

**MEMA – Emergency Management Grants Unit Reimbursement Request Form**

<b>EPC Name</b>			
<b>Fiduciary Agency Name</b>			
	<b>Federal Fiscal Year / Program</b>		<b>2020-2021 HMEP</b>
<b>Point of Contact Name</b>			
<b>Email</b>		<b>Phone</b>	

**REIMBURSEMENT SECTION – PLANNING ACTIVITIES:**

<b>Activities Performed</b> ( <i>plan update, plan written, hazard analysis, commodity flow, other</i> )	<b>Mode of Transportation</b> ( <i>air, water, highway, rail, other</i> )	<b>Type of Hazardous Material(s)</b>	<b>Reimbursement Request</b>
<b>TOTAL Reimbursement</b>			

**REIMBURSEMENT SECTION – TRAINING ACTIVITIES:**

<b>Training Type</b> ( <i>Awareness, Operations, Specialist, Technician, Incident Command, Other</i> )	<b>Initial or Refresh</b>	<b>Number Training</b>	<b>Training Competencies</b> ( <i>NFPA 472, OSHA 1910.120, etc.</i> )	<b>Reimbursement Request</b>
<b>TOTAL Reimbursement</b>				

<p><b>Please describe how your EPC is better able to handle accidents and incidents involving the transportation of hazardous materials</b></p>

<b>Is this your FINAL REIMBURSEMENT request?</b>	
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**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.**

<b>Authorized Signature:</b>	
<b>Print Name:</b>	
<b>Print Title:</b>	

*\*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 reimbursement request.*