



Governor's Office

Louisiana Governor's Office of Homeland Security & Emergency Preparedness Grant Reimbursement Form Instructions

Please use separate reimbursement forms when requesting funds from more than one grant year or more than one grant.

- ❖ Enter the date
- ❖ Agency Name
- ❖ Point of Contact
- ❖ Address
- ❖ City / State / Zip Code
- ❖ Phone Number
- ❖ Parish

- ❖ On the top right hand side of the form, please select the grant year funds are being requested from. If you are selecting 2008, click the box directly to the left of 2008. When you click in the box, a check mark should appear.

- ❖ Next, left click on the box below the grant years. When you click on the box, an arrow will appear to the right. By clicking the arrow, you will be provided with a drop down list. Please select a grant name from the list.

- ❖ The grant award number will correspond with the grant year and grant name you selected above. There is a drop down list to assist you in locating this number. In the drop down list, the HSPG grant numbers are listed first. 2008-GE-T8-0013 will be 2008 HSGP, 2009-SS-T9-0059 will be 2009 HSGP and so on. HSPG includes SHSP, UASI, CCP and MMRS. The EMPG grant numbers will be next and all other grants handled by the Grants Section will follow in alphabetical order after HSGP and EMPG.

- ❖ Enter the Tax ID number. The Tax ID number is very important. The finance department uses the Tax ID number provided to issue the reimbursement check / EFT. Please enter one number per box. All of the boxes will have a number in them. There are two boxes shaded grey and above they say GOHSEP Use Only. If you have those two numbers and you would like the funds to definitely go to that particular tax id location you can enter the numbers in the boxes.

- ❖ If an advanced payment is being requested, please click on the box to the left of Requesting Advanced Payment. (An advanced payment is when a reimbursement

is being requested prior to the vendor being paid). When you click in the box, a check mark should appear. Leave the Advanced Payment Number blank. This number will be generated by the Grants Section and will be provided to you once your paperwork has begun to be processed.

- ❖ Please enter the Vendor Name and Invoice Number for the invoices you are requesting reimbursement from. Only enter one invoice per line.
- ❖ You will select a State Goal if you are submitting a reimbursement for one of the HSGP grants (SHSP, MMRS, CCP), an Urban Area Strategic Goal for the UASI grant or an Emergency Management Function if you are submitting a reimbursement for the EMPG grants. If you are submitting a reimbursement request for any other grant, you do not need to provide this information. The State Goal, Urban Area Strategic Goal and EMF should match the project application where approval was requested for the item you are seeking reimbursement for. (If you are seeking reimbursement for an HSGP grant or EMPG and you do not see a drop down box, please make sure you selected the grant name at the top right hand corner of the reimbursement request form.)
- ❖ For solution area, you will select Equipment, Training, Planning, Exercise, Admin or Organization.
- ❖ When choosing the subcategory for equipment, this should tie directly back to the project application and the authorized equipment list (AEL). (Example: If radios were purchased and the equipment purchased was approved under AEL number 06CP-01-PORT, the subcategory would be Interoperable Communications because 06 in the AEL is for Interoperable Communications Equipment. If a GPS was purchased and the equipment purchased was approved under AEL number 04AP-02-DGPS, the subcategory would be Information Technology because 04 in the AEL is for Information Technology). For the drop down list to work under subcategory, a solution area has to be selected first.
- ❖ For discipline you will select, Emergency Management, Law Enforcement, Fire, etc. ALL will no longer be an option due to the 25% minimum requirement for law enforcement under the SHSP and UASI grants. If you are purchasing items under SHSP or UASI to meet the minimum requirement for Law Enforcement the exact amount dedicated to Law Enforcement needs to be indicated. If you have purchased items on one invoice for several disciplines please use more than one line on the reimbursement form.
- ❖ Enter the amount you are requesting reimbursement for.
- ❖ Finally, print and sign your name and date the reimbursement form.

Your reimbursement request needs to include a copy of the reimbursement request form, the invoice and a copy of the check to the vendor (unless you are requesting an advanced payment).

Reimbursements may be submitted via mail, fax or email. Please do not submit your reimbursement request by email and mail or fax and mail, etc. This increases the chance of the reimbursement being processed twice. Please allow 20 – 30 days to receive reimbursement.

If you submit your reimbursement via mail, please submit to:

GOHSEP

Attn: Grants Section – (Name of Grant)

7667 Independence Blvd.

Baton Rouge, LA 70806

If you have any questions, please feel free to contact one of the Grant Sections staff. We are always happy to assist you.