

REQUEST FOR REIMBURSEMENT OF PUBLIC ASSISTANCE PROJECT EXPENSES

I. GENERAL INFORMATION					
Subrecipient Name:		Contact Name:		Contact Phone:	Contact Email:
Event Number:	Project Number:		Customer Vendor (CV) Number: (Does not apply to State Agencies)		Address Code: (Does not apply to State Agencies)
Project Worksheet (PW) Number:		Date(s) of Activity or Event: To _____ To _____		Is Project Complete? <input type="checkbox"/> YES <input type="checkbox"/> NO	
					Estimated Date of Completion:

II. REIMBURSEMENT CATEGORIES * Each total should match the corresponding reimbursement form		
1) Force Account Labor total:		4) Contract Work total:
2) Purchased Equipment total:		5) Supplies and Materials total:
3) Force Account Equipment total:		Comments:
Total from Above Itemized Lists (1-5):	Actual Amount Claimed (Requested):	

I certify that the above information is true and accurate, that payments have been made, and documentation for these transactions is available for audit. I also certify that, for this reimbursement, there were no payments to any entity that was a duplicate payment; the correct entities were paid; payments were not made outside of the allowable timeframe; payment was for the correct goods and services, payments were for the correct amounts, and I have supplied sufficient documentation to support all payments.

III. AUTHORIZATION	
Signature of Subrecipient's Authorized Representative	Date:

Michigan State Police Emergency Management & Homeland Security Division (MSP/EMHSD) USE ONLY BELOW

Reimbursement Approved: <input type="checkbox"/>	Federal Share Project Amount:	Signature of State Public Assistance Representative:	Date:
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IMPORTANT: Attach documentation to support ALL costs claimed. Failure to do so could cause delays in processing reimbursements. See Documentation to Support Costs Claimed for supporting documentation examples or see the FEMA Public Assistance Program and Policy Guide (PAPPG) for more information.

Request for Reimbursement of Public Assistance Project Expenses

I. GENERAL INFORMATION

Subrecipient Name: The Public Assistance applicant seeking reimbursement. It should appear as it does in the FEMA Grants Portal (<https://grantee.fema.gov/>).

Contact Name: The primary contact with knowledge of the project and reimbursement request.

Contact Phone: Phone number (including area code) for the primary contact.

Contact Email: Email address for the primary contact.

Event Number: Found at the top of the grant agreement (i.e., “4494” FEMA-4494-DR-MI). Also referred to as the disaster number.

Project Number: Found in the grant agreement, Section III. Award Amount and Restrictions.

Customer Vendor (CV) Number: Obtained by accessing the applicant’s account on the State of Michigan SIGMA Vendor Self-Service (VSS) site at:

<https://sigma.michigan.gov/webapp/PRDVSS2X1/AltSelfService>.

Please contact the SIGMA VSS Support Center at SIGMA-Vendor@Michigan.gov or 517-284-0550 with questions.

Address Code: Obtained by accessing the applicant’s account on the State of Michigan VSS site at:<https://sigma.michigan.gov/webapp/PRDVSS2X1/AltSelfService>.

Please contact the SIGMA VSS Support Center at SIGMA-Vendor@Michigan.gov or 517-284-0550 with questions.

Project Worksheet (PW) Number: Found in the grant agreement, Section III. Award Amount and Restrictions.

Date(s) of Activity or Event: Select the starting and ending dates for the activity.

Is Project Complete? Answer “yes” or “no”.

Estimated Date of Completion: Enter the estimated date of completion of the project.

II. REIMBURSEMENT CATEGORIES

If there are no reimbursement expenses for a category, enter “0”. FEMA refers to the applicant’s personnel as “force account.”

- 1) **Force Account Labor:** Enter the total amount of expenses being claimed for the Force Account Labor category. I
- 2) **Purchased Equipment:** Enter the total amount of expenses being claimed for the Purchased Equipment category. I
- 3) **Force Account Equipment:** Enter the total amount of expenses being claimed for the Force Account Equipment category.
- 4) **Contract Work:** Enter the total amount of expenses being claimed for the Contract Work category.
- 5) **Supplies and Materials:** Enter the total amount of expenses being claimed for the Supplies
- 6) **Total from Above Itemized Lists (1-5):** Automatically calculates the total amount from all categories.
- 7) **Actual Amount Claimed (Requested):** Enter the total amount requested.
- 8) **Comments:** (Optional) Enter any additional comments.

Note: Project reimbursements for Management Costs are to be requested using the Public Assistance Project Record – Management Costs form and are not included in the Request for Reimbursement of Public Assistance Project Expenses.

III. Authorization

Signature of Subrecipient's Authorized Representative: The authorized representative for the applicant signs here. Please read the certifying statement before signing. The name of the authorized representative should match the one listed in the FEMA Grants Portal. (Please contact misp-emhsd-disasterpa@michigan.gov for assistance with updating Grants Portal contact information.)

Date: Enter the date signed.