**STATE OF WISCONSIN**

**DEPARTMENT OF MILITARY AFFAIRS**

**DIVISION OF EMERGENCY MANAGEMENT**

2400 Wright Street, P.O. Box 7865

Madison, WI 53707-7865

**Section 404 Hazard Mitigation Grant Program**

**REQUEST FOR REIMBURSEMENT OF EXPENSES**

Disaster # FEMA-XXXX-DR-WI Date Enter Date

Subrecipient Community Name County County Name

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| --- | --- |
| Total Award Amount (federal+state+local)Local match cannot be time charged to any other federal grants or time used as match for other federal grants (i.e. EMPG, EPCRA). | $Enter Amount |
| Amount Spent to Date (federal+state+local) | $Enter Amount |
| Amount Reimbursed to Date (federal+state+local) | $Enter Amount |
| Amount Spent Since Last Request (federal+state+local)\* | $Enter Amount |
| Requested Reimbursement (87.5% of amount spent since last request) | $Enter Amount |
| Requested Advance – **PRIOR APPROVAL REQUIRED**(see attached instructions) | $Enter Amount |

\* Attach supporting documentation including invoices, proof of payments, bid tabulations, contracts, etc.

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Signature – Subrecipient’s Authorized Representative

Reimbursement Approved $ .

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Signature – State Mitigation Representative Date

When receiving funds in advance of spending them, the following must be adhered to:

1. If possible funds should be expended within three business days of receipt.
2. Deposit any advance HMGP funds into a separate non-interest-bearing bank account.
3. If any interest is generated, it must be reported to the State and spend for project administrative purposes before any additional funds are drawn down.
4. Subrecipients should reconcile earned interest each calendar quarter. If earned-and-expended interest exceeds $100 at any time during the calendar year, all interest in excess of $100 shall be returned to the U.S. Treasury.