

# Request for Appeal Reimbursement of Ineligible Costs

**CLA**

USTCF Claim No.:

Date:

Name:

Signature:

Site Address:

**SU**

Name:

Relationship to claimant:

Phone:

**CO**

RR#	Invoice No.	Invoice Date	Invoice Amount	Ineligible Amount	Amount for Review or Appeal
				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](http://www.waterboards.ca.gov/water_issues/programs/ustcf/docs/fund_gto/cufdocs.pdf)
2. Emailing request to: [ustcleanupfund@waterboards.ca.gov](mailto: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](http://www.waterboards.ca.gov/water_issues/programs/ustcf/docs/fund_gto/cufdocs.pdf)
2. Emailing request to: [ustcleanupfund@waterboards.ca.gov](mailto:ustcleanupfund@waterboards.ca.gov)
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