

## GRANT REIMBURSEMENT COVER SHEET

Reference the attached instruction sheet for completion of this form.

<b>A. Contact and Activity Information</b>						
Regional Fiduciary	Year and Title of Grant as listed on Grant Agreement			EMHSD Alignment and Allowability Form (AAF) Number		
Reimbursement Contact Name	Contact Phone Number	Contact Email Address		Investment Project Number (from page 1 of AAF)		
Check the appropriate Solution Area (SA). <i>Check one (1) box only.</i> Expenses must meet SA allowability guidelines.				Check the appropriate Allocation Type. <i>Check one (1) box only.</i>		
Equipment	Exercise	Mgmt. & Admin	Organization	Planning	Training	OPSG
SHSP		UASI		Other		
Fiscal Year	Accounts payable? Yes    No		LETPA eligible expense? Yes    No		Start Date of Activity or Event	End Date of Activity or Event
<b>B. Reimbursement Category - Attach required supporting documentation to this cover sheet</b>						
An approved Alignment and Allowability Form (AAF) must be attached to this Reimbursement Cover Sheet for all reimbursement costs requested.						
<b>Category</b>						<b>Amount</b>
Equipment, Supplies, and Other Detail Total						
Payroll Detail Total						
Travel Detail Total						
<b>Total Request</b>						
<b>C. Subrecipient's Authorized Financial Representative</b>						
<b>Name, Title, and Contact Information</b>				<b>Certification and Signature</b>		
Name				I certify that the above information is true and accurate, that payments have been made, reimbursement is being requested only for the authorized expenditures approved on the above Alignment and Allowability Form, and that documentation for these transactions is available for audit.		
Title						
Phone	Email					
<b>FOR MSP-EMHSD USE ONLY</b>						
Allowability Approved By			Payment Processed By		Payment Released By	
Signature			Signature		Signature	
Comments			Comments		Comments	

## **EMD-054 GRANT REIMBURSEMENT COVER SHEET INSTRUCTIONS**

### **DO NOT ALTER OR RECREATE THIS FORM**

#### **General Information**

- **A separate EMD-054 Grant Reimbursement Cover Sheet must be completed for each grant project, solution area, allocation type, and individual exercise. Only this cover sheet will be accepted.**
- An EMD-054 Grant Reimbursement Cover Sheet must be completed whenever requesting reimbursement. No exceptions.
- Calculated fields on the EMD-054 Grant Reimbursement Cover Sheet are protected and cannot be accessed electronically.
- The EMD-054 Grant Reimbursement Cover Sheet must be submitted with the corresponding reimbursement detail forms.
- Completed grant reimbursement cover sheets with attached appropriate documentation must be submitted electronically using the link provided to you by the Michigan State Police, Emergency Management and Homeland Security Division (MSP/EMHSD).  
**To receive a copy of the link, contact your programmatic or financial MSP/EMHSD representative or email [EMD\\_HSGP@michigan.gov](mailto:EMD_HSGP@michigan.gov).**
- **Note:** Grant allocation types are abbreviated as follows: Operation Stonegarden (OPSG), State Homeland Security Program (SHSP), and Urban Area Security Initiative (UASI). Law Enforcement Terrorism Prevention Activities is abbreviated LETPA.

#### **A. Contact and Activity Information**

- EMHSD Alignment and Allowability Form (AAF) Tracking Number - Subrecipient will input the associated EMHSD AAF Number that is listed on their approved Alignment and Allowability Form.
- All applicable Contact and Activity Information must be completed.
- Regional Fiduciary is to complete the EMD-054 and provide contact information in the fields provided.
- Enter date of activity or event in mm/dd/yyyy to mm/dd/yyyy format.

#### **B. Reimbursement Category**

- For each type of category, enter the total of all attached detail forms under "Amount."
- **Note:** Contractors and consultants must be included on the EMD-056 Equipment, Supplies and Other Items Reimbursement Detail.

#### **C. Subrecipient's Authorized Financial Representative**

- An authorized financial representative must provide their name, title, e-mail address and phone number, as well as sign and date the EMD-054 Grant Reimbursement Cover Sheet.