

**Capitol Region Emergency Planning Committee (CREPC)
Homeland Security Grant Program**



REQUEST FOR OVERTIME/ADDITIONAL COST/STIPEND REIMBURSEMENT

1. Municipality or Agency: _____

2. Reimbursement category for ODP approved training or exercise.

- a. Overtime backfill
- b. Overtime to attend training
- c. Part time employee exceeding normal work hours
- d. Paid-for-Call, Paid-on-Call, and Paid-Per-Call Volunteer Personnel
- e. Volunteer stipend

3. This is to certify that:

Names: _____

4. Attended the following ODP approved training or exercise:

Training/Exercise: _____ Location: _____

Date: _____ Duration of training/exercise: _____

5. Reimbursement calculation: (_____ qualified individuals) x (_____ allowed hours) x (_____ allowable cost per hour) = _____ Total Reimbursement/Stipend Requested

6. Certification: The undersigned official certifies that this reimbursement is sought for allowable overtime or stipend and that no straight time reimbursement is being sought. Therefore, I am seeking reimbursement from the FY2005 SHSP/LETTPP funding program for costs incurred as described in the grant guidelines. Documentation will be retained at the municipal or agency level and be available for State/Federal audit.

Signature of City/Town Manager or CEO

Printed Name of City/Town Manager or CEO

Point of Contact: _____

Contact Phone Number: _____

Remittance Address: _____

Federal ID Number: _____

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Instructions for the Overtime/Additional Cost/Stipend Reimbursement Form

1. Self-explanatory.
2. Use one form for each type of reimbursement sought. Reimbursement of up to \$25/hour (maximum of \$200/day) is allowed for Office of Domestic Preparedness (ODP) approved training or exercises for all categories. Reimbursement is only allowed if the municipality or authorized agency incurs additional costs as a result of requiring personnel to participate in the training/exercise, or is eligible for the volunteer stipend. Organizations desiring volunteer reimbursement must have passed a resolution authorizing participation in the ODP training reimbursement program.
 - 2.a. Reimbursable overtime occurs when the municipality or authorized agency sends the first responder to approved training or exercises during regular work hours and the municipality brings someone in to “backfill” for the individual’s normal position, thereby incurring additional cost.
 - 2.b. Reimbursable overtime occurs when the municipality or authorized agency sends the first responder to the training or exercise in an overtime status, thereby incurring additional cost.
 - 2.c. Reimbursable overtime costs for part-time personnel occurs when an agency has budgeted employees to work less than a full-time schedule and these employees spend time traveling to and attending ODP training and exercise above and beyond their regularly scheduled hours, thereby incurring additional cost.
 - 2.d. Reimbursable costs for Paid-for-Call, Paid-on-Call, and Paid-Per-Call Volunteer Personnel occur when an agency relies upon paid-for-call, paid-on-call, and /or paid-per-call volunteer personnel and opts to include them in ODP training and exercises.
 - 2.e. Stipends for volunteers are allowed when the volunteer is completely unpaid and functions as a volunteer first responder. Eligible categories include firefighters, urban search and rescue team members, and emergency medical volunteers. Not included in this program are volunteers for the American Red Cross or Community Emergency Response Teams.
3. Use additional forms or attach attendance roster if seeking funds for more than six individuals.
4. List the training/exercise, location, date and duration needed to justify reimbursement.
5. Indicate how the total reimbursement sought was calculated.
6. The City/Town Manager or Chief Elected Official from each town must certify, via this form, that individuals and the training/exercise meet the requirements to receive reimbursement and the listed ODP approved training/exercise was completed. CRCOG will make payment to the municipality/agency and it is their responsibility to distribute payment. Documentation will be retained at the municipal or agency level and be available for State/Federal audit. The authorizing signature for a volunteer agency will be the President of the organization. The contact may be the same as the signatory. Direct payment to individuals is not permitted.