



STATE OF CONNECTICUT
 DEPARTMENT OF EMERGENCY SERVICES & PUBLIC PROTECTION
 DIVISION OF EMERGENCY MANAGEMENT & HOMELAND SECURITY



HMA Reimbursement Request

(Revised January 2020)

Municipality/Agency:
 Award Number:
 Sub-Grant Award Number:

Note: Reimbursements will be 75% of the total amount submitted, provided the costs are documented, verified and eligible.

Total submission amount:

90% Federal Share:

10% Match Funding:

Please attach to this cover sheet, a completed hardcopy and digital spreadsheet, including all supporting documentation (contracts, invoices showing paid, canceled checks, itemized proof of payment, time & attendance sheets, etc.) This documentation must support total amount of funds expended to date on project.

Mandatory: Please describe project activities that were completed for which reimbursement is requested:

Reimbursements will be payable directly to the municipality and mailed to the address on record for the office of the chief executive Officer.

Signatures required:

Point of Contact or Sub-Grant Project Director Chief Executive Officer or Sub-Grant Financial Officer Date

Please mail this form and full reimbursement packet to:

Department of Emergency Services and Public Protection
 Division of Emergency Management and Homeland Security
 Attention: Hazard Mitigation Grant Program
 1111 Country Club Rd, 3rd Floor North
 Middletown, CT 06457

For digital submission or questions, email:
DEMHS.HMGP@ct.gov

For more information regarding Hazard Mitigation Programs, [click here](#) or visit <https://portal.ct.gov/DEMHS/Emergency-Management/Resources-For-Officials/Hazard-Mitigation>