

Request for Appeal Reimbursement of Ineligible Costs

CLAIMANT

USTCF Claim No.:

Date:

Name:

Signature:

Site Address:

SUBMITTING PARTY

Name:

Relationship to claimant:

Phone:

COSTS REQUESTED

| RR# | Invoice No. | Invoice Date | Invoice Amount | Ineligible Amount | Amount for Review or Appeal |
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| | | | | Total for Review or Appeal | |

ATTACH THE FOLLOWING:

1. A statement describing how the claimant is damaged by the Fund Staff Decision;
2. A description of the remedy or outcome desired;
3. An explanation of why the claimant believes the decision is erroneous, inappropriate, or improper;
4. Documentation and/or reports supporting the explanation;
5. A completed RR Form requesting the costs that are the subject of the request for review or appeal; and
6. The name and address of all interested parties.

SUBMIT APPEAL REQUEST BY:

1. **PREFERRED METHOD:** Uploading request to GeoTracker. Instructions can be found at:
http://www.waterboards.ca.gov/water_issues/programs/ustcf/docs/fund_gto/cufdocs.pdf
2. Emailing request to: ustcleanupfund@waterboards.ca.gov
3. Mailing request to:
Fund Manager
Underground Storage Tank Cleanup Fund
State Water Resources Control Board
P.O. Box 944212
Sacramento, CA 94244-2120

State Use Only

Comments:

Instructions for Appealing a Fund Staff Decision Determining Costs Ineligible

Pursuant to Sections 2814 of the Fund Regulations, a claimant who is not in agreement with a Fund Staff Decision determining that certain costs are not eligible for reimbursement by the Fund, may request the Fund Manager to review these costs and issue a Fund Manager Decision (FMD).

To facilitate the processing of requests for appeal regarding the eligibility of certain costs, the Fund requests that claimants complete this form with the following information:

1. The claim number and signature of claimant;
2. Name of party submitting the request for review or appeal and their relationship to the claimant;
3. The number of the Reimbursement Request (RR) in which the costs were first submitted;
4. The invoice number, invoice date, invoice amount, amount found ineligible, and amount for which review or appeal is requested;
5. A statement describing how the claimant is damaged by the Fund Staff Decision;
6. A description of the remedy or outcome desired;
7. An explanation of why the claimant believes the decision is erroneous, inappropriate, or improper;
8. Documentation and/or reports supporting the explanation;
9. A completed RR form requesting the costs that are the subject of the request for review or appeal; and
10. The name and address of all interested parties.

Requests for an FMD should be submitted using one of the following methods:

1. **PREFERRED METHOD:** Uploading request to GeoTracker. Instructions can be found at: http://www.waterboards.ca.gov/water_issues/programs/ustcf/docs/fund_gto/cufdocs.pdf
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