

Local First Responder Recruitment and Training Grant Program (FRGP) Reimbursement Request

PART 1: REQUESTOR INFORMATION			
Grantee Name (City, Village, Township, County, or Fire Authority)			
Request Number		Name of Requestor	
Mailing Address		City	State ZIP Code
Contact Telephone Number	Requestor Email Address		
PART 2: EXPENDITURE DETAIL AND CALCULATION			
Expense Description/Invoice			
1.			\$
2.			\$
3.			\$
4.			\$
5.			\$
6.			\$
Amount awarded			\$
Total amount requested on this form			\$
Amount previously requested			\$
Award amount remaining			\$
NOTE: If more space is needed, attach additional pages.			
PART 3: CERTIFICATION			
I hereby certify that the information in this request is complete and accurate and all expenditures for which reimbursement is requested are eligible, and that these expenditures will not be reimbursed from any other source.			
Printed Name of Primary Grantee Chief Administrative Officer			Title
Signature of Primary Grantee Chief Administrative Officer			Date

Payments will not be processed without expenditure documentation (including but not limited to invoices and copies of electronic transfers or canceled checks with account number(s) redacted) and the required signature.

Return this completed request along with all documentation to: **Treas-StateSharePropTaxes@michigan.gov**

Email Subject Line: FRGP Reimbursement – Name of Grantee (city, village, township, county, or fire authority)

Instructions for Form 5837, Local First Responder Recruitment and Training Grant Program (FRGP) Reimbursement Request

PART 1: REQUESTER INFORMATION

1. Grantee Name: The primary Local Unit that has the authority and the responsibility for the administration of the project in accordance with the project conditions. For example, "City of Blank" is acceptable.
2. Request Number: Identify the number of this payment request. 1st, 2nd 3rd etc.
3. Name of Requestor: Name of person submitting this request.
4. Mailing Address: Street number and name, including suite number if applicable, of the Primary Local Unit.
5. Contact Telephone Number: Phone number, including area code, of person submitting this request.
6. Requestor Email Address: Email address of person submitting this request.

PART 2: EXPENDITURE DETAIL AND CALULATION

Provide a description of each invoice or expense. Attach invoices and a copy of the electronic transfer or canceled check from your bank. For expenses without invoices, please attach supporting documentation. Account numbers and confidential information must be redacted from documents before sending.

Amount awarded: Amount of grant awarded to the primary Local Unit.

Total amount requested on this form: Amount of this request.

Amount previously requested: Total of all prior requests whether or not payment has been received.

Award amount remaining: Award amount less this and all previous requests.

PART 3: CERTIFICATION

The reimbursement request must be signed by the Chief Administrative (Executive) Officer of the primary local unit.