Imminent Threat Application Checklist (Field)

Instructions: This checklist is to be completed by GM Specialists to determine the eligibility of a request for Imminent Threat funding. This checklist and the supporting documents should be submitted to the Headquarters Office of Grants Management only if all criteria are met. If the criteria are not met, the applicant must be notified in writing that the request does not meet the stated criteria (NOTE: GM Specialists should be sure to clearly indicate which criteria were not met in the letter).

For each criterion, please indicate the document that provides the required information. For example, GM Specialists may indicate the specific page number of a document or the date of a submitted letter to demonstrate compliance with each criterion.

SECTION I: APPLICATION INFORMATION

Tribe_____ AONAP_____

Purpose of Request_____

Date Submitted_____ Amount Requested_____

SECTION II: IMMINENT THREAT CRITERIA

Criteria Required by 1003.400(a)(b)	Request Contains the Required Information? <Y/N>	Documentation Provided to Support Request
1. Independent verification from a third party (e.g., Indian Health Service, Bureau of Indian Affairs) of the existence, immediacy and urgency of the threat.		
2. Tribe/village documents that the threat is not recurring in nature, i.e. it must represent a unique and unusual circumstance , clearly identified by the tribe/village.		
3. Tribe/village documents that the threat affects or impacts an entire service area and not solely an individual family or household.		

Criteria Required by 1003.400(a)(b)	Request Contains the Required Information? <Y/N>	Documentation Provided to Support Request
4. Funds are not available from other tribal or federal sources to address the problem. The tribe/village must verify that federal or tribal agencies that would normally provide assistance for such improvements have no funds available by providing a written statement to that effect.		
5. The tribe/village must verify in the form of a written statement that it has no available funds for this purpose.		

SECTION III: SUPPLEMENTAL APPLICATION INFORMATION

1. Is this application for the remediation of mold? ___Yes ___No

2. If this is an application for the remediation of mold, does the request comply with following ONAP's policy regarding mold?

Criteria Required by ONAP Guidance 08-xx	Request Contains the Required Information? <Y/N>	Documentation Provided to Support Request
a. Documentation that the mold infestation is caused by design or construction deficiencies.		
b. Written determination by an independent third party (not a tribal agency) that the mold presents an immediate danger to public health and safety.		

The answers to 2a-b must be "yes" in order to qualify for IT funds for mold remediation.

If the answer to question #2 is No, please describe:_____

_____

SECTION IV: APPROVALS

GM Specialist:

Recommend approval? ___Yes ___No
Basis for disapproval:_____
_____
_____

_____
Signature, GM Specialist

GM Division Director:

Concur with approval or disapproval? ___Yes ___No
Comments: _____
_____
_____

_____
Signature, GM Division Director

"I certify that all criteria for Imminent Threat have been met."

_____
Signature, Area Administrator