



Emergency Management Division Informational Letter

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www.michigan.gov/emd



Volume: 05-07

March 30, 2005

TO: Local, State Agency, College, University and District Emergency Management Coordinators, Regional Response Teams, and Eligible First Responder Agencies and Organizations with DHS Identified Disciplines

SUBJECT: New EMD Grant Guidelines For Reimbursement of ODP Grants

The Michigan State Police (MSP), Emergency Management Division (EMD) has implemented revisions to existing reimbursement requirements to assist in expediting the Office for Domestic Preparedness (ODP) grant reimbursement process for emergency management programs.

The revised procedures require that only the attached new forms be completed for all future reimbursement requests on **ALL** ODP homeland security grant programs *except* the Emergency Management Performance Grant (EMPG). These revisions eliminate several current forms. The new forms include:

- *Reimbursement Coversheet (EMD-054)*; A new universal form which replaces all current request forms and must have the following revised forms attached as appropriate:
- *Payroll Reimbursement Detail (EMD-055)*
- *Supplies and Other Items Reimbursement Detail (EMD-056)*
- *Travel Reimbursement Detail (EMD-057)*

These forms can also be found on the internet at: <http://www.michigan.gov/emd>. Please carefully review the following directions regarding these reimbursement procedures:

IMPORTANT: Upon opening any of the above forms, always enable Macros when asked by Microsoft Excel.

Each form submitted needs to be completed in full and must contain an Authorized Financial Representative's (AFR) signature or they will be returned. The AFR must be someone who can certify that ALL of the information on each form is an accurate paid expense created by the project. AFR certification also eliminates the requirement to provide check numbers with the reimbursement request. The AFR certification validates that a review of the required expense documentation (payroll records, copies of checks, invoices, receipts, charge card billings, interdepartmental charge memos, etc.) has been performed and verifies that the charges are correct according to grant eligibility guidance. Certification of these forms by an AFR will provide adequate assurance to justify the payment of funds.

For example, if a Sub-grantee has eligible personnel expenses for a grant project to be reimbursed, they will complete the new *Reimbursement Coversheet (EMD-054)*. However, instead of attaching time sheets and payroll information, they would simply complete the *Payroll Reimbursement Detail (EMD-055)* and attach it to the *Reimbursement Coversheet (EMD-054)*. The same would be true for eligible travel expenses (*Travel Reimbursement Detail (EMD-057)*) and eligible supplies purchased (*Supplies and Other Items Reimbursement Detail (EMD-056)*). Please review the instructions provided for each form **before** entering any information.

IMPORTANT: A special note regarding the *Payroll Reimbursement Detail (EMD-055)*: The instruction sheet with fringe benefit calculations **MUST** accompany this form.

Grant guidance requires that all supporting documentation be available for review upon sub-grantor request. On-site audits will be conducted to verify the authenticity of reimbursement claims and the related supporting documentation. The sub-grantee must retain files of all documentation at their work site for three years after the financial close-out date of each grant program. Sub-grantees will be notified of the appropriate documentation retention timelines as they become established.

Please begin using the new reimbursement forms attached to this letter immediately. Any previously submitted requests will be processed as submitted. **Effective June 1, 2005: Use of these new forms will be mandatory.** Also attached is an updated Attachment K (grant reimbursement guidance) to the 2004 Homeland Security Grant rollout materials. This guidance applies to all ODP homeland security grant programs except the Emergency Management Performance Grant (EMPG).

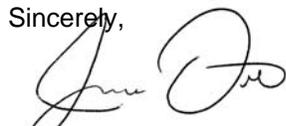
EQUIPMENT PURCHASE REQUIREMENTS

As a reminder, if purchasing any equipment, please comply with the existing reimbursement procedures related specifically to the purchase of equipment, which is as follows:

- Attach a detailed invoice or receipt obtained in purchasing the equipment to the Reimbursement Coversheet (EMD-054). A detailed invoice provides the name of the each equipment item purchased, quantity ordered, and total cost. If the invoice does not provide adequate detail regarding equipment, please supply additional information regarding specifications and cost.
- Reimbursements will not be made using any of these listed documents: Purchase Orders, Quotes, Pro Forma Invoices or invoices with only dollar amounts and lacking description of the equipment purchased. These do not qualify as supporting documentation.
- Eligibility Confirmation (EC) Forms are not required to be submitted for items specifically listed on the Authorized Equipment List (AEL). If a sub-grantee would like to purchase equipment that is not specifically identified on the AEL or if there is any question as to the eligibility of a piece of equipment, an EC Form must be completed and submitted to EMD for prior approval. EC Forms will be faxed back to the local requesting agency within 10 days of receipt. If approved, the sub-grantee may then proceed with purchasing the equipment. **Please do not purchase equipment not on the AEL until receipt of the faxed EC Form.**
- For equipment reimbursement requests submitted without a prior evaluated EC Form, and the equipment purchased is not specifically identified on the AEL, EMD will request that an EC Form be submitted to EMD for evaluation on a case by case basis.

We will continue to inform you of any important changes that affect EMD grant programs. If you have any questions regarding this guidance, please contact David Lundquist at (517) 324-2386 or at lundquid@michigan.gov.

Sincerely,



JOHN ORT, CAPTAIN
Deputy State Director of Homeland Security
and Emergency Management

JO:DL:dw
(341)

Attachments (5)

- Reimbursement Coversheet (EMD-054)
- Payroll Reimbursement Detail (EMD-055)
- Travel Reimbursement Detail (EMD-057)
- Supplies and Other Items Reimbursement Detail (EMD-056)
- Attachment K to the 2004 Homeland Security Grant guidance



Attachment K Reimbursement Requirements

<p>What is required for a grant reimbursement?</p>	<p>Request for Reimbursement Procedure:</p> <p>Submit one signed Reimbursement Coversheet (EMD-054) for each project you have incurred expenses for. Attach the necessary supporting documentation (Payroll Reimbursement Detail (EMD-055), Travel Reimbursement Detail (EMD-057), Supplies and Other Items Reimbursement Detail (EMD-056)) to each Reimbursement Coversheet (EMD-054). Obtain the appropriate signatures on all reimbursement forms. Please see Emergency Management Division (EMD) Information Letter 05- 07 for direction. Send all Reimbursement Coversheets (EMD-054), with attached documentation, to the EMD by the established due dates.</p> <p><u>Additional forms may need to be submitted to ensure that you are meeting the program requirements of the individual solution areas (For example, pre and post exercise reports/narratives).</u></p> <p>Review the grant guidance specific to the solution area to determine if you are in compliance with the eligibility requirements pertaining to the solution area. Retain a copy of all documentation that you have sent to EMD for your files.</p> <p>Federal funds under a grant award will be used to supplement, but not supplant, local funds for homeland security preparedness.</p> <p style="padding-left: 40px;">Note - Grant funds may not be used to replace local funds that would, in the absence of federal aid, be available for forthcoming programs. A grant recipient may not use federal grant funds to pay for programs that the recipient already is obligated to pay for or has funded.</p>
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<p>What is required for Documenting requests for regular, overtime, & backfill hourly compensation?</p>	<p>Full or Part-time staff requests for reimbursement of regular, overtime, or backfill time will require the following documentation:</p> <ul style="list-style-type: none"> ▪ A copy of the Payroll Reimbursement Detail (EMD-055) fully completed, including all hours worked, rate of pay, all benefits paid for each individual, and the required signatures. No check numbers are required. The Sub-grantee must retain files of all documentation (time sheets, payroll records, check numbers, copies of checks, etc.) at their work site for <u>three years</u> after the financial close-out date of each grant program. Sub-grantees will be notified of the appropriate documentation retention timelines as they become established. ▪ Dual compensation is not allowed. For example, an employee of a unit of government may not receive compensation from their unit or agency of government AND from a grant for a single period (e.g., 1:00 PM to 5:00 PM), even though such work may benefit both activities. ▪ Payment of salaries and fringe benefits must be in accordance with the policies of the state or unit(s) of local government and have the approval of the state or the awarding agency, whichever is applicable. ▪ <u>Compensatory (Comp.) Time</u> is <u>NOT</u> authorized for reimbursement. ▪ <u>Overtime payments are only allowed for services in the training and exercise solution areas</u> in accordance with policies of the state or unit(s) of local government and have the approval of the state or the awarding agency, whichever is applicable.
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	<ul style="list-style-type: none"> ▪ <u>Overtime fringes are restricted to FICA (Social Security and Medicare), Worker’s Compensation and Unemployment Compensation.</u> ▪ According to the Office of Domestic Preparedness (ODP), retirement fringes are <u>not</u> authorized for reimbursement on overtime. ▪ Local units of government must follow their established policies and procedures and cannot create new local rates and/or policies to gain additional funds from a federal grant award. ▪ Backfill <u>is</u> authorized for reimbursement if indicated in the allowable costs for each grant. Backfill is authorized for training and exercise but <u>is not</u> authorized for planning or equipment. ▪ Backfill can be recognized either as regular time <u>or</u> overtime. The same rules above apply for what fringe benefits are eligible. ▪ To request backfill pay, provide the name of the individual this person filled in for (Note: times, dates, hours, etc. must match regular training or exercise duty assignment times). ▪ Homeland Security Grant Specific: Overtime is allowed for performance of organizational activities under the LETPP solution area, but no more than 20% of LETPP funds may be used for these activities without prior approval for Department of Homeland Security (DHS)/ODP. (Please contact EMD/Homeland Security Section if you would like to request a shift of funding.) <u>Overtime is NOT eligible for ANY planning or management and administration solution areas</u>
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<p>What is required for documenting requests for contractor or consultant fees?</p>	<p>Contractors/Consultants requests for reimbursement will require the following documentation:</p> <ul style="list-style-type: none"> ▪ A copy of the actual contract. (NOTE: Contractors and Consultants are required to abide by, i.e., held to, the same terms and conditions as Sub-grantees under the DHS/ODP grants.) ▪ Contractors and consultants will be reimbursed for completed work only. Detail of work performed must be supplied. ▪ Contractors and consultants are required to be detailed on the Supplies and Other Items Reimbursement Detail (EMD-056). ▪ The applicant’s formal written procurement policy or the Federal Acquisition Regulations (FAR) must be followed.
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<p>What is required for documenting requests for travel costs?</p>	<p>Requests for reimbursement of travel costs will require the following documentation:</p> <ul style="list-style-type: none"> ▪ A copy of the Travel Reimbursement Detail (EMD-057) fully completed, including all amounts for miles traveled, meals, lodging, other expenses (parking/toll fees), and required signatures. No check numbers are required. The Sub-grantee must retain files of all documentation at their work site for <u>three years</u> after the financial close-out date of each grant program. Sub-grantees will be notified of the appropriate documentation retention timelines as they become established.
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	<ul style="list-style-type: none"> ▪ If per diem rates are submitted, a copy of the local policy listing per diem information must be submitted with the request for reimbursement. Reimbursement for local per diem rates will not exceed state or federal rates (whichever is less). ▪ Travel costs (i.e., transportation fares, mileage, parking, local program per diem, meals and lodging) for employees who are on travel status for official business are eligible expenses. The costs submitted for reimbursement must be in accordance with the EMD travel expense reimbursement policy. That policy requires Sub-grantees to follow their local established/written travel policy, if one exists. If the local grantee does not have a written established travel policy, it is required to follow the State of Michigan travel policy and rate. If the local grantee's rate exceeds the state rate, the local grantee will be limited to reimbursement at the state rate. The State of Michigan travel policy/rate information is located at: http://www.michigan.gov/dmb/0,1607,7-150-9141_13132---,00.html ▪ The same EMD travel policy applies to allowable mileage reimbursement rates. (If the local rate of reimbursement is less, that is what must be submitted and will be reimbursed. If the local rate of reimbursement exceeds the state allowable rate, necessary adjustments will be made). ▪ The applicant's formal written procurement policy or the Federal Acquisition Regulations (FAR) must be followed. ▪ Group meals are NOT submitted on the Travel Reimbursement Detail (EMD-057), but are submitted on the Supplies and Other Items Reimbursement Detail (EMD-056). ▪ First responder vehicle use based on the FEMA Equipment Rate Schedule MUST be submitted on the Supplies and Other Items Reimbursement Detail (EMD-056).
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<p>What is required for documenting requests for purchases of equipment?</p>	<p>To receive reimbursement for equipment purchases:</p> <p>As a reminder, if purchasing <u>any</u> equipment, please comply with the existing reimbursement procedures related specifically to the purchase of equipment, which is as follows:</p> <ul style="list-style-type: none"> • Attach a detailed invoice or receipt obtained in purchasing the equipment to the <u>Reimbursement Coversheet (EMD-054)</u>. A detailed invoice provides the name of the each equipment item purchased, quantity ordered, and total cost. If the invoice does not provide adequate detail regarding equipment, please supply additional information regarding specifications and cost. • Reimbursements <u>will not</u> be made using any of these listed documents: Purchase Orders, Quotes, Pro Forma Invoices or invoices with only dollar amounts and lacking description of the equipment purchased. These do not qualify as supporting documentation. • Eligibility Confirmation (EC) Forms are not required to be submitted for items specifically listed on the Authorized Equipment List (AEL). If a Sub-grantee would like to purchase equipment that is not specifically identified on the AEL or if there is any question as to the eligibility of a piece of equipment, an EC Form must be completed and submitted to EMD for <u>prior</u> approval. EC Forms will be faxed back to the local requesting agency within 10 days of receipt. If approved, the Sub-grantee may then proceed with purchasing the equipment. Please do not purchase equipment not on the AEL until receipt of the faxed EC Form.
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	<ul style="list-style-type: none"> • For equipment reimbursement requests submitted without a prior evaluated EC Form, and the equipment purchased is not specifically identified on the AEL, EMD will request that an EC Form be submitted to EMD for evaluation on a case by case basis.
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<p>What is required for documenting requests for supplies and other items?</p>	<p>Supplies or other item expenses require the following supporting documentation for reimbursement:</p> <ul style="list-style-type: none"> ▪ A copy of the Supplies and Other Items Reimbursement Detail (EMD-056) fully completed and containing all required signatures. No check numbers or proof of payment is required. The Sub-grantee must retain files of all documentation (time sheets, payroll records, check numbers, copies of checks, etc.) at their work site for <u>three years</u> after the financial close-out date of each grant program. Sub-grantees will be notified of the appropriate documentation retention timelines as they become established. ▪ If you are not sure if the item is eligible for reimbursement, complete an Eligibility Confirmation Form and send to the EMD, Homeland Security Section. ▪ <u>Group meal reimbursements</u> (for training courses or exercise events, for example) are required to be detailed on the Supplies and Other Items Reimbursement Detail (EMD-056). Please supply the detail regarding the cost per meal, number of meals, and any incidentals. In addition, a sign in sheet must be supplied listing the attendees. The number of meals and number of attendees should correspond within reason. ▪ <u>Space/room rental reimbursements</u> (for training courses or exercise events, for example) are required to be detailed on the Supplies and Other Items Reimbursement Detail (EMD-056). Include an explanation of the room rental (for example, delivery of training course and the specific name of the course).
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<p>The following supplies and equipment purchasing guidance pertains to the EXERCISE grant solution area specifically.</p>	<ul style="list-style-type: none"> ▪ Items under this category must be expendable/consumable and utilized during the design, development and/or conduct or after action reporting of DHS/ODP grant exercises in accordance with the DHS/ODP grant guidance and information. ▪ Vests, armbands, hats, t-shirts, etc. are authorized for the purpose of identification of exercise participants. (Personal keepsakes and handouts are not authorized exercise items.) ▪ Food and non-alcohol beverage purchases must be reasonable and customary and provided during the design, development and/or conduct of DHS/ODP grant exercises for exercise participants. ▪ Equipment, tools, and furniture are NOT authorized exercise items for purchase. These items may be rented only for the conduct of a DHS/ODP grant exercise and returned immediately after use. ▪ Reimbursements for authorized exercise items are limited to reasonable and customary expenditures. For example, rental items will not be reimbursed for rental times exceeding 3 days prior to or after the conduct of an actual exercise. ▪ Pre-recorded tapes for training (training is not an authorized exercise reimbursement expense) are not authorized exercise items.
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	<ul style="list-style-type: none">▪ <u>Recording media</u> is authorized for the purpose of recording the actual conduct of an exercise or exercise injects (ODP exercise simulation information).▪ Copies of all photos, video tapes, etc. must be submitted if requests for reimbursement are made for these items.▪ Please do not purchase supplies not on the exercise cost list until receipt of the faxed Eligibility Confirmation Form (see equipment section).
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REIMBURSEMENT COVERSHEET

For all ODP Homeland Security grants, use a new coversheet for each project

Contact & Activity Information (a)		
Local Emergency Management Program:	Year & Title of Grant from Grant Agreement:	Page ____ of ____
Primary Agent's Phone: ()	Primary Agent's Name:	Type of Activity or Event:
Primary Agent's Fax: ()	Agency's Name and Phone # completing the form if different than the local EM Program (Sub-recipient): ()	Date of Activity or Event:

Check the appropriate Solution Area (SA): (expenses must meet SA eligibilty guidelines) <input type="checkbox"/> Exercise <input type="checkbox"/> Equipment <input type="checkbox"/> Training <input type="checkbox"/> Planning	Check the appropriate Allocation Type (if applicable) <input type="checkbox"/> SHSP <input type="checkbox"/> LETPP <input type="checkbox"/> n/a
Quarter <input type="checkbox"/> Oct.1 - Dec. 31 <input type="checkbox"/> Jan. 1 - Mar. 31 <input type="checkbox"/> Apr. 1 - Jun. 30 <input type="checkbox"/> Jul. 1 - Sep. 30 Year 2005	

Reimbursement Category (b) - (attach all backup detail forms to this coversheet)	Amount
Payroll Detail Total	\$0.00
Travel Detail Total	\$0.00
Supplies & Other Detail Total	\$0.00
Equipment Invoice Total (attach all invoice copies)	\$0.00
Total Request	\$0.00

Sub-grantee's Authorized Financial Representative (c)			
Print Name & Title	Phone Number	Signature	Date
	()	I certify that the above information is true and accurate, that reimbursement is being requested for authorized expenditures only, and documentation for these transactions is available for audit. X _____	

FOR MSP-EMD USE ONLY					
Content Expert:		Financial Approval:		Fiscal Approval	
Signature:	Date:	Signature:	Date:	Signature:	Date:
Comments:		Comments:		Comments:	

DO NOT submit requests for reimbursement unless all documentation is enclosed or on file at MSP-EMD.
Please return to: Michigan State Police, Emergency Management Division, Attn: Fiscal Section, 4000 Collins Rd., Lansing, MI 48910

Authority: Act 390, P. A. of 1976, as amended
Completion: Voluntary, but completion necessary to be considered for assistance.

INSTRUCTIONS FOR COMPLETION OF REIMBURSEMENT COVERSHEET (EMD-054)

General Information

- **A separate Reimbursement Coversheet (EMD-054) must be completed for each grant solution area. Only this coversheet will be accepted.**
- A Reimbursement Coversheet (EMD-054) must be completed whenever requesting reimbursement. No Exceptions.
- Calculated fields on the Reimbursement Coversheet (EMD-054) are protected and cannot be accessed electronically.
- The Reimbursement Coversheet (EMD-054) must be submitted with the corresponding reimbursement detail forms.
- Mail completed coversheets with attached appropriate detail forms to: **Michigan State Police, Emergency Management Division, Attn: Fiscal Section, 4000 Collins Rd., Lansing, MI 48910.**

a. Contact and Activity Information:

- All applicable Contact and Activity Information must be completed.
- Primary Agent is the locally designated contact for the grant.
- Agency would be a Sub-recipient receiving funds through the Local Emergency Management Program.
- Type of grant Activity or Event, e.g., TT Exercise, Flood Disaster, Mitigation Project, Training, Conference, etc.

b. Reimbursement Category:

- For each type of category, enter the total of all attached detail forms under "Amount."
- **Note:** Contractors and consultants must be included on the Supplies and Other Items Detail (EMD-056).

c. Sub-grantee's Authorized Financial Representative

- An authorized financial representative (person who can certify that all travel expenses have been paid) must print their name, title, and phone number, as well as sign and date the Reimbursement Coversheet (EMD-054).

INSTRUCTIONS FOR COMPLETION OF PAYROLL REIMBURSEMENT DETAIL (EMD-055)

General Information:

- A separate Payroll Reimbursement Detail (EMD-055) must be completed for each grant solution area.
- A Payroll Reimbursement Detail (EMD-055) must be completed whenever requesting payroll reimbursement. **No Exceptions.**
- **Calculated fields on the Payroll Reimbursement Detail (EMD-055) are protected and cannot be accessed electronically.**
- **Each change in an employee's wage rate requires completion of an additional line, even if it is the same employee.**
- The Payroll Reimbursement Detail (EMD-055) is considered documentation and must be submitted with the corresponding Reimbursement Request Coversheet.
- Mail completed forms to: **Michigan State Police, Emergency Management Division, Attn: Fiscal Section, 4000 Collins Rd., Lansing, MI 48910**

a. Contact and Activity Information:

- All applicable Contact and Activity Information must be completed.
- Primary Agent is the locally designated contact for the grant.
- Agency would be a Sub-recipient receiving funds through the Local Emergency Management Program.
- Type of grant Activity or Event, e.g., TT Exercise, Flood Disaster, Mitigation Project, Training, Conference, etc.

b. Employee Name:

- Enter employee's last name, first name, and middle initial.

c. Employee Code: *

- Enter employee code from legend on the front bottom of form.
- If the employee is performing backfill, add Code "B" to the employee code.
- **Volunteer (V)** includes paid-for-call, paid-on-call, and paid-per-call, and non-paid volunteer personnel

d. Date & Hours Worked Each Day:

- Enter the date(s) worked on the top line of this section.
- Enter each employee's hours worked under the corresponding date.
- For per diem rate, enter a "1" in the hours cell below the corresponding date worked.

e. Total Hours:

- No entry required, this is a calculated field.

f. Regular Wage Rate Per Hour: **(Do not include fringe benefits with this rate)**

- Complete a separate line for each different wage rate, even for the same employee.

g. Overtime Wage Rate Per Hour: **(Do not include fringe benefits with this rate)**

- Complete a separate line for each different wage rate, even for the same employee.

h. Per Diem Rate Per Activity, Function or Event:

- Complete a separate line for each different per diem rate, even for the same employee.
- Enter the per diem rate for each activity, function, event or call.
- Per diem rate applies when no hourly wage rate has been established, e.g., paid-per-call, etc.

i. Total Regular Wages:

- No entry required, this is a calculated field.

j. Total Overtime Wages:

- No entry required, this is a calculated field.

k. Total Per Diem:

- No entry required, this is a calculated field.

l. Total Wages:

- No entry required, this is a calculated field.

m. Sub-grantee's Authorized Financial Representative:

- An authorized financial representative (person who can certify each employee was paid wages and benefits listed) must print his or her name, title, date and phone number, and sign this detail.

Fringe Benefit Rate Calculation Worksheet Instructions

- Fringe benefits for force account labor are eligible. Fringe benefits for overtime will be significantly less than regular time. A different rate is charged for regular time and overtime.
- **Only FICA (social security & Medicare), unemployment insurance, and worker's compensation are eligible fringe benefits for overtime.**
- **If fringe benefit percentages vary from person to person, fill out a separate payroll form for each person. Do not mix employees with different fringe benefit rates on the same form. Complete a different form each time the fringe benefit rate changes.**

The following steps will assist in calculating the percentage of fringe benefits paid on an employee's salary. **Note:** items and percentages will vary from one entity to another.

1. The normal year consists of 2080 hours (52 weeks x 5 workdays/week x 8 hours/day). This does not include holidays and vacations.
2. Determine the employee's basic hourly pay rate (annual salary/2080 hours).
3. Fringe benefit percentage for vacation time: Divide number of hours of annual vacation provided to the employee by 2080 (80 hours (2 weeks)/2080 = 3.85%).
4. Fringe benefit percentage for paid holidays: Divide the number of paid holiday hours by 2080 (64 hours (8 holidays)/2080 = 3.07%).
5. Retirement pay (for regular time only): Because this measure varies widely, use only the percentage of salary matched by the employer.
6. Social Security, Medicare, and Unemployment Insurance: All three are standard percentages of salary.
7. Insurance: This benefit varies by employee. Divide the amount paid by the employer by the basic pay rate determined in step two.
8. Worker's Compensation: This benefit also varies by employee. Divide the amount paid by the employer by the basic pay rate determined in step two. Use the rate per \$100 to determine the correct percentage.

If there are any questions or problems while filling out this detail, please feel free to contact Mr. David Lundquist at (517) 324-2386 or at lundquid@michigan.gov.

Fringe Benefits (%)	Regular Time	Overtime
Holidays	0.00%	
Vacation Leave	0.00%	
Sick Leave	0.00%	
Social Security	0.00%	0.00%
Medicare	0.00%	0.00%
Unemployment	0.00%	0.00%
Worker's Comp.	0.00%	0.00%
Retirement	0.00%	
Health Benefits	0.00%	
Life Ins. Benefits	0.00%	
Other	0.00%	
Total % of annual salary	0.00%	0.00%

IMPORTANT: The Instruction Sheet with fringe benefit calculations MUST be submitted with the Payroll Reimbursement Detail (EMD-055)

INSTRUCTIONS FOR COMPLETION OF SUPPLIES AND OTHER ITEMS REIMBURSEMENT DETAIL (EMD-056)

General Information

- **A separate Supplies and Other Items Detail (EMD-056) must be completed for each grant solution area. Only this form will be accepted.**
- A Supplies and Other Items Detail (EMD-056) must be completed whenever requesting reimbursement for supplies and other items.
No Exceptions.
- Calculated fields on the Supplies and Other Items Detail (EMD-056) are protected and cannot be accessed electronically.
- The Supplies and Other Items Detail (EMD-056) must be submitted with the corresponding Reimbursement Coversheet (EMD-054).
- Mail completed forms to: **Michigan State Police, Emergency Management Division, Attn: Fiscal Section, 4000 Collins Rd., Lansing, MI 48910.**

a. Contact and Activity Information:

- All applicable Contact and Activity Information must be completed.
- Primary Agent is the locally designated contact for the grant.
- Agency would be a Sub-recipient receiving funds through the Local Emergency Management Program.
- Type of grant Activity or Event, e.g., TT Exercise, Flood Disaster, Mitigation Project, Training, Conference, etc.

b. Company or Vendor Name:

- Enter the Company or Vendor Name.
- Each invoice, purchase order and receipt must be listed separately.
- Sub-grantee must keep and make available at time of audit a copy of a paid receipt or check.

c. Paid Amount:

- Enter one total for each invoice, purchase order, or receipt. **Do not list each item separately.**

d. Description of Supplies and Other Items Expenses:

- Briefly describe the types of supplies and other items purchased.
- Other Items include contractors, consultants, instructor fees, course fees, food, non-alcoholic beverages, building/site rentals, first responder vehicle reimbursement, etc.

e. Total Expenses:

- No entry required, this is a calculated field.

f. Sub-grantee's Authorized Financial Representative

- An authorized financial representative (person who can certify that all supplies and other items purchased have been paid for) must print their name, title, and phone number, as well as sign and date the Supplies and Other Items Detail (EMD-056).

INSTRUCTIONS FOR COMPLETION OF TRAVEL REIMBURSEMENT DETAIL (EMD-057)

General Information

- **A separate Travel Reimbursement Detail (EMD-057) must be completed for each grant solution area. Only this form will be accepted.**
- A Travel Reimbursement Detail (EMD-057) must be completed whenever requesting travel reimbursement. No Exceptions.
- Calculated fields on the Travel Reimbursement Detail (EMD-057) are protected and cannot be accessed electronically.
- The Travel Reimbursement Detail (EMD-057) must be submitted with the corresponding Reimbursement Coversheet.
- Mail completed forms to: **Michigan State Police, Emergency Management Division, Attn: Fiscal Section, 4000 Collins Rd., Lansing, MI 48910.**

a. Contact and Activity Information:

- All applicable Contact and Activity Information must be completed.
- Primary Agent is the locally designated contact for the grant.
- Agency would be a Sub-recipient receiving funds through the Local Emergency Management Program.
- Type of grant Activity or Event, e.g., TT Exercise, Flood Disaster, Mitigation Project, Training, Conference, etc.

b. Employee Name:

- Enter employee's last name, first name, and middle initial.

c. Travel Start Date:

- Enter start date of employee's travel.

d. Travel End Date:

- Enter end date of employee's travel.

e. Mileage Rate:

- Enter applicable mileage rate per mile.
- Mileage reimbursement rate cannot exceed allowable sub-grantee rate or state rate, whichever is less.
- If sub-grantee has not established a mileage rate, then state rate must be used.
- For the current list of state mileage rates: http://www.michigan.gov/dmb/0,1607,7-150-9141_13132---,00.html
- **DO NOT** submit for reimbursement on the Travel Reimbursement Detail (EMD-057) for first responder vehicle use based on the FEMA Equipment Rate Schedule. Those reimbursements **MUST** be submitted on the Supplies and Other Items Detail (EMD-056).

f. Total Miles:

- Enter total miles traveled round trip.

g. Mileage Amount:

- No entry required, this is a calculated field.

h. Number of Days Lodging:

- Enter total number of days lodging.

i. Lodging Amount:

- Enter total amount for lodging. This cell does **NOT** automatically calculate the total.
- Lodging reimbursement cannot exceed allowable sub-grantee rate or state rate, whichever is less.
- For the current list of state lodging rates: http://www.michigan.gov/dmb/0,1607,7-150-9141_13132---,00.html
- Lodging reimbursement is limited to room charge, applicable taxes, and local use fees. **No other additional expenses will be reimbursed.**
- Sub-grantees must keep copies of paid receipts to verify lodging expenses and make them available at time of audit.

j. Meal Codes:

- Enter the meal code ("**B**" - breakfast, "**L**" - lunch, and "**D**" - dinner) followed by the number of eligible meals for each. Example: 4B,2L,4D.
- Group meals are **NOT** submitted on the Travel Reimbursement Detail (EMD-057), but are submitted on the Supplies and Other Items Reimbursement Detail (EMD-056).

k. Meal Amount:

- Enter the total cost for all eligible meals listed in the "Meal Code" column. This cell does **NOT** automatically calculate the total.
- Meal reimbursement cannot exceed allowable sub-grantee rate or state rate, whichever is less.
- For the current list of state meal rates: http://www.michigan.gov/dmb/0,1607,7-150-9141_13132---,00.html

l. Other Expenses:

- Enter any "other" eligible expenses incurred while traveling, such as **tolls** or **parking fees**.

m. Description of Other Expenses:

- Briefly describe the "other" eligible expenses the employee incurred while traveling.

n. Total Expenses:

- No entry required, this is a calculated field.

o. Sub-grantee's Authorized Financial Representative

- An authorized financial representative (person who can certify that all travel expenses have been paid) must print their name, title, and phone number, as well as sign and date the Travel Reimbursement Detail (EMD-057).