

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
**Staffing for Adequate Fire and Emergency Response
Quarterly Report and Payment Request Form**

OMB No.: 1660-0135
Expiration Date: August 31 2017

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this data collection is estimated to average 1 hour per response for FEMA Form 087-0-0-2 "Staffing for Adequate Fire and Emergency Response Quarterly Report and Payment Request Form." The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. This collection of information is required to obtain or retain benefits. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW., Washington, DC 20472-3100, Paperwork Reduction Project (1660-0135) **NOTE: Do not send your completed form to this address.**

*FY 2016 Staffing for Adequate Fire and Emergency Response
Session Time out in 28 mins*

SAFER Request for Funds

Payment requests are for immediate cash needs, or for costs that have already been paid or incurred. Payments may be submitted as often as needed, however, you may only have one payment request pending at a time.

All sections must read as "Complete" to be able to submit the payment request. Please complete all sections by clicking on the [Create/Modify](#) links.

Once all sections under the Status column read "Complete", enter the End Date of the request. This must be the last day the expenses being included in this request were incurred. This field must be completed with a date after the beginning date of the payment and before the end of the period of performance (POP).

You cannot change the beginning date of the request. If this is your first request, the date will be auto-populated with the first day of the POP. In all future requests, it will be auto-populated with the day that follows the previous payment request.

Please note that you can only be reimbursed for eligible, grant related costs incurred during your period of performance (between the period of performance start date and the period of performance end date). Costs incurred during the 90-day recruitment period can only be reimbursed if you submit an amendment to start your period of performance early. Therefore, if you have grant related costs that were incurred prior to the start of the period of performance, you must contact your Program Office point of contact prior to submitting the payment request.

Next, select the "Reimbursement" or the "Advance Drawdown" radio button. Enter your password, check the box, and select "Save and Continue".

Verify that the information you entered is correct. If you need to make changes, select the "Go Back" button. Otherwise, select the "Submit Payment Request" button at the bottom of the page.

You will receive a confirmation page indicating that the payment request has been successfully submitted online.

Payment request approvals are not automatic; you will receive notification once the payment has been reviewed and approved by FEMA.

As a reminder, do not submit the request if the banking information is not correct. If the banking information is not correct, please call 1-866-274-0960 for assistance prior to submitting the payment request. Remember the banking information shown in the current SF-1199A and the banking information listed in the department's SAM.gov registration must be identical and that the SAM.gov registration must remain current (**note:** SAM registration is only active for one year and must be renewed annually).

Federal share awarded:	13,200.00
Federal share requested:	0.00
Amount paid to date:	0.00
Amount of pending payments:	0.00
Balance of federal funds:	13,200.00

Note: Fields marked with an asterisk (*) are required.

Period covered by this request	
Beginning Date (You cannot change the beginning date of the request. If this is your first request, the date will be auto-populated with the first day of the POP whether or not you have begun implementing your grant. In all future requests, it will be auto-populated with the day that follows the previous payment request).	02/22/2017
Ending Date (Hiring Grantees: This must be the last day worked by the SAFER-funded positions during the last payroll period for which you are seeking reimbursement. R&R Grantees: This must be the last day the	



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future requests, it will be auto-populated with the day that follows the previous payment request).

Ending Date
(Hiring Grantees: This must be the last day worked by the SAFER-funded positions during the last payroll period for which you are seeking reimbursement. **R&R Grantees:** This must be the last day the expenses being included in this request were incurred). As a reminder, the beginning date of your next payment request will be one day after the date you enter in this field.

Payee Information

Name	eadis20
Address1	sunset hills
Address2	
City	Reston
State	Virginia
Zipcode	20190- 2008

	Status	Amount Requested	Action
Point of Contact	Incomplete	N/A	Create/Modify
Funds Request			
Recruitment & Retention (R & R)	Incomplete	\$0.00	Create/Modify
Total Amount Requested		\$0.00	

***Select the appropriate option below that helps us to expedite your payment request.**

- Reimbursement (Items have been Received)
- Advance Drawdown (items will arrive in the next thirty days)

Please provide any additional comments if needed:

(maximum 4000 characters)

4000 characters left

By checking the box below and providing your password, you are providing your digital signature.

*Password:

* I, primary primary, certify that I am the applicant and hereby provide my signature to acknowledge that all the information provided above is accurate and is consistent with my articles of agreement, to the best of my knowledge.

Do not submit this request if your banking information is not correct.



Point of Contact

Please provide the Point of Contact information of the **person completing the Payment Request**. If there are questions about the information within the payment request, the individual listed in this section will be contacted. Once you have finished, press the *Save and Continue* button below.

Note: No automated or system generated emails will be sent to the email address provided in this section, therefore it is imperative that the Primary Point of Contact's information be kept up to date as well as the Point of Contact listed here. Updates to the Primary Point of Contact can be made by selecting the link for Update Alternate Contact on the left side of the screen.

Fields marked with an asterisk (*) are required.

Point of Contact	
*Title	<input type="text"/>
Prefix (check one)	N/A <input type="checkbox"/> Select N/A if not applicable
*First Name	<input type="text"/>
Middle Initial	<input type="text"/>
*Last Name	<input type="text"/>
*Primary Phone	<input type="text"/> (e.g. 123-456-7890) Ext. <input type="text"/> Type: <input type="text" value="Select"/>
*Secondary Phone	<input type="text"/> (e.g. 123-456-7890) Ext. <input type="text"/> Type: <input type="text" value="Select"/>
Optional Phone	<input type="text"/> (e.g. 123-456-7890) Ext. <input type="text"/> Type: <input type="text" value=""/>
*E-mail	<input type="text"/> (e.g. user@xyz.org)



Recruitment & Retention Funds Request

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You should request payment for actual, grant related costs that were incurred during the time period of the payment request. Only the specific budgeted items, shown below, and as per the Request Details section of the grant award are eligible for SAFER reimbursement. Click [here](#) to view the Request Details section. You may also request funds for activities that were approved under a scope of work amendment, if applicable. Please review the grant award and any amendments prior to submitting payment requests.

Please enter the whole dollar amount for each applicable awarded/approved budget line item being requested in this payment. If you have expenditures for items and/or activities that have been approved in an amendment request, which are not shown below, you may add them now by selecting the "Add Budget Item" button below.

If you have expenditures for items and/or activities that were not in the original grant award and/or approved via an amendment request, please contact your Program Office point of contact for additional information prior to submitting this payment.

Period covered by this request	
Beginning Date	02/22/2017
Ending Date	
Payee Information	
Name	eadis20
Address1	sunset hills
Address2	
City	Reston
State	Virginia
Zipcode	20190- 2008

Category	Sub-Category	Other	Total Awarded Cost	* Payment Amount Requested (Enter whole dollar amounts only, no commas or decimals)	* Additional Details or Comments (i.e., quantities, etc.)
1. New Member Costs	NFPA 1582 Entry-Level Physical		\$13,200	<input type="text"/>	

Total Requested Amount: \$0

Add Budget Item

Go Back

Save and Continue



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Add Budget Item

Please provide the following information.

Fields marked with an asterisk (*) are required.

* Has this new budget line item been approved via an amendment request?	<input type="radio"/> Yes <input type="radio"/> No								
* Category	<input type="text"/>								
If you selected Other, above, please specify:	<input type="text"/>								
* Sub-Category	<input type="text"/>								
If you selected Other, above, please specify:	<input type="text"/>								
* Select Object Class:	<input type="text" value="Select Object Class"/> Help								
If you selected Other, above, please specify:	<input type="text"/>								
*Cost At least one box must have a value greater than zero.	<table> <tr> <td>\$ <input type="text"/></td> <td>First 12-Month Period of Your Grant</td> </tr> <tr> <td>\$ <input type="text"/></td> <td>Second 12-Month Period of Your Grant</td> </tr> <tr> <td>\$ <input type="text"/></td> <td>Third 12-Month Period of Your Grant</td> </tr> <tr> <td>\$ <input type="text"/></td> <td>Fourth 12-Month Period of Your Grant</td> </tr> </table>	\$ <input type="text"/>	First 12-Month Period of Your Grant	\$ <input type="text"/>	Second 12-Month Period of Your Grant	\$ <input type="text"/>	Third 12-Month Period of Your Grant	\$ <input type="text"/>	Fourth 12-Month Period of Your Grant
\$ <input type="text"/>	First 12-Month Period of Your Grant								
\$ <input type="text"/>	Second 12-Month Period of Your Grant								
\$ <input type="text"/>	Third 12-Month Period of Your Grant								
\$ <input type="text"/>	Fourth 12-Month Period of Your Grant								
* Description Use the space to the right to provide specific details on the items/activities requested under this budget line item and how costs were determined. Provide a simple, yet descriptive explanation of the costs. Some examples are provided below: <ul style="list-style-type: none"> • If requesting turnout gear/personal protective equipment, you should identify the number of new recruits that will receive gear under this award, a list of each item being requested (and associated cost per item), and the total cost of one full set of gear for each new recruit; • If requesting salary costs for a recruitment coordinator, you should identify whether the position is part-time or full-time, the number of hours that will be worked per week, and the tasks that the individual will perform as part of the award; • If requesting funds for member awards or incentives, you should include the type of award or incentive, the amount requested for each, and how the members will qualify to receive the incentive; • If requesting station duty uniforms for new members, you should identify the number of new recruits that will receive uniforms under this award, a list of each item being requested, and the cost of each item. 	<div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p>2000 characters left</p>								

Save and Continue