Grantee Name:
Address:

FEIN (Municipality):
Grant Award Number:
Phone Number:
Person Completing Document:

All sections are required

Reimbursement Information:	
1. Program Award Year	
2. Reimbursement Percentage	(should match the percentage listed on award)
3. Grant Program Title	
4. Funding Breakdown of *this* Request (Should Match Totals on Reimb. Verification Tool)	Total Expended (This Req.): _____ State Share:_____Grantee Match:_____
5. Number of This Request (Maximum of 4)	_____out of_____ ☐ Final

School Safety and Security Plan Status:

☐ Plan Completed and Submitted to the DEMHS Regional Office in which the grantee is located.

☐ Development of plan is in process, estimated completion date: _____.

➡ x_____ *Initial here to certify the status of the School Emergency Plan (Required)*

Completion Checklist: (Reimbursement can be withheld without the following)

Forms	**Documentation**
☐ Reimbursement Verification Tool matching Total seeking reimbursement. ☐ Full 50 Page NCEF Checklist (if FINAL reimbursement) Emergency Plan Certification Submitted with Signatures/Signatory Page of Emergency Plan (if FINAL reimbursement)	☐ Invoices ☐ Copy of checks or financial accounting system report with vendor name, invoice number, check number, amount and date. ☐ If reimbursement documentation does not agree to invoice amount highlight and provide calculation used for reimbursement. ☐ If item paid with credit card, show credit card payment by grantee.

x
_____   x _____
Project Director Signature   *Date*   *Authorized Official Signature*   *Date*

FOR DESPP/DEMHS USE BELOW

Updated 05/2024