



**DEPARTMENT OF SAFETY- GRANTS MANAGEMENT UNIT - HOMELAND SECURITY GRANT PROGRAM  
 FY 2017/'18/'19 HOMELAND SECURITY GRANT PROGRAM  
 REQUEST FOR OVERTIME/BACKFILL REIMBURSEMENT-Effective for Eligible Events 09/01/2018 or later**

MUNICIPALITY \_\_\_\_\_

This is to certify that (insert name): \_\_\_\_\_

Was relieved from active duty, while attending a DHS/FEMA approved training session or exercise OR backfilled a position for  
 \_\_\_\_\_ (INSERT NAME OF BACKFILL PERSONNEL HERE) who attended the training or exercise:

Training/Exercise: \_\_\_\_\_ Date: \_\_\_\_\_

Location: \_\_\_\_\_ Amount of reimbursement requested: \_\_\_\_\_

Because of such absence, the municipality incurred overtime or backfill expenses. (The maximum reimbursement available will not exceed a documented **\$650** per person per day for salary **PLUS allowed benefits in total**). **For all DHS/FEMA training programs and exercises proper pre-approval documentation of eligibility must have been received from the Department of Safety point of contact for each program. Strict coordination with DOS is required (NH FS&T, NH HSEM, DOS- Grants Management). SIGNED Payroll records must be attached that correspond to this request; a signed summary of costs by day must be attached. Only time in class is reimbursed. Only documented and pre-approved exercise related time is reimbursed.**

Overtime expenses are the result of personnel who worked over and above their normal scheduled daily or weekly work time in the performance of DHS/FEMA-approved activities. Payment of overtime expenses will be for work performed by award (SAA) or sub-award employees in excess of the established work week (usually 40 hours) related to the planning and conduct of exercise or training projects. These costs are allowed only to the extent the payment for such services is in accordance with the policies of the state or unit(s) of local government and has the approval of the state or the awarding agency, whichever is applicable. In no case is dual compensation allowable. Overtime costs which are the direct result of attendance at FEMA and/or approved training courses and programs are allowable. Overtime payments related to backfilling personnel who have been sent to training are also allowable, but only the marginal added cost to the grantee of having to pay overtime instead of regular time. That is, an employee of a unit of government may not receive compensation from their unit or agency of government AND from an award for a single period of time (e.g., 1:00 p.m. to 5:00 p.m.), even though such work may benefit both activities. Fringe benefits on overtime hours are limited to FICA, Workers' Compensation and Unemployment Compensation and as of April 26, 2005 retirement may be reimbursed per program guidance.

Backfill, also called "Overtime as Backfill", expenses are the result of personnel who are working overtime in order to perform the duties of other personnel who are temporarily assigned to DHS/FEMA approved activities (training, exercises, etc.) outside their core responsibilities. Backfill-related Overtime- Also called "Overtime as Backfill": These expenses are limited to overtime costs which result from personnel who are working OVERTIME - which results from personnel working over and above what your department considers overtime as a direct result of their performance of DHS/FEMA-approved activities specified in the applicable grant guidance-to perform duties of other personnel who are temporarily assigned to DHS-approved activities outside of their core responsibilities. These costs are calculated by subtracting the non-overtime compensation, including fringe benefits of the temporarily assigned personnel from the total costs (non-overtime and overtime compensation, including fringe benefits) paid to backfill the position.

Therefore, I am seeking reimbursement for costs incurred as described above. Documentation will be retained at the Municipal/Agency level and be available for State/Federal audit. I further certify that these costs are an accurate record of those incurred by the listed individual for this specific DHS/FEMA approved training or exercise and that the individuals have been paid by the municipality.

Sincerely,

\_\_\_\_\_  
 (Signature Municipal official authorized to sign)

\_\_\_\_\_  
 (Print name and phone number)

Remittance Address:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Remittance Federal ID Number:

\_\_\_\_\_

**A copy of the training certificate issued must be attached.**