

**STATE OF FLORIDA
DEPARTMENT OF COMMUNITY AFFAIRS
DIVISION OF EMERGENCY MANAGEMENT
EMERGENCY MANAGEMENT PREPAREDNESS AND ASSISTANCE GRANT PROGRAM**

CONTRACTUAL FORMS and REQUIREMENTS

Quarterly Reports - Financial History Report/Quarterly Status Report (Form 1 and Form 2):

1. These reports must be completed in full each quarter. **These are required reports and must be submitted within 15 days of the end of each quarter in order to be considered in compliance with the terms of the contract.**
2. These reports are to include, but not be limited to, the work that has been completed, the work in progress and the timeline of the work left to be completed. If any delays from the original timeline have occurred, specify the reason and revise the completion timeline.
3. If expenditures do not occur during a given quarter, a complete explanation should be given on Form 1 and 2.

Reimbursement Request (Form 3) and Detail of Claims (Form 4):

1. These forms are to be filed as needed. It is not necessary to wait until the end of each quarter. Complete Form 3 by filling in all items as needed. Do not send blank forms.
2. Submit only those forms for budget categories (e.g. Expenses, Salaries and Benefits, etc.) in which you have incurred expenditures. The Detail of Claims form must accompany the Reimbursement Request form.
3. Do not include back up documentation with these reports unless it is a deliverable that is outlined in the scope of work. Maintain back up documentation as it will be needed when audited.
4. The Reimbursement Request form must be signed by the contract manager or someone with equal authority.
5. Claims are to be submitted to the following address:

DEPARTMENT OF COMMUNITY AFFAIRS
DIVISION OF EMERGENCY MANAGEMENT
BUREAU OF COMPLIANCE PLANNING AND SUPPORT
FINANCE/GRANTS SECTION
2555 SHUMARD OAK BOULEVARD
TALLAHASSEE, FLORIDA 32399-2100

Close Out Report - (Form 5):

1. Close Out Reports are due as soon as the final payment has been made and all final expenditures have occurred.
2. The contract cannot be considered closed until the Close Out Report has been received.

Documentation of project expenditures:

1. Grantees must maintain documentation of expenditures for a minimum period of five years following the close of project/program operations unless audits require a longer period of time.
2. Grantees should maintain a financial file with copies of back-up documentation for all paid project/program expenditures made by the grantee during the grant period. Documentation of expenditures against the program will be reviewed and verified during on-site monitoring visits or when necessary by the DEM staff. Acceptable documentation includes copies of purchase orders and paid vouchers, paid invoices or cancelled checks, payroll vouchers, journal transfers, etc. Backup documentation of expenditures should not be sent to the DEM.
3. In order to document hours worked on the program by permanent or temporary staff, the grantee may use its own time and attendance forms.
4. All claims for reimbursement of expenditures must be submitted on the approved DCA financial reporting forms. Claims
not submitted on the proper form cannot be processed and will be returned for corrections.

(Attach additional pages(s) if needed)

**DEPARTMENT OF COMMUNITY AFFAIRS
DIVISION OF EMERGENCY MANAGEMENT
REIMBURSEMENT REQUEST
ATTACHMENT F
FORM 3**

Grantee	Payment date
Address	Payment #
	Phone #
Agreement #	Agreement Amount

COSTS INCURRED DURING THE PERIOD OF: / / through / /

- | | |
|--|--------------------------------|
| 1. Salary and Benefits | \$ _____ |
| 2. Other Personal/Contractual Services | \$ _____ |
| 3. Administrative Expenses | \$ _____ |
| 4. Expenses | \$ _____ |
| 5. Operating Capital Outlay (OCO) | \$ _____ |
| 6. Fixed Capital Outlay (FCO) | \$ _____ |
| 7. Total Expenditures | \$ <u> </u> |

I hereby certify that the above costs are true and valid costs incurred in accordance with the project agreement.

Signed _____
Contract Manager or Financial Officer

THIS FORM IS FOR REIMBURSEMENT OF EMPA FUNDS ONLY. DO NOT RECORD MATCH ON THIS FORM. RECORD MATCH ON FORM 4 - DETAIL OF CLAIMS.

TO BE COMPLETEBY BY DEM STAFF

AGREEMENT AMOUNT	_____
PREVIOUS PAYMENT(S)	_____
THIS PAYMENT	_____
REMAINING BALANCE	_____

TOTAL AMOUNT TO BE PAID ON THIS INVOICE

**DEPARTMENT OF COMMUNITY AFFAIRS
DIVISION OF EMERGENCY MANAGEMENT
EMERGENCY MANAGEMENT PREPAREDNESS AND ASSISTANCE COMPETITIVE GRANT
PROGRAM**

EXPENDITURE CATEGORY DEFINITIONS

1. SALARY AND BENEFITS:

The compensation for services that are directly related to the project by a person who is a regular employee in an established position for a specific period of time.

2. OTHER PERSONAL/CONTRACTUAL SERVICES:

The compensation for services that are directly related to the project by a person who is not a regular or full-time employee filling an established position. This shall include but not be limited to, temporary employees, student or graduate assistants, fellowships, part time academic employment, board members, consultants, and other services specifically budgeted by each agency in this category. NOTE: A copy of any subcontract entered into must be submitted to the Department within 30 days and be in accordance with Paragraph 14 of the Agreement.

3. ADMINISTRATIVE EXPENSES:

The direct costs of staff managing the project and other direct costs for managing the project, as well as the recipient's indirect rate, if any, applied to those direct costs of management. The sum total of direct and indirect costs identified herein shall not exceed 5% of total project costs.

4. EXPENSES:

The usual, ordinary, and incidental expenditures by an agency, including, but not limited to, commodities and supplies of a consumable nature, and excluding expenditures classified as operating capital outlay.

5. OPERATING CAPITAL OUTLAY:

Equipment, fixtures and other tangible personal property of a nonconsumable and nonexpendable nature and has a normal expected life of one year or more.

6. FIXED CAPITAL OUTLAY:

Real property (land, including appurtenances, fixtures and fixed equipment, structures, etc.), including additions, replacements, major repairs, and renovations to real property which materially extend its useful life or materially improve or change its functional use, and including operating capital outlay necessary to furnish and operate a new or improved facility.

**DEPARTMENT OF COMMUNITY AFFAIRS
2555 SHUMARD OAK BOULEVARD
TALLAHASSEE, FLORIDA 32399-2100
EMERGENCY MANAGEMENT PREPAREDNESS AND ASSISTANCE GRANT PROGRAM
COMPETITIVE GRANT PROGRAM
CLOSE-OUT REPORT – FORM 5
ATTACHMENT F**

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This Form Should Be Completed And Submitted To The Department No
Later Than Forty-Five (45) Days After The Termination Date Of The Agreement

GRANTEE	AGREEMENT #
ADDRESS	AGREEMENT AMOUNT
CITY AND STATE	AGREEMENT PERIOD

	(1)	(2)	(3)	(4)
COST CATEGORIES	GRANT AWARD EXPENDITURES	CASH MATCH	IN-KIND MATCH	TOTAL EXPENDITURES
1. SALARIES & BENEFITS				
2. OTHER PERSONAL/ CONTRACTUAL SERVICES				
3. ADMINISTRATIVE SERVICES				
4. EXPENSES				
5. OPERATING CAPITAL OUTLAY (EQUIPMENT)				
6. FIXED CAPITAL OUTLAY				
7. TOTALS	\$	\$	\$	\$

(5)	(6)
FUNDS RECEIVED UNDER THIS AGREEMENT	
DATE	AMOUNT
1.	
2.	
3.	
4.	
5.	
6.	
7. TOTAL	

Total Funds Received From The Department Of Community Affairs under This Agreement (column 6, Line 7) _____

Less Total Grant Award Expenditures (Col. 1, Line 7) _____

Equal Balance of Agreement Owed to DCA _____

Refund Due to State? Yes No

If Yes, Refund Check Enclosed? Yes No

If No, Enter Date Refund will be submitted _____

Refund and/or final interest check are due no later than ninety (90) days after the expiration date of the Agreement.

Make Check Payable to:
Cashier
Department of Community Affairs

Mail to:
Department of Community Affairs
Division of Emergency Management
2555 Shumard Oaks Boulevard
Tallahassee, Florida 32399-2100

Agreement Amount	
Less Total Funds Received under this Agreement (Column 6, Line 8)	
Balance of Agreement	

I hereby certify that the above costs are true and valid costs incurred in accordance with the project Agreement, and that the matching funds, in-kind or cash, were utilized toward the project in this Agreement.

Signed _____
Contract Manager or Financial Officer

Date _____