

California Governor's Office of Emergency Services (Cal OES)

Award/Disaster # _____

Reimbursement Request Form

Mail Reimbursement Request to:

Attn: Hazard Mitigation Assistance Branch
 California Governor's Office of Emergency Services
 3650 Schriever Avenue
 Mather, CA 95655

Subgrantee: _____

FIPS ID# _____

Please mark this box to indicate a change in the Authorized Agent's Mailing Address below

Project Number	Cumulative Expenditures to date	Reimbursement Request for the period of to
	\$	\$
Total	\$	\$

Under penalty of perjury, I certify that:

- I am the duly authorized officer of the claimant herein
- This claim is in all respects true, correct, and all expenditures were made in accordance with applicable laws, rules, regulations and grant conditions and assurances
- This claim is for costs incurred within the Grant Performance Period

Authorized Agent (Per Governing Body Resolution)

 Printed Name

 Phone No.

 Fax No.

 Title

 E-Mail Address

 Signature

 Date

 New Mailing Address Only

For Cal OES Only (Cal OES 400)

Obligated Amount: \$ _____ Expenditures To Date: \$ _____ Cost Share (50% or 75%): \$ _____ Less Retention: \$ _____ Prior Payments Made: \$ _____ Amount Allowable for Payment: \$ _____	Date: _____ Reviewer: _____ Title: _____ Date: _____ Approval: _____ Title: _____
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Instruction Sheet for Reimbursement Request – California Governor’s Office of Emergency Services

Award #	The award # can be found on the Notification of Approval Letter
Applicant	The applicant is the entity, as identified in the original grant application. Do not identify any sub-departments or offices as the applicant
FIPS ID #	This is the applicant’s identification number as identified on the Notification of Approval Letter
Address Changes	Indicate a change in address by checking the box shown and noting the new address in the area marked “mailing address”
Project Number	The project number can be found on the Notification of Approval Letter
Expenditures To Date	Identify total grant expenditures incurred to date for each project number (including local share)
Reimbursement Request for the Period of:	<p>The applicant may request reimbursement of all, or a portion of, <i>Grant Expenditures incurred since the last Reimbursement Request</i>. Indicate the month and year for the beginning of the period covered to the end of the period covered during which these expenditures were incurred. <i>This is not the Project/Budget Period listed on the subgrant</i></p> <p><i>HMGP Disasters Grants: No Fiscal Year restrictions</i></p> <p><i>All Other Grants: This request period cannot cross state fiscal years. Therefore, separate requests Must be submitted for expenditures incurred on or before June 30, and on or after July 1</i></p>
Authorized Agent Information	Complete all line items requested and ensure that the form is signed by an Authorized Agent named in the Governing Body Resolution
Mail	Mail the original to the address identified at the top of the request form
Supporting Documents	Supporting documents are not required to be submitted with the Reimbursement Request; however, California Governor’s Office of Emergency Services reserves the right to request documentation at any time. Applicants are reminded to maintain documents that support the expenditures and reimbursement amounts shown on the request