



Governor's Office of Homeland Security and Emergency Preparedness

Preparedness Grants (Homeland Security Grants) Reimbursement Request Form Instructions

A separate reimbursement form must be completed when requesting funds from more than one grant year or more than one grant.

- ❖ Enter the date
- ❖ Agency Name
- ❖ Point of Contact
- ❖ Address
- ❖ City / State / Zip Code
- ❖ Phone Number
- ❖ Parish

- ❖ On the top right hand side of the form, please select the grant year funds are being requested from. Example: If you are selecting 2016, click the box directly to the left of 2016. When you click in the box, a check mark should appear.

- ❖ Select the grant by clicking the box directly to the left of the grant name.

- ❖ The grant award number will correspond with the grant year and grant name you selected above. Select the corresponding grant number from the drop down box.

- ❖ Enter the Tax ID number. The Tax ID number is very important. The finance department uses the Tax ID number provided to issue the reimbursement check / EFT. Please enter one number per box. All of the boxes will have a number in them. There are two boxes shaded grey and above they say GOHSEP Use Only. If you have those two numbers and you would like the funds to definitely go to that particular tax id location you can enter the numbers in the boxes.

- ❖ If an advanced payment is being requested, please click on the box to the left of Requesting Advanced Payment. (An advanced payment is when a reimbursement is being requested prior to the vendor being paid). When you click in the box, a check mark should appear. After you receive payment from GOHSEP for your reimbursement, you will have 45 calendar days to submit proof of payment to show the vendor was paid. If proof of payment is in the form of a check to the vendor, a cancelled check must be submitted. The letter log number needs to be referenced when you submit your proof of payment in order for the grant specialist to determine which reimbursement the payment is for. If subrecipient fails to meet the 45 day requirement on three separate occasions, subrecipient will no longer have the opportunity to request advanced payments.

Upon receipt of governmental advanced funds, the subrecipient should either deposit the funds in a non-interest bearing account or track interest earned on the funds. When funds are deposited into an interest bearing account all interest earned in excess of \$100 annually must be remitted to the State's cognizant agency per 44 CFR §13.21(i). GOHSEP

is requiring the subrecipient to calculate and remit interest earned on all GOHSEP related funds in excess of \$100.

- ❖ Enter the project application number. This will be the number assigned to the project application when the project application was reviewed and approved by the grant specialist.
- ❖ Please enter the Vendor Name and Invoice Number for the invoices you are requesting reimbursement for. Enter one invoice per line.
- ❖ For solution area, you will select from a drop down list. The following options are available: Equipment, Training, Planning, Exercise, Admin or Organization.
- ❖ For discipline you will select from a drop down list. Some of the options are: Emergency Management, Law Enforcement, Fire, etc. ALL will no longer be an option due to the minimum requirement for law enforcement under the SHSP and UASI grants. If you are purchasing items under SHSP or UASI to meet the minimum requirement for Law Enforcement the exact amount dedicated to Law Enforcement needs to be indicated. If you have purchased items on one invoice for several disciplines please use more than one line on the reimbursement form.
- ❖ Enter the amount you are requesting reimbursement for.
- ❖ Print/type the name of the Point of Contact and date the reimbursement request form. The form must be signed in order to be processed.

All reimbursement requests must include a copy of the reimbursement request form, the invoice and a copy of the proof of payment to the vendor (unless you are requesting an advanced payment).

Additional documentation needed for reimbursement requests:

- Salaries – A position description must be submitted. This should be submitted with the project application.
- Meetings – An agenda and a sign in sheet must be submitted. Exercise Reimbursements – If for contract support or for the development and/or conduct of an Exercise, applicant must provide a copy of the After Action Review (AAR).
- Training Reimbursements – If funds were used to support the delivery of an authorized class, applicant must provide a roster of the students.
- Vehicles – A signed Vehicle Certification Form must be provided or currently be on file with the approved project application.

Reimbursements may be submitted via mail, fax or email. Please do not submit your reimbursement request via email and mail, etc. When reimbursements are submitted two ways it increases the chance of the reimbursement being processed twice. Please allow 20 – 30 days to receive reimbursement.

If you submit your reimbursement via mail, please submit to:

GOHSEP
Attn: Grants Section – (Name of Grant)
7667 Independence Blvd.
Baton Rouge, LA 70806

If you have any questions, please feel free to contact one of the Grant Sections staff. We are always happy to assist you.