



SubGrantee Name:  
 Address:  
 Municipality FEIN:  
 Phone Number:

**SPGA UNIT USE ONLY**

**SECTION I & II: Reimbursement and Quarterly Information: Please complete one report for the quarters in which you are seeking reimbursement and attach. The financial reports are denoted by quarter in the EMPG Financial Tool.**

<b>Funding Period:</b>			
<b>Amount Seeking Reimbursement:</b>	1st <input type="checkbox"/> \$ _____	3rd <input type="checkbox"/> \$ _____	<b>Final</b> <input type="checkbox"/>
<b>Total: _____</b>	2nd <input type="checkbox"/> \$ _____	4th <input type="checkbox"/> \$ _____	
<b>Sub Grant Award Number:</b>			

1. Please **briefly** explain your project milestones over the selected quarters. (IE. enhancements of emergency management capabilities in your jurisdiction or new strategies).

**Section III: Documentation: Check all that apply to your program and attach documentation to this form with the corresponding quarters from the EMPG Financial Tool.**

Personnel/Fringe	Organization/Equipment/Other	In-kind
<input type="checkbox"/> Financial system payroll report with the following: <input type="checkbox"/> Employees Name <input type="checkbox"/> Dates of Service <input type="checkbox"/> Check Numbers <input type="checkbox"/> Number of Hours <input type="checkbox"/> Hourly rate <input type="checkbox"/> Actual Fringe <input type="checkbox"/> Identify Payroll codes if other than regular and overtime. <input type="checkbox"/> Submit documentation if fringe is other than the standard rate. <input type="checkbox"/> Stipend: provide copy of check with indication that this is a stipend payment.	<input type="checkbox"/> Invoices <input type="checkbox"/> Copy of checks or financial accounting system report with vendor name, invoice number, check number, amount and date. <input type="checkbox"/> If reimbursement documentation does not agree to invoice amount highlight and provide calculation used for reimbursement (ie. Phone bills, reimbursable items on credit cards) <input type="checkbox"/> Mileage: submit completed <a href="#">mileage reporting form</a> or subgrantee (municipal) form with the same information that is on our mileage form.	<input type="checkbox"/> Volunteer time- <a href="#">In Kind Services Form</a> attached or internal form with the same information <input type="checkbox"/> Donated Equipment: <input type="checkbox"/> Donation Date <input type="checkbox"/> Market value or substantiation <input type="checkbox"/> Description

*For DESPP/DEMHS Use Only Below this point:*

<b>Regional Coordinator Check:</b>									
<input type="checkbox"/> The grantee has provided the required documentation and project outlays match the documentation provided. <input type="checkbox"/> If equipment has been purchased in excess of \$5,000.00, the <a href="#">Equipment/Property Reporting Form</a> is attached. <input type="checkbox"/> The required reimbursement forms are attached for the quarters seeking reimbursement (EMPG Financial Tool Financial Report) and all documentation has been checked for accuracy) <input type="checkbox"/> All items are allowable under EMPG.									
<b>Signature of Regional Coordinator:</b>			<b>Date:</b>		<b>Signature of Grants Supervisor</b>			<b>Date:</b>	
<b>Signature of EMPS:</b>			<b>Date:</b>						
Fund	Dept	SID	Program	Account	CH1	CH2	Bud Ref	Project	
12060	32160	21881	20130		190103			20130	