State of Connecticut

Department of Emergency Services & Public Protection

Division of Emergency Management & Homeland Security

Reimbursement Request

(Revised October 2023)

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@ct.gov

Please enter the appropriate Funding Year below:

Funding Year:

Funding source: Nonprofit Security Grant (NSGP)

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:

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

SIGN *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@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: $ 0.00

	Invoice 1	Invoice 2	Invoice 3	Invoice 4
Invoice No. :				
Vendor Name:				
Project Name:				
Amount$				
Check #:				

Facility name: Total: $ 0.00

	Invoice 1	Invoice 2	Invoice 3	Invoice 4
Invoice No. :				
Vendor Name:				
Project Name:				
Amount$				
Check #:				

Facility name: Total: $ 0.00

	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