



State of Connecticut
Department of Emergency Services & Public Protection
Division of Emergency Management & Homeland Security

CT NSGP Reimbursement Request
 (Revised October 2023)

Grantee Name:
 Remittance Address:

Please email the completed and signed form
to: DEMHS.NSGP@ct.gov

FEIN # (Mandatory):
 Phone Number:
 Grant Award Number:

(no hardcopies or original signatures needed)

Total Grant Award Amount:

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.



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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.
- If final, a completed DEMHS Inventory Report is on file.

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 _____