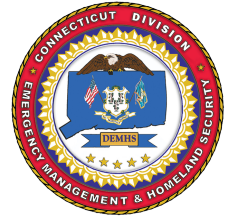




**STATE OF CONNECTICUT  
DEPARTMENT OF EMERGENCY SERVICES &  
PUBLIC PROTECTION**  
Division of Emergency Management and Homeland  
Security 1111 Country Club Road, Middletown, CT 06457



**Cash Advance Request Form for CT-NSGP**  
*Revised 10/2023*

1. Name & address of sub-grantee:

2. Sub-Grant #:

3. FEIN#:

4. Grant Program:

5. Sub-grant Award Amount:

6. **Amount of Cash Requested:**

**Please email the  
completed and signed  
form to:  
[DEMHS.NSGP@ct.gov](mailto:DEMHS.NSGP@ct.gov)  
Original signatures/  
hardcopies are not  
required**

**Only one cash advance request may be submitted per subgrant. A signed vendor contract(s) must be submitted to support the request. Up to 50% of the subgrant award may be advanced, as long as the dollar value of signed vendor contract matches or exceeds the requested cash advance amount.**

- Describe the proposed project activities for which funds are requested.



Please confirm the statement below by initialing:

The Sub-Grantee has confirmed the eligibility status (via Sam.gov) of all vendors/contractors included in this cash advance. The vendors and contractors do not appear on the Sam's Exclusion List.

\_\_\_\_\_  
Point of Contact or Sub-Grant Project Director

\_\_\_\_\_  
Chief Executive Official

\_\_\_\_\_  
Date

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.HSGP@ct.gov](mailto:DEMHS.HSGP@ct.gov) for HSGP and EMPG (Hazmat team) cash advances. Please retain originals in your files.

**FOR DEMHS USE ONLY – DO NOT COMPLETE BEYOND THIS POINT**

DEMHS Emergency Management Preparedness Specialist certifies the following:

- This form has been verified to have original signatures
- 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
- If final, a completed DEMHS Inventory Report is on file
- Selected for On-Site Financial Monitoring Visit – Date Scheduled

\_\_\_\_\_

<b>Signature of EMPS</b>	<b>Date</b>
<b>Signature of Grants Supervisor</b>	<b>Date</b>