

**PART I: REIMBURSEMENT REQUEST DATA SHEET**



Grantee Name:  
Address:

**DESPP/DEMHS USE ONLY:**  
Contract Number: \_\_\_\_\_  
PO Number: \_\_\_\_\_  
Receipt Number: \_\_\_\_\_  
Request Received: \_\_\_\_\_  
Documentation Finalized: \_\_\_\_\_

FEIN (Municipality):  
Grant Award Number:  
Phone Number:  
Person Completing Document:

**Reimbursement Information:**

1. Program Year	State Fiscal Year:
2. Match Percentage	
3. Grant Program Title	School Security Competitive Grant Program
4. Funding Breakdown of <b>this</b> Request (Should Match Totals on Reimb. Verification Tool)	Total Expended (This Req.): _____ State Share: _____ Grantee Match: _____
5. Number of This Request (Maximum of 4)	_____ out of _____ <input type="checkbox"/> Final

**School Safety and Security Plan Status: (REQUIRED)**

Plan Completed and Submitted to the [DEMHS Regional Office](#) in which the grantee is located.  
 Development of plan is in process, estimated completion date: \_\_\_\_\_.  
 x \_\_\_\_\_ **Initial here to certify the status of the School Emergency Plan (Required)**

**Completion Checklist: (Reimbursement can be withheld without the following)**

Forms	Documentation
<input type="checkbox"/> Reimbursement Verification Tool matching total seeking reimbursement. <input type="checkbox"/> Full 50 Page NCEF Checklist. <input type="checkbox"/> Emergency Plan Certification Submitted with Signatures/Signatory Page of Emergency Plan.	<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. <input type="checkbox"/> If item paid with credit card, show credit card payment by grantee.

X X

Project Director Signature \_\_\_\_\_ Date \_\_\_\_\_ Authorized Official Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR DESPP/DEMHS SPCP USE BELOW**

<b>DESPP/DEMHS Program Manager Checklist:</b> <input type="checkbox"/> Full NCEF Electronically Filed <input type="checkbox"/> Emergency Plan Certification/ Signatory Page On File <input type="checkbox"/> Reimbursement Request Totals Reconciled.	<b>Program Manager Signature:</b> _____
	<b>Grant Supervisor Signature:</b> _____

Fund	Dept.	SID	Program	Account	CH 1	CH 2	Bud Ref	Project