



SECB/SHSP Grant Program Reimbursement Request Form

SECTION 1: REQUESTING ECB/ESB REGION INFORMATION		
Requesting ECB/ESB Region:		
Regional ECB/ESB Grant Coordinator:		
Telephone:	Email:	
Signature:	Date:	

SECTION 2: GRANT INFORMATION	
Grant Project:	
Grant Program:	Grant Year:
Grant Number:	FSR Number:

SECTION 3: EXPENSES		
Include copies of supporting documents (invoices, receipts, time/payroll records, proof of payment, etc.) as separate attachments.		
Expense Category	Activity Description	Amount
Planning		
Training		
Exercise		
Equipment		
Organization		
Management & Administration		
Total Reimbursement Requested		

NOTE: Not all expense categories are allowable under the SECB/SHSP grant programs. Please consult with DPS-ECN staff regarding eligible expense categories.

SECTION 4: REQUEST REVIEW AND APPROVAL (MN DPS-ECN USE ONLY)	
<input type="checkbox"/> Request Received by MN DPS-ECN	Date:
<input type="checkbox"/> Request Reviewed by MN DPS-ECN	Date:
<input type="checkbox"/> Request APPROVED / DENIED by MN DPS-ECN (circle one)	Date:
<input type="checkbox"/> Status Update Provided to Regional Grant Coordinator	Date:
NOTES	