

Montana Fire & Emergency Services 2019 Homeland Security Grant Training Activity Approval Form

(Only one form should be completed per activity; submit form at least 30 days prior to activities' start date!)

Title: _____

Description: _____

Course Number: _____

Date: _____ Location: _____

Host: _____ POC: _____

Estimated Costs:

Contractor: \$ _____ Includes paid instructors, facilitators, & contracted vendors.
Backfill Pay: \$ _____ Trainee base wages are NOT reimbursable. If requesting backfill pay reimbursement, see instructions on grant information sheet.
Overtime Pay: \$ _____ Trainee base wages are NOT reimbursable. If requesting overtime pay reimbursement, see instructions on grant information sheet.
Mileage: \$ _____ Mileage reimbursement may be considered in situations where students demonstrate need, & use a personal vehicle.
Airfare: \$ _____ Coach-class airfare may be considered reimbursable.
Other Travel: \$ _____ Include estimated costs for luggage, parking fees, and any other estimated travel expenses.
Per Diem: \$ _____ Meals will be reimbursed at the Montana state per diem rate; see reimbursement packet for details.
Lodging: \$ _____ Receipt must be attached to all requests for reimbursement; lodging will be reimbursed at the actual amount paid on the receipt.
Materials: \$ _____ Estimate the costs associated with providing any instructional material for instructors &/or students.
Tuition: \$ _____ Federal grant funds cannot be used to supplant an already federally-funded agency / activity.
Total Costs: \$ _____

How will this activity build the capacity of local agencies for managing large events? Describe how it will help participants prevent, protect against, mitigate, respond, or recover from potential terrorist threats. How many attendees can participate? Do you have a target region? What costs would be covered by grant funds? (Use additional paper as needed) _____

Training Activity Contact Information:

Contact Name: _____

Email Address: _____ Phone Number: _____

Office Use Only

MT DES Training Manager Approval Signature _____ Date: _____

Grant Manager Approval Signature _____ Date: _____

Assigned Activity Code: _____ Notes: _____

Complete and email form to Mikel@MontanaFireChiefs.com or mail to
Mikel Robinson,
1236 North Ave. W.
Missoula, MT 59801