment amount.

**Comment [J15]:** Attach an up to date copy of the balance on your mortgage from your bank / mortgage company.

**Comment [J16]:** Use an Internet used car value service like Edmunds.com or nadaguides.com to arrive at the Private Party appraised value for all ...

**Comment [J17]:** The total amount of the payoff value of all outstanding loans, except for a mortg...

**Comment [J18]:** Other assets might include a secondary home, jewelry, art, etc...

**Comment [J19]:** Include the total monthly living expenses for anyone who lives at the residence at ...

**Comment [J20]:** Your total transportation expenses during an average month including buse...

**Comment [J21]:** Your average monthly phone bill including mobile phones and land lines.

**Comment [J22]:** Your average monthly heating expense, if separate from your electric bill.

**Comment [J23]:** Your average monthly electrical bill.

**Comment [J24]:** Your average monthly medical bills including doctor visits, prescription drugs, etc...

**Comment [J25]:** Your average monthly credit card payment

**Comment [J26]:** Any other ongoing monthly expenses. Please attach a separate document ...

**Comment [J27]:** Include the total monthly income for all owners of the business / farm, ...

**Comment [J28]:** Attach the most recent property tax assessment for all buildings owned by the ...

**Comment [J29]:** Attach an up to date copy of the balance on your mortgage from your bank / ...

**Comment [J30]:** Use an Internet used car value service like Edmunds.com or nadaguides.com to ...

**Comment [J31]:** Use the total amount of the payoff value of all outstanding loans, except for a ...

**Comment [J32]:** Enter the accounting book value of all other business or farm assets. Attach a copy ...

**Comment [J33]:** Include the total monthly business expenses for business owners and spouse...

**Comment [J34]:** Your total transportation expenses during an average month including buse...

**Comment [J35]:** Your average monthly phone bill including mobile phones and land lines.

County \_\_\_\_\_ City / Village / Town \_\_\_\_\_ Case# \_\_\_\_\_  
 (circle one)

Heat \_\_\_\_\_ Electric \_\_\_\_\_  
 Credit Cards \_\_\_\_\_ Other \_\_\_\_\_

Did you apply for assistance from FEMA?  Yes  No  
 If yes, your FEMA case number is \_\_\_\_\_

Please list the FEMA assistance received: (Verification documents necessary)  
 \_\_\_ Temporary Housing (Amount) \_\_\_\_\_  
 \_\_\_ Home Repairs \_\_\_\_\_  
 \_\_\_ Personal Belongings \_\_\_\_\_  
 \_\_\_ Other Needs \_\_\_\_\_  
 Total amount received: \_\_\_\_\_

Did you apply for the assistance from an SBA loan?  Yes  No (Amount \_\_\_\_\_)  
 (Verification documents necessary)

Was your SBA loan application approved?  Yes  No If not, why not?  
 \_\_\_\_\_  
 \_\_\_\_\_

Did you apply for assistance from a Community Development Block Grant (CDBG)?  Yes  
 \_\_\_ No (Verification documents necessary)

Was your CDBG application approved?  Yes  No If not, why not?  
 \_\_\_\_\_  
 \_\_\_\_\_

Please list any assistance you have received or applied for from other organizations or agencies:

Application Date	Name of Organization / Agency	Description of Assistance Applied for	Amount Applied for	Amount Received

Comments / Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Comment [j36]:** Your average monthly heating expense, if separate from your electric bill.

**Comment [j37]:** Your average monthly electrical bill.

**Comment [j38]:** Your average monthly credit card payment for all credit cards issued in the name of the business or to the owners or spouses of the business and used in the business or farm.

**Comment [j39]:** Any other ongoing monthly expenses. Please attach a separate document explaining the nature of the expenses.

**Comment [j40]:** Attach the application for assistance and any document pertaining to the assistance received.

**Comment [j41]:** Attach the loan application and any document pertaining to the loan received.

**Comment [j42]:** Attach the grant application and any document pertaining to the grant received.

**Comment [j43]:** In general terms, describe what type of assistance was applied for and the nature of the damage or need you are trying to meet.

**Comment [j45]:** The amount of assistance you actually received or which has been promised to you. Attach any documents pertaining to funds received or promised.

**Comment [j44]:** The amount of assistance for which you applied. Attach copies of applications.

**Comment [j46]:** Include explanations for verification documents which can not be obtained, why they can not be obtained and whether another form of documentation has been included.

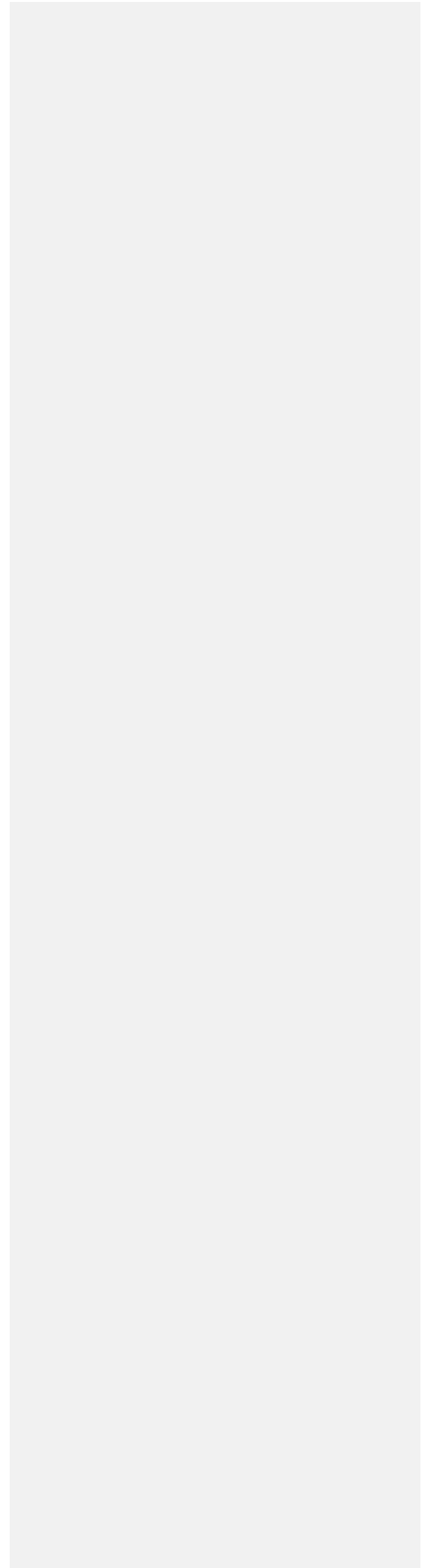
County \_\_\_\_\_ City / Village / Town \_\_\_\_\_ Case# \_\_\_\_\_  
(circle one)

APPLICANT STATEMENT: I agree and affirm that I am making a voluntary application for assistance for disaster relief from \_\_\_\_\_. I understand that the information contained in this application and the accompanying Release of Confidential Information form will be utilized to assist me with my disaster related needs. I understand that the assistance is not guaranteed and that the case manager does not make the final determination of the availability of funds or other kinds of help. It is further understood that without truthful completion of this form, that my case may not be processed. I further understand that the case manager or later funding source(s) may require the verification of this data, as well as conduct financial and field audits after awards are approved. My signature below signifies that I have read and/or understand this document and the service being provided me.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Case Manager: \_\_\_\_\_ Date: \_\_\_\_\_

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## Appendix

## Bid Guidelines

A bid is not an estimate. A bid is a proposal from a retailer or contractor for providing goods or services at a specified cost. All bids should be provided by a professional vendor or contractor who possesses the necessary licensing where needed.

We advise the committee establish thresholds beyond which repairs or replacements require a minimum of one or more bids. Multiple threshold levels may be needed.

In the initial application completion and review phase, estimates for the repair or replacement of damaged items are sufficient. Before funds are disbursed, bids need to be obtained and compared to the original estimate. Where the bids are significantly greater than the original estimate(s), the funding decision should be re-evaluated. The Long Term Recovery Committee (or an appointed subcommittee) should establish guidelines determining what constitutes a bid which is “significantly greater” than the original estimate and therefore not fundable without further review.

## Applicant Approval Process

1. Applicant and Case Manager complete application for assistance and attach supporting documents
2. Case Manager reviews for completeness, supplements as needed and submits case to Long Term Recovery Committee
3. Long Term Recovery Committee (or designated subcommittee) reviews case(s) and makes funding decision
4. Case file updated with decision / documentation of decision
5. Funding decision communicated to Applicant by Case Manager
6. If case is to be funded:
  - a. the required bids are obtained and compared to estimates
  - b. case file is updated with bids
  - c. if bid(s) are not significantly greater than estimate, request for funds disbursement is made by Case Manager.
  - d. Close case file.
  - e. Begin Case Closure Reporting Process.
  - f. if bid(s) are significantly greater than estimate, case referred back to step 3 in process
7. If case is not to be funded:
  - a. close case file until / unless Long Term Recovery Committee authorizes a new round of case evaluations.
  - b. Begin Case Closure Reporting Process.
  - c. When a new round of evaluations is authorized, return case file to step 3.