

MEMA – Emergency Management Grant Reimbursement Request Form

Community/Tribe Name		FFY2024 EMPG	
Contract Point of Contact Name			
Email		Phone	

REIMBURSEMENT SECTION

Description of Expenses	Quantity	Unit Cost	Reimbursement Request
TOTAL Reimbursement			

MATCH SECTION

Description of Match	Match Amount
TOTAL Match	

Is this your FINAL REIMBURSEMENT request?	
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**Subrecipients are required to submit an equipment inventory tracking sheet that includes all items purchased with EMPG, CCP, and/or HMEP federal funds with a per unit costs of \$5,000 or more.*

Please provide a 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 information provided 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 the provision of false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative consequences including, but not limited to violations of U.S. Code Title 18, Sections 2, 1001, 1343 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.

_____ I certify compliance with 2 CFR 200.317 thru 200.327, Procurement Standards.

_____ I certify compliance with section 889 of the John S. McCain National Defense Authorization Act for Fiscal Year 2019, Pub. L. No. 115-232 (2018) and 2 C.F.R. §§ 200.216, 200.327, 200.471, and Appendix II to 2 C.F.R. Part 200 (*Prohibited Covered Telecommunication Equipment*)

_____ I certify compliance with Build America, Buy America provides of the Infrastructure Investment and Jobs Act and E.O. 14005

I understand and agree that the provisions of 31 U.S. Code, Chapter 38, Administrative Remedies for False Claims and Statements, applies to the above Certifications.

*Authorized Signature:	
Print Name:	
Print Title:	

**Only those listed on this contract’s CASL are authorized to sign this form*