

California Emergency Management Agency –Hazard Mitigation Program Grants

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
Advance Requested Amount	Identify Advance amount not to exceed 10% of Obligated Grant Amount
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 Disaster Grants: Requested period (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, Office of Emergency Services and the 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