



**STATE OF CONNECTICUT
DEPARTMENT OF EMERGENCY SERVICES &
PUBLIC PROTECTION**



Division of Emergency Management and Homeland Security
1111 Country Club Road, Middletown, CT 06457

CT NSGP Reimbursement Request

Revised May 2024

1. Grantee Name

Project address
2. Remit to Address:
3. Sub-Grant #:
4. FEIN#:
5. Grant Program:
6. Grant Award Amount:

Please email the completed and signed form to:
DEMHS.CT-NSGP@ct.gov
Original signatures/hardcopies are not required

Please note: Reimbursements will be payable directly to the subgrantee (as listed on the Notice of Grant Award)
Please select appropriate Funding Year below:

Funding Year:
Funding source: CT NSGP

Amount Seeking Reimbursement:

First Reimbursement

Final Reimbursement (if Cash Advance was used, select Final)

Mandatory: Describe the project activities/ deliverables that are included in this reimbursement request:

Attach required supporting documentation (invoice, proof of payment, etc.)

Mandatory: Please describe the achievement toward project goals/milestones.

Signatures required:

Point of Contact or Sub-Grant Project Director	Chief Executive Official	Date
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I certify that the foregoing signature is true and accurate, and if electronic, I further certify that it (a) is intended to have the same force as a manual signature, (b) is unique to myself, (c) is capable of verification, (d) is under the sole control of myself, and (e) is linked to data in such a manner that it is invalidated if the data are changed.

Please scan/email completed and signed form to: DEMHS.CT-NSGP@ct.gov Please retain originals in your files.



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For each facility: Please provide the invoice number, vendor name, project name (as listed in approved budget).

For each item: Please provide a copy of the invoice and proof of payment (copy of check, report from financial system showing check number, check date, vendor name and amount paid).

Facility name:				Total:
	Invoice 1	Invoice 2	Invoice 3	Invoice 4
Invoice No. :				
Vendor Name:				
Project Name:				
Amount\$				
Check #:				

Facility name:				Total:
	Invoice 1	Invoice 2	Invoice 3	Invoice 4
Invoice No. :				
Vendor Name:				
Project Name:				
Amount\$				
Check #:				

Facility name:				Total:
	Invoice 1	Invoice 2	Invoice 3	Invoice 4
Invoice No. :				
Vendor Name:				
Project Name:				
Amount\$				
Check #:				

FOR DESPP-DEMHS USE ONLY – DO NOT COMPLETE BEYOND THIS POINT

DEMHS Emergency Management Preparedness Specialist certifies the following:

The FEIN Number is identified as required on the front.

Up to date DEMHS Financial Report is on file has been reviewed

Up to date DEMHS Progress Report is on file has been reviewed

Signature of EMPS: _____

Date: _____

Grant Unit Approval: _____

Date: _____

Fiscal Unit approval: _____

Date: _____

Amount \$ _____

FOR DESPP / FISCAL USE ONLY

REQ / PO # _____

LINE / DISTRIBUTION L D

Submitted by: _____ Date _____

Approved by: _____ Date _____