



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



HSGP Reimbursement Request

(Revised October 2023)

This is an electronic form. It must be completed on the computer and then printed or digitally signed.

Grantee Name:
 Remittance Address:

DEMHS USE ONLY	
PO#:	_____

FEIN # (Mandatory):
 Phone Number:
 Grant Award Number:

Please submit a separate reimbursement request for each project.

Please select appropriate response from the five (5) required categories below:

1. Funding Year:
2. Funding source supporting activity: Homeland Security Grant Program (HSGP)
3. Project Name or Title from approved application:
4. Solution area activity is attributed to:
5. Discipline area (emergency support function):

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

Does this request support a federal national priority area? If so, please identify below:

If this request is a result of Training, Backfill or Overtime, please refer to the DEMHS Grant Policy #1, relating to \$200.00 per day limitation or reach out to grant program manager.

Amount Seeking Reimbursement

Attach required supporting documentation (invoice, proof of payment, packing slips and training cert (Time & attendance sheets in cases of OT or Backfill reimbursement.).

Reimbursements will be payable directly to the organization or municipality based on address on record or



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 (Sign & Print)

Authorized Signatory
 (Sign & Print)

Date

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

Date	Grant Unit Manager Approval	Date to Fiscal Unit	Fiscal Unit Approval & Date of Approval

Original Documents and signatures may be sent to DEMHS.HSGP@ct.gov or to the DESPP HQ below.

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