



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



SLCGP Reimbursement Request
 FY 2022

Grantee Name:
 Remittance Address:

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

DEMHS USE ONLY
PO:
Please email the completed and signed form to: DEMHS.SLCGP@ct.gov

Please enter the appropriate Funding Year below:
Funding Year: 2022
Funding source: State and Local Cybersecurity Grant Program (SLCGP)

Note: Reimbursements will be 90% 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 submission using the gray button provided, a completed digital verification spreadsheet, and all supporting documentation (contracts, invoices showing paid, canceled checks, itemized proof of payment, time & attendances sheets, etc.) This documentation must support total amount of funds expended to date on project.

Mandatory: Describe the project activities/ deliverables that are included in this reimbursement request:

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



Please confirm the statement below by initialing digitally.

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.

 Point of Contact or Project Director Name

 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.