



**STATE OF CONNECTICUT**  
**DEPARTMENT OF EMERGENCY SERVICES & PUBLIC PROTECTION**  
 Division of Emergency Management & Homeland Security  
 1111 Country Club Road Middletown, CT 06457




**Homeland Security Grant Program**  
**Cash-Advance Request Form**

*Revised 10/2023*

1. Name & address of sub-grantee:
  
2. Sub-Grant #:
3. Project Title:
4. Homeland Security Grant Program Funding Year:
5. Sub-grant Allocation Amount:
6. Total Expended to Date:
7. Balance of Funds Available:
8. **Amount of cash requested:** *Should not exceed balance of funds available on line 7*
9. Once requested funds are received, the sub-grantee has **60 days** to expend and report (copies of invoices, proof of payment).
10. Describe the proposed project activities for which funds are requested.
  
11. Attach a copy of the detailed memo, purchase order or invoice(s) equal to the amount of cash requested, including an anticipated delivery date of the desired goods or services as described in item #10 above. If submitting a memo, please include the vendor name, items, and prices.

Please email the completed and signed form to:  
[DEMHS.HSGP@ct.gov](mailto:DEMHS.HSGP@ct.gov)  
**Original signatures/hardcopies are not required**

12.  Please confirm the statement below by initialing:

The Sub-Grantee has confirmed the eligibility status (via Sam.gov) of all vendors/contractors included in this cash advance. The vendors and contractors do not appear on the Sam’s Exclusion List.

\_\_\_\_\_

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.HSGP@ct.gov](mailto:DEMHS.HSGP@ct.gov) for HSGP and EMPG (Hazmat team) cash advances. Please retain originals in your files.

\_\_\_\_\_

**FOR DEMHS USE ONLY – DO NOT COMPLETE BEYOND THIS POINT**

DEMHS Emergency Management Preparedness Specialist certifies the following:

- This form has been verified to have original signatures
- 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

Original Documents and signatures may be sent to [DEMHS.HSGP@ct.gov](mailto:DEMHS.HSGP@ct.gov) or the address below.

Department of Emergency Services & Public  
Protection Attention: Grant Unit  
1111 Country Club Road, 3<sup>rd</sup> Floor North Middletown,  
CT 06457