



STATE OF CONNECTICUT
 DEPARTMENT OF EMERGENCY SERVICES & PUBLIC PROTECTION
 DIVISION OF EMERGENCY MANAGEMENT & HOMELAND SECURITY



Reimbursement Request
Hazard Mitigation Grant Program
 (Revised May 2019)

Municipality/Agency:
 Grant Number:

Total amount submitted: \$ _____
 75% Federal Share: \$ _____
 25% Match Funding: \$ _____

A separate reimbursement request is required for each project.

Please attach to this cover sheet a completed spreadsheet and all supporting documentation (contracts, invoices showing paid, canceled checks, itemized proof of payment, time & attendance sheets etc) This documentation must support total amount of funds expended to date on project.

Mandatory: Please describe project activities that were completed for which reimbursement is requested:

Reimbursements will be payable directly to the municipality and mailed to the address on record for the office of the chief executive Officer.

Signatures required:

 Point of Contact or Sub-Grant Project Director

 Chief Executive Officer or Sub-Grant Financial Officer

 Date

Please mail this form and all supporting documentation to:

Attention: Hazard Mitigation Grant Program
 Department of Emergency Services and Public Protection
 Division of Emergency Management and Homeland Security
 1111 Country Club Rd, 3rd Floor C, Middletown, CT 06457

1111 Country Club Road, Middletown, CT 06457
Phone: 860.685.8531 / Fax: 860.685.8902
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