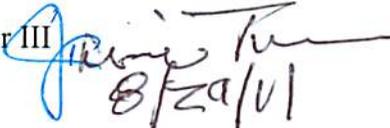




Delaware Emergency Management Agency
State Homeland Security Grant Program

DE Information Bulletin
No. 26 – August 29, 2011

TO: All Delaware Homeland Security Grant Partners

FROM: James E. Turner III 
Director

SUBJECT: State Homeland Security Subgrant Monthly Reporting

1. As the State Administrative Agency (SAA) for the Homeland Security Grant Program, DEMA is committed to providing federal funding assistance to state and local response disciplines for improving Delaware's terrorism preparedness. One of the methods of providing this federal assistance is through subgrants from this agency to the emergency response disciplines. The other methods involve the procurement processes (sole source, open market, State and Agency contracts, General Services Administration, Defense Logistics Agency, etc.) that are centrally managed through DEMA.
2. In accordance with subgrant conditions, all subgrant recipients are required to submit a Subgrant Monthly Report. The recipient must submit the Report to the DEMA Grant Coordinator by the 15th day of the month for the reporting period of the previous month. For example, the Report covering August 1 – 30 must be submitted by September 15. The Report may be submitted in hard copy with an original signature or signed, scanned, and sent via email as an attached PDF.
3. An example of the Subgrant Monthly Report is attached. This form must be submitted each month, even if there are no expenditures. If there are expenditures, an invoice and proof of payment must accompany the Report.
4. Upon completion of a subgrant, a final Subgrant Monthly Report must be submitted.

If you have any questions, please contact Jennifer Dittman at (302) 659-2235.

//Attachment:
Subgrant Monthly Report

**Homeland Security Grant Program
Subgrant Monthly Report**

Subgrant #:	FY10-025	Date:	9/10/2011	Report #:	2
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Agency Name & Address:	Chesdale City Fire Department, 1 Main St, Chesdale City, DE 19999
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Project Title:	Security System
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Prepared By:	J. Doe	Phone #:	302-555-1212	Report Period:	Aug 1 - 30, 2011
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Project Director's Signature:	***Sign here***
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Accomplishments During Claim Period (Anticipated timeline for completion; milestones completed, % completed, etc):
The vendor completed all equipment installation in August. Testing, invoice, and payment will be completed in September. The project is 80% complete.

Problems During Claim Period (Is the project on schedule, are there concerns about not meeting the above timeline?):
The project is on schedule.

Reimbursement Requested (Please fill in the amounts in the boxes below):				
Project Cost Summary:	Allocated:	Claim This Month:	Total Spent To Date:	Balance Remaining:
Personnel Services (Salaries and Fringe):				\$ -
Contractual Services:	\$ 20,000.00	\$ -	\$ -	\$ 20,000.00
Supplies & Materials:				\$ -
Equipment:				\$ -
Other:				\$ -
Totals:	\$ 20,000.00	\$ -	\$ -	\$ 20,000.00

This section is for DEMA use only. Please do not write below this line.

Comments:	
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Grant Coordinator Review:		Date:	
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Funding Source:		DHS #:		Amount to Pay:	
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Approved for Payment By:		Date:	
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