

HAZARDOUS MATERIALS EMERGENCY PREPAREDNESS GRANT REQUEST FOR REIMBURSEMENT

Agency: _____

Address: _____

Contact: _____

Phone: _____ Email: _____

Fed. Tax ID #: _____ IGA #: _____

Project Title: _____

Period Covering: _____

| Budget Category | Expenses Paid This Period | Cumulative Expenses to Date | Project Budget |
|------------------------------|---------------------------|-----------------------------|----------------|
| Travel | \$ | \$ | \$ |
| Equipment | \$ | \$ | \$ |
| Supplies | \$ | \$ | \$ |
| Contractual | \$ | \$ | \$ |
| Other: | \$ | \$ | \$ |
| Other: | \$ | \$ | \$ |
| Total Expenditures | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| Grant Funds Requested | \$ | \$ | \$ |

Prepared by: _____ Title: _____

Signature of Authorized Signer: _____ Title: _____

Note: Please refer to the budget submitted in the Intergovernmental agreement.

All expenditures must have adequate supporting documentation.

Mail to: Oregon State Police, Office of State Fire Marshal, Attn: Terry Wolfe, 3565 Trelstad Ave SE, Salem, OR 97317
For questions, contact Terry Wolfe at terry.wolfe@state.or.us or 503-934-8245