

GRANT REIMBURSEMENT FORM

This form is required when submitting each training award or reimbursement request.

Sub-recipient _____	Period of Performance _____
Grant Program _____	Grant Award Number _____
Point of Contact _____	Telephone Number _____
Email _____	
Activity Title _____	

Solution Area	Total Grant Award	Funds Expended by Last Day of Quarter	Current Request	Balance to Finish
Planning				
Organization				
Equipment				
Exercise				
Training				
TOTALS				

Match is included in request _____ **PAYMENT REQUEST AMOUNT** _____

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.

Project Phase _____ Project Status _____

		Total Grant Award	Funds Expended by Last Day of Quarter	Balance to Finish
FISCAL	Federal Share			
	Non-Federal Share			
	Total Project			
Financial Status				

Please attach copies of supporting documentation including receipts, invoices, etc. to this form.

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

 Authorized Official Signature _____ Date