State of California Office of Emergency Services

## LARGE PROJECT REIMBURSEMENT REQUEST FEDERAL PUBLIC ASSISTANCE PROGRAM

This form is to be used for *large projects only* and reimbursement is based on certification of actual expenditures

| PA No.:                                |   |  |                                    | FE   | EMA DR       | No                   |  |  |
|--|---|--|------------------------------------|--|--------------|----------------------|--|--|
| Applicant                              | ··<br>·-                                    |  |                                    |  |              | _                    |  |  |
| Address:                               |   |  |                                    |  |              |                      |  |  |
| City, Stat                             |   |  |                                    |  |              |                      |  |  |
| Address (                              | Correction Reque                            | est  |                                    | Please indicate changes on reverse           |              |                      |  |  |
| DSR No                                 | category                                    | FEMA 100 ATEGORY APPROVED AM   |                                    | EXPENDITU<br>TO DATI                         |              | AMOUNT<br>REQUESTED  |  |  |
|  |   |  |                                    |  |              |                      |  |  |
|  |   |  |                                    |  |              |                      |  |  |
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|  | SURTOTALS                                   | FROM OTHER PAGE  | =9                                 |  |              |                      |  |  |
|  | OUDIOTALO                                   | TROW OTTLERT AGE   | TOTALS                             |  |              |                      |  |  |
| And that all on as not been amended by | expenditures were made previously requested | that to the best of my known that to the best of my known accordance with the process of the pro | ne grant condition in with Section | ions or other agreem<br>n 312, 314, 317, and | ents and tha | t payment is due and |  |  |
| Printed Nam                            |   | Phone No.  |                                    | Fax N  | Jo           |                      |  |  |
| Timed I vani                           | ·   |  | Thone No.                          |  | TuxT         | 10.                  |  |  |
| Γitle                                  |   |  | E-Mail Address                     |  |              |                      |  |  |
| Signature                              |   |  | Date                               |  |              |                      |  |  |
| (Fo                                    | or Internal Use Only) Amo                   | unt of Prior Payments  |                                    | \$   |              |                      |  |  |
|  | AM  | OUNT APPROVED  | THIS REQU                          | EST \$                                       |              |                      |  |  |
|  | Tota  | l Amount Paid  |                                    | \$   |              |                      |  |  |
|  |   | _ Reviewer<br>Reviewer   |                                    | Title<br>Title                               |              |                      |  |  |
| Date Reviewer                          |   |  |                                    | 1 1110                                       |              |                      |  |  |

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## ADDRESS CORRECTION

| APPLICANT:   |  |  |
|--------------|--|--|
| ADDRESS:     |  |  |
| CITY, ST ZIP |  |  |

For changes to the Authorized Agent, please contact the Grants Processing Section at (916) 845-8110.

## ADDITIONAL INSTRUCTIONS

Please note that additional requests for reimbursement for these DSRs should be completed on a separate Form 131: therefore, please maintain a copy of this form in your records.

Once your request for reimbursement has been processed through the Grants Processing Section, an additional report will be mailed to your agency explaining how your payment was calculated.

To ensure timely and accurate reimbursement, please remit any and all payment documents directly to the Grants Processing Section at the following address:

Office of Emergency Services Grants Management Branch Grants Processing Section 3650 Schriever Avenue Mather, CA 95655

Phone inquiries regarding your payment should be directed to the Grants Processing Section at (916) 845-8110.