

Montana Fire & Emergency Services

2018 Homeland Security Grant Information

- ◆ Copies of this packet can be downloaded at www.montanafirechiefs.com under the “Homeland Security Grant” or “Documents” tabs
- ◆ Approved activities have an “Activity Code” assigned to them. This number will be listed on the Training Activity Approval Form, & should be copied onto the blank on your Training Activity Reimbursement Application, in the upper right corner of the first page
- ◆ This grant may cover: per diem meals (at the Montana in/out of state rates, listed below), lodging costs (actual out-of-pocket lodging expenses, not to exceed the federal per diem room rate - \$94) tuition/registration, per diem mileage* (2018 mileage rate for local government is 54.5 cents per mile for the first 1000 miles of travel within each month; mileage over 1000 miles is 51.5 cents per mile), coach-class airfare, trainee overtime, and trainee backfill costs. ***Important: Grant does not reimburse for a trainee’s base wages!***
- ◆ *Mileage reimbursement may be reimbursed in situations where attendee demonstrates need & uses a personal vehicle. If seeking mileage reimbursement, you must submit a “Personal Vehicle Use Authorization Form” and attach it to the reimbursement packet. *If the form is not included in reimbursement packet, the mileage amount will be automatically subtracted from the total reimbursement request amount!*

2018 Per Diem Rates for Montana	Breakfast	Lunch	Dinner	Additional criteria & considerations for reimbursement of per diem meals
In-State	\$5.00	\$6.00	\$12.00	To be eligible for meal per diem while traveling, you must be in travel status for more than three continuous hours & be at least 15 miles from headquarters or home, whichever is closer. If your trip includes meals that are already paid for, (for example, through a registration fee for a conference), you will need to deduct those meals from your reimbursement request!
Out-of-State	\$13.00	\$14.00	\$23.00	

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Reimbursement Packet Checklist:

(Complete the checklist and include as the cover sheer for your packet)

Included N/A

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Completed & signed "Training Activity Reimbursement Application" |
| <input type="checkbox"/> | <input type="checkbox"/> | Completed & signed "W9 Form" (for the Individual / Agency requesting reimbursement) |
| <input type="checkbox"/> | <input type="checkbox"/> | Completed & signed "State Travel Voucher" (filled out in its <u>entirety</u> — <i>pay attention to your travel start & end times!</i>) |
| <input type="checkbox"/> | <input type="checkbox"/> | Completed & signed "Personal Vehicle Use Authorization Form" (necessary only if seeking mileage reimbursement) |
| <input type="checkbox"/> | <input type="checkbox"/> | Copies of all Lodging receipt(s) showing actual amount paid |
| <input type="checkbox"/> | <input type="checkbox"/> | Proof of attendance (copy of your "Certificate of Attendance" or "Class Sign-in Sheets) |

If seeking reimbursement for backfill &/or overtime costs, your packet must also contain:

At the minimum:

Included N/A

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | General Ledger or Detail Report (Required! We must have documentation for any wages associated with the training!) |
| <input type="checkbox"/> | <input type="checkbox"/> | All-Hazard Performance Evaluation |
| <input type="checkbox"/> | <input type="checkbox"/> | Unit Log showing proof of attendance |

Additional Documents which can be submitted to supplement the reimbursement packet:

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Crew Time Report (documenting hours worked on training assignment) |
| <input type="checkbox"/> | <input type="checkbox"/> | Proof of Attendance (Performance Rating or Task Book) |
| <input type="checkbox"/> | <input type="checkbox"/> | Copy of work schedule or IAP's for duration of the training assignment |

Reimbursement packets can be sent electronically to: mikel@MontanaFireChiefs.com

Please make sure that your reimbursement packet is complete, or you may delay processing!

Reimbursement packets must be received within 30 days of activity, or you may forfeit your reimbursement!

If you have ***any*** questions regarding these guidelines, please call or Mikel Robinson at 406-546-8584 or mikel@montanafirechiefs.com.

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Training Activity Reimbursement Application

Please type or print legibly!

Attendee Name: _____ Agency / Team: _____

Reimburse to (Individual or Agency): _____

Supervisor's Name: _____ Supervisor's Signature: _____

Reimbursement Mailing Address: _____

City: _____ State: _____ Zip Code: _____

County: _____ Phone Number: _____

Email: _____

Trainee Assignment(s) / Course #: _____

Training Date(s): _____ Training Location(s): _____

Training / Activity Costs:

Contractor: \$ _____ Backfill Pay: \$ _____

Overtime Pay: \$ _____ Mileage*: \$ _____

Airfare: \$ _____ Other Travel: \$ _____

Per Diem Meals: \$ _____ Lodging: \$ _____

Materials: \$ _____ Tuition: \$ _____

TOTAL REIMBURSEMENT REQUESTED: \$ _____

Date Submitted: _____

By completing this form the agency / individual seeking reimbursement agrees that this activity will be paid for solely by Columbus Rural Fire District's Homeland Security Grant.

Send completed packet via email to Mikel@MontanaFireChiefs.com or mail to:

**Mikel Robinson
1236 North Ave. W.
Missoula, MT 59801**

For Office Use Only

Received on: _____ Processed on: _____

Notes: _____

Approved for Payment (Initials & Date): _____

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ♦ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ♦ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN on page 3*.

Social security number									

or

Employer identification number									

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person _____	Date _____
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

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Personal Vehicle Use
Authorization Form

Person Traveling: _____ Dates: _____

Trip Itinerary & Purpose of Travel: _____

Justification for personal vehicle use: _____

Total # of Miles (Round-Trip): _____

Signature of Traveler: _____ Date: _____

Supervisor's Signature: _____ Date: _____