

TULARE COUNTY OFFICE OF EMERGENCY SERVICES
SUB-GRANTEE PASSTHROUGH TO LOCAL REIMBURSEMENT REQUEST
FY 2018 Homeland Security Grant Program (HSGP)
Award# 2018-0083 OES ID # 107-00000

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

REIMBURSEMENT REQUEST

SUB-RECIPIENT	_____		
TOTAL CLAIM	\$ _____ <small>(This billing period)</small>	BID THRESHOLD*	\$ _____
PROJECT (A, B, C...)	_____ Please submit one Reimbursement Request per Project		

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

Name _____	E-Mail Address _____
Title _____	(559) _____ Telephone Number
Mailing Address _____	(559) _____ Fax Number
City, State, Zip Code _____	**
Signature _____	Date _____

Mail Reimbursement Request to:

[Tulare County Office of Emergency Services](#)

5957 S Mooney Blvd
Visalia CA 93277
559-624-7496 office
559-624-7499 facsimile

Date Received _____

* Sub-Recipients must indicate bid thresholds for governing purchasing policies. If the total project's value exceeds the bid threshold, competitive bids documents or an approving Governing Board Agenda Item waiving the bid process must be submitted with this Reimbursement Request.

** Due to budgeting complexities, cutoffs for reimbursements will occur in March through June of each year.

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REIMBURSEMENT REQUEST CHECKLIST

SYSTEM FOR AWARDS MANAGEMENT (SAM)

If you are using a vendor, trainer, or contractor, you MUST have verified, and MUST re-verify, that the party is NOT listed for exclusion or debarment on the Government's "[System for Awards Management](http://www.sam.gov)" database. Sub-Recipients can verify the party's eligibility by going to the website <http://www.sam.gov> and searching for the party's name. **Print the party's result prior to purchase and submit it with the reimbursement request along with the report generated at the time of the Project Proposal.** If the party is listed for exclusion or debarment on the website, you will NOT be eligible for reimbursement.

REIMBURSEMENT ITEMIZATION

ITEMS (Optional)	INVOICE#	CHECK#	AMOUNT
TOTAL			

EQUIPMENT REIMBURSEMENTS

1. Remit to OES:
 - Completed Reimbursement Request packet (including this Checklist)
 - Competitive Bid documents, or Board Agenda Item waiving the bid process
 - Purchase Order
 - Vendor Quote(s)
 - Vendor contract with Cal OES Standard Assurances attached, if applicable**
 - Original Vendor Invoice(s)
 - Vendor Packing Slip(s)
 - Copies of the "[System for Awards Management](http://www.sam.gov)" search results
 - Copy of the canceled check(s) that was issued to pay the vendor(s) (front and back, legible)
 - Serial numbers of equipment (if NOT listed on the invoice)
 - Address(es) where equipment will be used or stored (please itemize):

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ITEM	COST	SERIAL#	ADDRESS

2. OES will use the information submitted to provide an Equipment Inventory Tracking Sheet and Homeland Security Asset Tag:
 - ❑ Complete the Equipment Inventory Tracking Sheet
 - ❑ Apply the Homeland Security Asset Tag(s), if applicable
 - ❑ Initial, sign and date the Equipment Inventory Tracking Sheet
 - ❑ Remit the completed Equipment Inventory Tracking Sheet to OES

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TRAINING REIMBURSEMENTS

- ❑ Vendor contract with Cal OES Standard Assurances attached, if applicable
- ❑ Timecards of all persons who attended training including rate of pay
- ❑ Timecards of all person who received overtime*, including rate of pay
- ❑ Timecards of all persons used to backfill*, including rate of pay
- * Overtime and backfill cannot overlap. Overtime and/or backfill are subject to **PRIOR** approval by the Approval Authority and/or Tulare County OES; approved on a case-by-case basis.
- ❑ Copy of training CERTIFICATE(S) issued
- ❑ Copy of agenda or syllabus
- ❑ All receipts for travel, meals, lodging*
- * Lodging is allowable up to the Federal Per Diem rate per <http://www.gsa.gov>. Lodging will NOT be reimbursed at all if the cost per night exceeds the Federal Per Diem rate. Tips are NOT reimbursable. Alcohol is not allowable. Meals for hosted training must be preapproved by Cal OES.
- ❑ Copy of the canceled check(s) that was issued to pay the trainer(s) (front and back, legible)
- ❑ Copies of the "[System for Awards Management](#)" search results

CONTRACTS*

- ❑ Original Invoices
- ❑ Vendor contract with Cal OES Standard Assurances attached, if applicable
- ❑ Copy of the canceled check(s) that was issued to pay the contractor(s) (front and back, legible)
- ❑ Copies of the "[System for Awards Management](#)" search results
- * All Contractors will be reimbursed **no more than eight (8)** hours per day.

PLANNING

- ❑ Original Invoices
- ❑ Vendor contract with Cal OES Standard Assurances attached, if applicable
- ❑ Complete and detailed Time Studies
- ❑ Copy of the canceled check(s) that was issued to pay the planner(s) (front and back, legible)
- ❑ Final document produced