



State of Connecticut
Department of Emergency Services and Public Protection
Municipal Grant Program



Reimbursement Certification

Project #: _____

I, _____ (Grantee CEO Name and Title) for the _____ (Grantee), hereby certify that construction on the project identified in the Memorandum of Understanding with the Connecticut Department of Emergency Services and Public Protection is _____ (Percentage e.g.- fifty (50%) percent) complete, which is based on the attached inspection records supplied by the municipal building inspector.

I hereby certify that the information contained in the attached Reimbursement Package is based on official accounting records, and that project outlays shown have been made in accordance with applicable grant terms and conditions, and that documentation to support these project outlays is available.

Dated this _____ day of _____, 20____

Grantee CEO Name

Title

Grantee Signature

NOTICE: ANY FALSE STATEMENT MADE BY YOU UNDER OATH THAT YOU DO NOT BELIEVE TO BE TRUE AND WHICH IS INTENDED TO MISLEAD A PUBLIC SERVANT IN THE PERFORMANCE OF HIS OR HER OFFICIAL FUNCTION MAY BE PUNISHABLE BY A FINE OR IMPRISONMENT PURSUANT TO CONNECTICUT GENERAL STATUTES SECTION 53a-157b.
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County of _____
State of Connecticut

Subscribed and sworn to before me, this _____ day of _____, 20____.

Notary Public