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NJOHSP

OFFICE OF HOMELAND SECURITY AND PREPAREDNESS

Grant Request for Reimbursement Form Instructions

GRANT REQUEST FOR REIMBURSEMENT

- **Federal Fiscal Year:** Identify the Federal Fiscal Year, i.e. FY15, FY16, etc.
- **Funding Stream:** Use the abbreviation for the grant name, such as State Homeland Security Program (SHSP), Urban Areas Security Initiative (UASI), Nonprofit Security Grant Program (NSGP), etc.
- **Award Amount:** Enter total award amount for this grant.
- **Request Number:** Sequential numbering of each Grant Request for Reimbursement for each funding stream, i.e. 1, 2, 3, etc.
- **Vendor Number/EIN:** Vendor number assigned by NJStart or Employer Identification Number.

SUBGRANTEE ORGANIZATION (Name of the agency that is submitting the request)

- **Name, Street Address, City, State and Zip:** Self-explanatory.

COMPUTATION OF AMOUNT OF REIMBURSEMENT REQUESTED

- **Grant Reimbursement Request:** The dollar amount for which reimbursement is being requested.
- **Total Reimbursed Amount to Date:** Total dollar amount of all previous reimbursements received (GTS reimbursed total). If none, insert 0.
- **New Total Amount Reimbursed:** Total of this request and all other reimbursements to date (total amount of A & B) will automatically be calculated. This will match the GTS Recipient Acquisition Detail Report for reimbursement total.
- **Remaining Amount to be Reimbursed:** Remaining dollars to be reimbursed will be self-calculated.
- **Is the Recipient Acquisition Detail Report attached?** Select Yes or No. Use only this GTS report.
- **Are the items to be reimbursed highlighted?** Select Yes or No. Whatever items are included in the Request for Reimbursement Form must be clearly marked and highlighted.

CERTIFICATION

- **Signature of Authorized Certifying Financial Official:** Must be signed by subgrantee's authorized Financial Official.
- **Typed or Printed Name or Title:** Of the Authorized Certifying Financial Official.
- **Financial Official Phone Number:** Of Authorized Certifying Financial Official.
- **Date Request Submitted:** Self-explanatory.
- **Email Addresses for Reimbursement Notification:** Identify up to two email addresses that will receive the reimbursement notification.

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- **NJOHSP GMB Liaison Approval:** Signature of approving GMB liaison.
 - **Date:** Date approved.

NJOHSP FINANCIAL BUREAU USE ONLY

- Data entered by NJOHSP Financial Bureau staff only.