FINANCIAL REIMBURSEMENT REQUEST DETAIL

DEPARTMENT OF EMERGENCY SERVICES

SFN 54169 (7-2005)

Grant/Project Title			Fiscal Year	
Name of Subgrantee				
Address		City	State ND	Zip Code
Name of Contact			DES Grant Code	
Telephone Number	Request Number	Request Date	Grant Number	

FORM TO BE COMPLETED BY AUTHORIZED FISCAL AUTHORITY

- Attach supporting documentation. Examples of documentation include copies of invoices, checks, etc.
- Indicate the appropriate Category Title from the list below. Not all categories are applicable to all grants.

Planning	Equipment	Exercising	Administrative
Operational (Organizational)	Training	Management	Other

- Itemize expenditures under the appropriate categories. Examples of costs include personal services, travel, operating expenses, contractors/consultants, property, easements, etc. Not all costs are applicable to all grants.
- For the Equipment category, please indicate the appropriate subcategory from the list below, then list the specific equipment under the subcategory. All categories apply to the SHSP grants, otherwise use Key below.

Key: # EMPG Grants * LETPP Grants ^ Other Grants

EQUIPMENT SUBCATEGORIES

* 1 - Personal Protective Equipment
* 2 - Explosive Device Mitigation and Remediation Equipment
* 3 - CBRNE Search and Rescue Equipment
# * 4 - Information Technology
# * 5 - Cyber Security Enhancement Equipment
# * 6 - Interoperable Communications Equipment
7 - Detection Equipment
8 - Decontamination Equipment
9 - Medical Supplies and Limited Types of Pharmaceuticals
* 10 - Power Equipment
# * 11 - CBRNE Reference Materials
* 12 - CBRNE Incident Response Vehicles
* 13 - Terrorism Incident Prevention Equipment
* 14 - Physical Security Enhancement Equipment
* 15 - Inspection and Screening Systems
16 - Agricultural Terrorism Prevention, Response, and Mitigation Equipment
* 17 - CBRNE Prevention and Response Watercraft
18 - CBRNE Aviation Equipment
* 19 - CBRNE Logistical Support Equipment
* 20 - Intervention Equipment
^ # * 21 - Other Authorized Equipment

CATEGORY	TOTAL	**Check Number** or **Other Proof** of Payment

CATEGORY	TOTAL	**Check Number** or **Other Proof** of Payment
Total Amount Expended		
Percent of Total Amount Expended Being Claimed		
Total Federal Funds Requested This Claim		

By signing below I am certifying that to the best of my knowledge and belief, this report is correct and complete an that all outlays and unpaid obligations are for the purposes set forth under the terms of the approved project. Attached are copies of all documentation of expenses to substantiate the amount of this claim.

Signature of Authorized Individual

Date

Approval (Department of Emergency Services)	☐ Yes ☐ No
Approved By	Date