

**TULARE COUNTY OFFICE OF EMERGENCY SERVICES  
SUB-GRANTEE PASSTHROUGH TO LOCAL REIMBURSEMENT REQUEST  
FY11, Homeland Security Grant Program (HSGP)  
Award# 2011-SS-0077 OES ID # 107-00000**

**\* Reimbursement Request Checklist must be completed and submitted with this form to be eligible for reimbursement**

## INVOICE

DATE SUBMITTED: \_\_\_\_\_

SUB-RECIPIENT: \_\_\_\_\_

*Mail Reimbursement Request To:*  
Tulare County Office of Emergency Services  
Attn: [Dave Lee](#)  
5957 South Mooney Boulevard  
Visalia, CA 93277  
(559) 624-8012

<b>TOTAL CLAIM</b>	\$ _____ <small>(This billing period)</small>	\$ _____ <small>(Year to date total)</small>
<b>PROJECT (A, B, C...)</b>	<b>Please submit one Reimbursement Request per Project</b>	

Under penalty of perjury, I certify that:

*I am duly authorized officer of the claimant herein, that this claim is in all respects true, correct, and in accordance with applicable laws, rules, and regulations, that the services mentioned herein were actually rendered, and that I have not violated any of the provision of government Code Section 1090 to 1096, inclusive.*

### AUTHORIZED AGENT

_____	(559) _____
<b>Print Name</b>	<b>Telephone Number</b>
_____	_____
<b>Title</b>	<b>E-mail Address</b>
_____	(559) _____
<b>Mailing Address</b>	<b>Fax Number</b>
_____	_____
<b>City</b>	<b>State and Zip</b>
_____	_____
<b>Signature</b>	<b>Date</b>

Please mark this box to indicate a change in the Authorized Agent's Mailing address.

### For OES Use Only

Entered By: \_\_\_\_\_ Date: \_\_\_\_\_ Approved: \$ \_\_\_\_\_  
Billing Period: \_\_\_\_\_ From: \_\_\_\_\_ 20 \_\_\_\_\_, to 20 \_\_\_\_\_.

# FY11 HOMELAND SECURITY GRANT “REIMBURSEMENT REQUEST” CHECKLIST

**Attach this checklist along with all requested paperwork to your “Request for Reimbursement” form:**

## EXCLUDED PARTIES LIST

IF you are using a vendor, trainer, or contractor, you must verify that they are NOT listed on the Government’s “[Excluded Parties List](#)” by going to the website <http://www.epls.gov>. Type in the party’s tax identification number on the top left of the screen and search. Print the screen and submit it with the reimbursement request. If the party is listed on the website, you will NOT be eligible for reimbursement.

## EQUIPMENT REIMBURSEMENTS

- Purchase Order
- Quote
- Original Invoice(s)
- Packing Slip
- Copy of the “[Excluded Parties List](#)” search results by the vendor’s tax identification number
- Copy of the canceled check that was issued to pay the vendor (front and back, legible)
- Serial #'s of equipment (if NOT listed on the invoice)
- Address where equipment will be used or stored
- Signed equipment inventory sheet
  - \* All equipment must be tagged with an approved HSGP tag (provided by Tulare County OES) prior to reimbursement

## TRAINING REIMBURSEMENTS

- Timecards of all persons who attended training including rate of pay
- Timecards of all person who received OT, including rate of pay
- Timecards of all persons used to backfill, including rate of pay  
\*(overtime **OR** backfill-only one will be reimbursed)\*
- Copy of training CERTIFICATE issued
- Copy of agenda or syllabus
- All receipts for travel, meals, lodging  
(Lodging is reimbursed at the Federal Per Diem amount. Lodging will NOT be reimbursed at all if the cost per night is more than the Federal Per Diem rate. Tips are NOT reimbursable. Meals must be preapproved by Cal EMA.)
- Copy of the canceled check that was issued to pay the vendor
- Copy of the “[Excluded Parties List](#)” search results by the vendor’s tax identification number

## CONTRACTS

- Copy of the “[Excluded Parties List](#)” search results by the contractor’s tax identification number
- Copy of the canceled check that was issued to pay the vendor

All Contractors will be reimbursed **no more than eight (8)** hours per day.

## PLANNING

- All original Invoices
- Complete and Detailed Time Studies
- Copy of the canceled check (issued to pay the vendor)
- Final document produced