**MEMA GENERAL REQUEST FOR REIMBURSEMENT** 

**Applying Agency:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Project Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Project Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Payment Request No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**COMPUTATION OF PAYMENT AMOUNT REQUESTED**

Project Funding

1. a. Approved Federal Share (from approval letter) $ \_\_\_\_\_\_\_\_\_\_\_
2. b. Approved Applying Agency Non-Federal Share (from approval letter) $ \_\_\_\_\_\_\_\_\_\_\_
3. c. Project Amount Requested this Disbursement $ \_\_\_\_\_\_\_\_\_\_\_
4. d. Non-Federal Share Amount Expended to-date $ \_\_\_\_\_\_\_\_\_\_\_
5. e. Balance Remaining of Federal Share $ \_\_\_\_\_\_\_\_\_\_\_
6. f. Balance Remaining of Non-Federal share Funds $ \_\_\_\_\_\_\_\_\_\_\_

**CERTIFICATION**

I certify to the best of my knowledge and belief the above is correct and that all disbursements were made in accordance with the grant conditions or other agreements and that payment is due and has not been previously requested. This is also to certify that appropriate documentation is on hand in support of the payment requested.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature of Authorized Certifying Official) (Date)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Typed name) (Title)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Address) (Agency)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Administrative Point of Contact (Name and Telephone No)

All mitigation grants will be paid on a reimbursement basis. **Please submit the following information along with your request for payment:**

1. Copies of invoices and proof of payment..
2. For in-kind services provide a completed In-Kind Worksheet.
3. List of addresses for ALL site locations.
4. List the latitude and longitude and provide two (2) photos of each site.

**NOTE: Applying agencies must keep all original documents at local level for at least 3 years. Programmatic audit may be completed by MEMA and/or FEMA.**