

Minnesota Board of Firefighter Training and Education

2021 HMEP Grant Year 3 Request for Reimbursement form - STATE TEAMS ONLY

Name: _____ Title/Position: _____

Agency/Fire Department: _____

Street Address: _____

City, State, Zip: _____

HMEP Grant Award (reimbursable) amount: \$ _____

Grant Soft Match Required by Department: \$ _____

Total Grant Allocation (award + match): \$ _____

Training Course(s) Awarded: _____

Fire Departments must complete and return this form to receive the reimbursement award:

I certify that the items for which this grant award reimbursement request is made in the amount of \$ _____ and grant soft match of \$ _____ has been paid for by the municipality on behalf of the _____ Agency/Fire Department **in accordance to the HMEP Grant Guidelines**. There were no other state or federal grant dollars used to pay for the training in which we are seeking reimbursement from the Minnesota Board of Firefighter Training and Education.

Remember to include:

- Copy of invoice(s) associated with the HMEP approved grant expenses.
- Copy of course roster(s) and date(s) of training.
- Documentation of Soft Match related expenses paid by the municipality.
- Please confirm your Federal Tax ID # and State Vendor # is correct.

Your 2021 HMEP Grant Year 3 Request for Reimbursement Form and copies of related expenses must be submitted to the MBFTE by September 30, 2023.

Federal Tax Identification Number: _____

State Vendor Number: _____

Signature of Municipality Finance Director/Clerk/Treasurer: _____

Title: _____

Date: _____ Contact phone # _____

**Send request to: MBFTE, 445 Minnesota Street, Suite 146, Saint Paul, MN 55101
or E-mail to: fire-training.board@state.mn.us or FAX to: 651-215-0525**

To be completed by MN Board of Firefighter Training and Education (MBFTE)

MBFTE Executive Director's Signature: _____

Award Amount paid: \$ _____ Date: _____