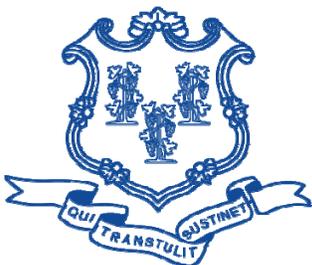


SCHOOL SECURITY COMPETITIVE GRANT PROGRAM



Reimbursement Request Package



State of Connecticut

Department of Emergency Services and Public Protection

Division of Emergency Management and Homeland Security

TABLE OF CONTENTS



A. Reimbursement Request Instructions	2
B. Reimbursement Data Sheet	4
C. Reimbursement Certification	5
D. Emergency Plan/ NCEF Certification.....	6
E. Progress Report for Reimbursement	7
F. Financial Report for Reimbursement	8
G. Reimbursement Verification Forms.....	9

COMPLETION CHECKLIST



Please use this checklist to ensure that all of the documents are included in this packet, and that you have completed all the necessary requirements for funding.

You will be contacted if your package is incomplete, please be advised that this may slow down your reimbursement time.

- Reimbursement Data Sheet- Section B
- Reimbursement Certification-Section C
- Emergency Plan Completion Certification-Section D
- Quarterly Progress Reports- Section E
- Financial Report-Section F
- A Full NCEF School Checklist has been completed for each school receiving funding and a copy has been emailed to your program manager. Blank copies of this checklist can be found at our website at www.ct.gov/demhs.
- Reimbursement Verification Forms have been completed for each school seeking reimbursement under this grant reimbursement-Section G

SECTION A. REIMBURSEMENT REQUEST INSTRUCTIONS

Reimbursement Guidelines:

State Funds distributed through the School Security Competitive Grant Program are disbursed on a reimbursement basis to the municipality. In this program: the district is responsible for all initial project costs, afterwards the Department of Emergency Services and Public Protection will reimburse the state share after proper documentation is accounted for. The Department of Emergency Services and Public Protection will track both the **State Share** and the **Local Match** portions of the grant through the forms included in this reimbursement packet.

Partial or **complete** reimbursement is available upon submittal of the correct documentation and the required forms in this packet have been received.

Partial: Partial reimbursement will be accepted for at least 25% of total project cost as shown on the notice of grant award, reimbursement will continue in increments of no less than 25% until funds are expended. The final reimbursement may be less than 25% if the total remaining funds are less than 25% of the total project cost.

Complete: *(This option requires the least amount of time and paperwork)* Complete reimbursement can occur once all of the funds have been expended. At the time of completion the district will submit one final reimbursement request documenting all purchases.

Documentation: For reimbursement we require **Proof of Service Documentation** and one **Proof of Payment Documentation** for each line item. Please see the list below of approved items.

A. Proof of Service	B. Proof of Payment
Vendor invoice for service rendered	Check from grantee paying the invoice
	General ledger indicating payment with; check number, check amount, vendor name and amount paid.

***PLEASE BE REMINDED, ALL REIMBURSEMENT DOCUMENTS MUST HAVE ORIGINAL SIGNATURES.
THE FOLLOWING ICON INDICATES WHERE A SIGNATURE IS NECESSARY.***



Section Instructions: *(All of the following sections are required for reimbursement.)*

Section B. Reimbursement Data Sheet

This form provides an overall summary of the grant reimbursement request, including all necessary remittance information. Please fill out this form electronically and print out for original signatures.

Section C. Reimbursement Certification

The grantee's authorized signatory certifies the conditions for reimbursement have been met and supporting documentation is accurate and complete.

Section D. Emergency Plan and NCEF Checklist Certification

This certification fulfills the requirements of Section 84 of Connecticut Public Act 13-3, which states; 1.) that the district has developed and periodically practices an emergency plan; 2.) this plan has been developed in concert with applicable state and local first responders; 3.) The district provides for a uniform assessment of its schools, including any security infrastructure, using the NCEF checklist, and; 4.) the assessment is conducted under the supervision of the local law enforcement agency.

The full 50 page document NCEF checklist is required for reimbursement.

This checklist can be found at our website at www.ct.gov/demhs. A full checklist is required for each school seeking reimbursement. Please submit by scanning and emailing full assessment to your assigned program manager indicated on your subgrant.

Section E. Progress Report

This form provides the status of the project by detailing project activities, and any problems related to them.

Section F. Financial Report

This form is utilized to report project outlays or expenditures and unpaid obligations. The total amount of this document must not exceed the total grant amount in the Notice of Grant Award and must match documentation attached to the Reimbursement Verification Form.

Section G. Reimbursement Verification Form

This is an overview form that organizes the reimbursement request. One reimbursement verification form must be created for each school that was awarded funding requesting reimbursement. Please ensure copies of all supporting documentation are attached to this form, documentation includes: commitment documents, detailed vendor invoices, grantee payment documents, and/or general ledgers.

SECTION B. REIMBURSEMENT REQUEST DATA SHEET



This is a linked form, it works best when completed electronically and then printed for signatures.

Grantee Name:

Address:

DEMHS USE ONLY

Received: _____

Municipality FEIN #:

Phone Number:

Grant Award Number:

**Original Signatures are required
on all documents.
Fax copies will not be accepted.**

Please enter appropriate response for the five (5) required categories below:

1. Funding Year:	
2. Percentage of Funding Spent:	
3. Grant Program Title:	
4. Funding Breakdown of Request	Total: _____ State: _____ Local: _____
5. Reimbursement Request Number:	_____ Out Of _____ or <input type="checkbox"/> Final

Signatures required:

 _____ Point of Contact or Sub-Grant Project Director (Sign & Print)	 _____ Authorized Signee (Sign Only)	_____ Date
---	--	---------------

For DEMHS Use Only:

<u>Grant Program Manager Signature</u>	<u>Date</u>
<u>Grant Supervisor Signature</u>	<u>Date</u>
<u>Approved Fiscal Signature</u>	<u>Date</u>

Account	Fund	Dept	Program	SID	Budget Ref.	Project	Chartfield 1	Chartfield 2
55070	12052	DPS32183	14000	43546	2014	dps_non		

Contract # _____

Receipt# _____

PO# _____



2013 School Security Competitive Grant Program

Grant #: _____

I, _____ (Grantee CEO printed Name and Title) for the _____ (Grantee), hereby certify that construction on the project identified in the Notice of Grant Award with the Connecticut Department of Emergency Services and Public Protection is _____ % (Percentage complete e.g. 50% complete). I hereby certify that the information contained in the attached Reimbursement Package is based on official accounting records, and that the project outlays shown have been made in accordance with applicable grant terms and conditions, and that documentation to support these project outlays is available.

Date of Ratification: _____

(Authorized Signee)

(Title)

(Grantee)



SECTION D. EMERGENCY PLAN/ NCEF CHECKLIST CERTIFICATION



Please Note: This can be submitted at the time of application or at the time of reimbursement. Please check here if this has already been submitted

District/Board of Education Emergency Plans

District _____

Date Emergency Plan last exercised: _____

Note: By signing this document, the signatory is attesting that the grantee/board of education listed above has an emergency plan in place which was developed in concert with the appropriate local first responders and exercises the plan. The signatory is also attesting that the district/board of education has provided for a uniform assessment of the schools under its jurisdiction including any security infrastructure using the National Clearinghouse for Educational Facilities /Safe Schools Facilities Checklist, which assesment was conducted under the supervision of the local law enforcement agency.

Signatures: **NCEF Checklist Reviewed:**

Superintendent of Schools  **Yes or No** **Date** _____

Chief Executive Officer  **Yes or No** **Date** _____

Local Law Enforcement Agency  **Yes or No** **Date** _____

Fire Chief  **Yes or No** **Date** _____

Local Fire Marshal  **Yes or No** **Date** _____

Local Emergency Medical Services  **Yes or No** **Date** _____

Local Emergency Management Director  **Yes or No** **Date** _____

Updated -11/4/2013

SECTION E. PROGRESS REPORT FOR REIMBURSEMENT



Sub-Grant No. _____

Sub Grant Title : _____

Sub-Grantee _____

Address: _____

Report Date: _____

Report Prepared By : _____

Period Covered

Signature: _____

Project Director or Financial Officer of Record for the Sub-Grantee



- 1. Briefly summarize project activities for this quarter. Please include supporting statistical information, for example, the number of staff trained, the number and type of exercises conducted, the number and type of equipment purchased, etc.**

- 2. Is the project on schedule?** Yes. No. **If not, why?**

- 3. Have the following steps been accomplished?**

- a) Has the project design been completed? Yes. No.
- b) Has the bid been completed for the project? Yes. No.
- c) Have contracts been awarded? Yes. No.
- d) Has the equipment installation begun? Yes. No.
- e) Approximate project completion percentage _____ %
- f) Has equipment testing been completed? Yes. No.

Revised 11/2013



Grant Program: School Security Competitive Grant Program
Financial Report Percentage Complete: _____

Grant Number: _____
Subgrantee: _____

Directions: Please enter data in the green cells only. The grey cell will total your figures automatically.

Budget Line Items	1. Amount on Notice of Grant award.		2. Period included in reimbursement request.		3. Other expenditures from previous reimbursement requests.	
	Total Project Budget		This Quarter's Project Outlays		Cumulative Project Outlays	
	State Funding	Match Funding	State Funding	Match Funding	State Funding	Match Funding
Equipment	\$	\$	\$	\$	\$	\$
Training	\$	\$	\$	\$	\$	\$
Totals	\$	\$	\$	\$	\$	\$

Budget Line Items	Total of Outlays		Balance	
	State Funding	Match Funding	State Funding	Match Funding
Equipment	\$	\$	\$	\$
Training	\$	\$	\$	\$
Totals	\$	\$	\$	\$

Certification: I hereby certify that the information contained herein is based on official accounting records, and that project outlays shown have been made in accordance with applicable grant terms and conditions, and that documentation is available to support these project outlays

Signature: _____ Date: _____ 

(Project Director or Financial Officer of Record in charge of sub-grant)

