

**RESILIENT MARYLAND PROGRAM
GRANT FUNDS REIMBURSEMENT REQUEST**

The Maryland Energy Administration (MEA) encourages Resilient Maryland awardees to submit their grant funds reimbursement requests using our online [Resilient Maryland Reimbursement Request Portal](https://form.jotform.com/233525835205050)[[1]](#footnote-1). However, if preferred, awardees may submit their reimbursement requests using this form.

OFFICIAL USE ONLY

**Instructions:** Fill out this form in its **entirety**. All fields are required. Failure to complete one or more sections completely and accurately will result in delay of payment until the missing information is provided or errors are corrected. You must itemize the costs for which you are requesting reimbursement in the table on the second page of this Reimbursement Request form.

**MEA**

MEA PM APPROVAL SIGNATURE

DATE:

AMOUNT:

OK TO PAY INVOICE

**NOTE:** An authorized representative for the Grantee organization must sign and date the form in the signature box below. Reimbursement requests without authorized representative signatures will not be accepted.

|  |  |
| --- | --- |
| **Date of Reimbursement Request:** |  |
| **Grantee Invoice No. (optional):** |  |
| **MEA Grant Number\*:** |  |

*\*The Grant number specified on the Grant Agreement (e.g., 2023-00-518S1)*

|  |  |
| --- | --- |
| **Organization (Grantee) Name as Reported on IRS Form W9:** |  |
| **Federal Tax ID Number:** |  |
| **Grantee Street Address as Reported on IRS Form W9:** |  |
| **City:** |  | **State:** |  | **Zip Code:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Contact Person Name:** |  | **Title:** |  |
| **Email Address:** |  | **Phone Number:** |  |

|  |  |
| --- | --- |
| **AMOUNT REQUESTED\*\*:** | **$** |

*\*\*Amount of Grant funds for this reimbursement request.*

**CERTIFICATION AND SIGNATURE OF AUTHORIZED REPRESENTATIVE**

By signing this invoice, I affirm that the costs for which I have requested reimbursement are directly attributable to the Project Description pursuant to Attachment B of the Grant Agreement and that all applicable terms, conditions, and requirements of the Grant Agreement have been met. I affirm that I have correctly itemized all costs on the second page of this Reimbursement Request.

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Signature Date

|  |  |
| --- | --- |
| **Name (First and Last):** |  |
| **Title:** |  |

**ITEMIZED COST INFORMATION (REQUIRED)**

**Instructions:** In the table below, list each itemized cost for which you are requesting reimbursement. Please attach all invoices/requests for payment from contractors related to each cost and, if applicable, supply the invoice number in the “Contractor Invoice No.” box. If additional lines are needed, you may add as many as necessary to the table below.

|  |  |  |  |
| --- | --- | --- | --- |
| **Line Item No. (e.g. “01”)** | **Description** | **Contractor/Vendor Invoice Number** | **Amount** |
|  |  |  | **$**  |
|  |  |  | **$**  |
|  |  |  | **$**  |
|  |  |  | **$**  |
|  |  |  | **$**  |
|  |  |  | **$**  |
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|  |  |  | **$**  |
|  |  |  | **$**  |
|  |  |  | **$**  |
|  |  |  | **$**  |
|  |  |  | **$**  |
| **TOTAL** | **$**  |

**REMINDER – ELIGIBILITY FOR REIMBURSEMENT OF GRANT FUNDS**

Only costs that are consistent with the following requirements are eligible for reimbursement of Grant funds.

* Costs directly incurred by Grantee (i.e. invoiced);
* Costs directly attributable to the completion of the specified Project Final Deliverables, set forth in Attachment B;
* Costs for projected future expenses yet to be incurred will not be reimbursed;
* Equipment costs for a distributed generation and/or storage system will not be eligible for Reimbursement of grant funds; and
* MEA will only disburse Grant funds to Grantee for eligible expenses up to the amount specified in the Grant Agreement.

**SUBMIT THIS COMPLETED REIMBURSEMENT REQUEST FORM TO MEA AT** **RMP.MEA@MARYLAND.GOV****.**

1. <https://form.jotform.com/233525835205050> [↑](#footnote-ref-1)