

Please download this PDF document to your computer before you complete the form.

**Rhode Island Volunteer Fire Assistance Grant Program
REQUEST FOR REIMBURSEMENT**

PO # _____

Contract start date: _____

Date Invoice Submitted to DFE: _____

<p>_____ Grantee Name</p> <p>_____ Federal Tax ID Number (FEIN)</p> <p><u>REMIT TO ADDRESS:</u></p> <p>_____ Street or PO Box Number</p> <p>_____ City / State / Zip</p>	<p><u>Reimbursement Request</u></p> <p>A. Federal Funds Requested for Reimbursement \$ _____</p> <p><u>Grantee Match</u></p> <p>B. Cash Match \$ _____</p> <p>C. In-Kind Match \$ _____</p> <p>Total Match (B+C) \$ _____ (must equal or exceed reimbursement request amount)</p> <p><u>TOTAL PROJECT COST</u> \$ _____ (A+B+C)</p>
<p><u>For RIDEM-DFE Official Use Only</u></p> <p>Payment Approved by: _____ Date: _____</p> <p>Amount Awarded: \$ _____ Amount Reimbursed: \$ _____</p>	

Grantee Certification: I certify that this request for reimbursement of funds is in accordance with the terms and conditions of the Rhode Island Volunteer Fire Assistance Grant Program and the rules and regulations set forth by the USDA Forest Service and the United States Office of Management and Budget. I also certify that matching requirements have been met and sufficient documentation exists in our files and are available upon request, or in the event of an audit. I also certify that all data and accomplishments reported are correct.

Print Name of Authorized Representative

Title of Authorized Representative

Signature of Authorized Representative

Instructions

1. Attach copies of documentation for grant expenses: receipts, paid invoices, front and back of cancelled checks, credit card or bank statements, payroll records, etc. **for grant expenses and for match items.**
2. Keep a copy of everything submitted.
3. All project records, including financial records, must be maintained for 5 years beyond project completion.

Date