

HMEP SUB-GRANT REQUEST FOR REIMBURSEMENT

Requests *MUST* be submitted to NEMA on or before September 1

Organization (Individual) Name:

Fiscal Agent if other than the organization above:

Tax Identification Number (Social Security Number):

Address:

City:

Zip Code:

Telephone (with area code):

Email Address:

Required Attachments

- ✓ Nebraska HMEP Sub-grant Application
- ✓ Signed HMEP Sub-grant Agreement
- ✓ Receipts and proof of payment for eligible expenses
- ✓ Sign-in rosters, course certificates and any applicable documentation

Amount Requested for Reimbursement:

CERTIFICATION:

I, _____, do hereby certify that I have been authorized by the organization herein identified to submit this request for reimbursement of expenses, and I further certify that the information contained herein is accurate and correct to the best of my knowledge.

Signed:

Date:

Title:

Organization:

Completed reimbursement requests should be emailed to:

Alyssa Sanders
State Emergency Response Commission
Coordinator
alyssa.sanders@nebraska.gov
(402) 471-7176

For NEMA use only

BU:

SERC Approval:

Manager Approval: