



Grant Reimbursement Form

Requesting Agency:		Date Prepared:	
Primary Contact:		Federal Employer ID Number (FEIN):	
Address:	State & Zip:	Phone:	
Sub-grant award Number:			

Fiscal Contact:	Title:	Phone:
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Grant Year	
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Activity
Briefly describe significant events and developments that have occurred during this quarter. Please indicate any problems, delays or adverse conditions that will impair the ability to meet the grant objectives and guidelines.
<div>EMERGENCY MANAGEMENT</div>

Solution Area	Original Budget	Previous Reimbursement	Current Request	Balance Remaining
Planning				
Organization				
Equipment				
Training				
Exercise				
TOTALS				

PAYMENT REQUEST AMOUNT
(Should equal total current reimbursement)

Authorized Agency Official (Please Print) _____

Signature (Please Sign in Blue Ink) _____

I, the above signed, hereby certify that this request for reimbursement is in full accordance with the approved project budget, as approved by the Rhode Island Emergency Management Agency.

Fiscal		
	Total Grant Award	Balance to Finish
Federal Share		
Non-Federal Share		
Total Project		

Project Phase	_____	Project Status	_____
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