



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 attached 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:

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

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



NSGP Reimbursement Request



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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 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