Hazard Mitigation Assistance

HMGP, HMGP-PF, FMA, PDM, and BRIC

Request for Reimbursement of Funds (RFR)

FEMA Award #:

RFR #:

Instructions: Send RFR files to oem.hazardmitigtion@oem.oregon.gov. RFRs should be sent in once per quarter.

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Subapplicant:	UEI:	
Payment Mailing Address:	EIN/TIN:	
City, State, Zip:	Period Covered	
Contact Name:	Is this the final RFR?	
Email:		

Sub-Grant Cost Sharing:	g: (type data as decimal)					
Federal Share		Non-Federal Share		Mgt Costs (% of total costs)		

Request reimbursement according to the award percentages listed above for the following expenses. If you are over budget in a category, contact <u>oem.hazardmitigation@oem.oregon.gov</u> to see if a budget amendment is available.

Budget Categories	Current Request for Reimbursement	Previous Reimbursement	Budget	Balance Remaining
Total				

Federal Share: Total Federal

Reimbursement:

Management Costs:

HB5006 Funds (if applicable): Note: If the Total amount at the bottom of any column is wrong after inputing the data, please delete the incorrect Total amount and it will automatically fix by itself.

I certify that to the best of my knowledge and belief, the data presented above and the attached back-up documentation are correct, that all outlays were made in accordance with the grant conditions and that payment is due and has not been previously requested. I further certify that I am the authorized applicant's agent, designated by the above referenced applicant to enter into this agreement for, and on behalf of, said applicant.

Authorization (digital or wet signature only)			Date
For Internal Use Only:			
PCA	Description	Amount	
			AOBJ
			SAM Expires
Date	Approvals	Title	
			Date Received
			Vendor # & MC