

Community/Tribe Name			
Federal Fiscal Year	2019-2020	Program	EMPG-CCP
Point of Contact Name			
Email		Phone	

Description of Expenses	AEL #	Quantity	Unit Cost	Reimbursement Request
TOTAL Reimbursement				

Is this your FINAL REIMBURSEMENT request?	YES / NO
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Please provide a brief summary of at least one success storied where EMPG funds had a positive impact on your community/tribe:

By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false,

fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).”

I also agree to maintain records for a minimum of six (6) years and will make them available to MEMA, FEMA, and other authorized persons for monitoring/audit purposes.

Authorized Signature:	
Print Name:	
Print Title:	

**Subrecipients are required to submit an equipment inventory tracking sheet that includes all items purchased with federal funds with a per unit costs of \$5,000 or more.*

**Subrecipients are required to submit backup documentation that supports this reimbursement request.*