



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



Reimbursement Request

(Revised April 2025)

Grantee Name:

Remittance Address:

FEIN # (Mandatory):

Phone Number:

Grant Award Number:

DEMHS USE ONLY

PO:

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

Please enter the appropriate Funding Year below:

Funding Year:

Funding source: Nonprofit Security Grant (NSGP)

Total Award Amount:

Amount Seeking Reimbursement:

Please attach required documentation. Match invoices with their proofs of payment (check copy/bank statement)

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

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



Please confirm the statement below by initialing.

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

Signatures required:

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.NSGP-S@ct.gov, retain originals.



NSGP Reimbursement Request



NSGP Reimbursement Request

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 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
- Selected for On-Site Financial Monitoring Visit – Date Scheduled _____

Signature of EMPS		Date	
Date	Grant Unit Approval	Date	Fiscal Unit approval