

FRM21 DIRECTIONS

ORGANIZATION	TYPE OF ORGANIZATION SUCH AS "EMERGENCY MANAGEMENT".
COUNTY	COUNTY NAME OR JURISDICTION.
DATE	DATE OF SUBMISSION OF FORM.
PERIOD COVERED	TIME FRAME COVERED BY REPORT.
CLAIMANT AGENCY OR VENDOR	NAME OF VENDOR PAID BY COUNTY
TRAVEL AND TRANSPORTATION OF PERSONS	REPORT TOTAL TRAVEL COSTS BY EMPLOYEES FOR HMEP ACTIVITIES ( DO NOT REPORT EXPENSES FOR TRAINING CLASSES REIMBURSED BY KDEM).
ALL OTHER	REPORT TOTAL <b>ELIGIBLE</b> EXPENSES REQUIRED TO ADMINISTER THE HMEP GRANT.
TOTAL	TOTAL OF TRAVEL + ALL OTHER.
CHECK NO OR OTHER PROOF OF PAYMENT	REPORT WARRANT NUMBER OF PAYMENT. DOCUMENTATION FOR EXPENSES MUST BE KEPT ON FILE BY COUNTY.
TOTAL AMOUNTS EXPENDED	TOTAL OF COLUMNS.



IN SUBMITTING THIS REPORT, THE COUNTY THAT JUSTIFICATION TO SUPPORT THE EXPENDITURES OF THE HMEP PROJECT ARE CONTAINED IN THE HMEP GRANT PROPOSAL THAT YOUR COUNTY SUBMITTED TO KDEM

ORGANIZATION	DATE	PERIOD COVERED		
		FROM	THROUGH	
CLAIMANT AGENCY OR VENDOR	COST CATEGORIES		TOTAL	CHECK # OR OTHER PROOF OF PAYMENT
	TRAVEL AND TRANSPORTATION OF PERSONS	ALL OTHER		
( I CERTIFY THAT ALL BILLS, PAYROLL, ETC. LISTED ON THIS FORM, HAVE BEEN PAID AND ARE ON FILE IN THIS AGENCY. THESE DOCUMENTS ARE AVAILABLE DURING ANY NORMAL DUTY HOURS FOR EXAMINATION AND AUDIT BY AUTHORIZED OFFICIALS.)				
SIGNATURE _____				
TOTAL AMOUNTS EXPENDED				

FRM15 DIRECTIONS

PAY PERIOD	PAYROLL PERIOD REFLECTED ON WARRANT.
EMPLOYEE NAME	NAME OF EMPLOYEE FOR WHICH REIMBURSEMENT IS REQUESTED.
POSITION TITLE	SELF EXPLANATORY.
HRS/DAYS WORKED HMEP	TIME SPENT WORKING HMEP GRANT OBJECTIVES/FUNCTIONS (MUST BE SUPPORTED BY TIME SHEETS KEPT ON FILE BY COUNTY).
GROSS EARNINGS	BASE SALARY OF EMPLOYEE.
SOCIAL SECURITY	AMOUNT OF SOCIAL SECURITY PAID BY COUNTY FOR EACH EMPLOYEE PER PAY PERIOD.
RETIREMENT	AMOUNT OF RETIREMENT BENEFIT PAID BY COUNTY FOR EACH EMPLOYEE PER PAY PERIOD.
INSURANCE	AMOUNT OF INSURANCE BENEFIT PAID BY COUNTY FOR EACH EMPLOYEE PER PAY PERIOD.
UNEMPLOYMENT COMPENSATION	AMOUNT OF UNEMPLOYMENT COMPENSATION PAID BY COUNTY FOR EACH EMPLOYEE PER PAY PERIOD.
WORKERS COMP	AMOUNT OF WORKERS COMPENSATION PAID BY COUNTY FOR EACH EMPLOYEE PER PAY PERIOD.
OTHER	AMOUNT OF OTHER TYPE BENEFIT NOT LISTED PAID BY COUNTY FOR EACH EMPLOYEE PER PAY PERIOD.
TOTAL BENEFITS	ADD COLUMNS SOCIAL SECURITY THROUGH OTHER FOR TOTAL BENEFITS PAID BY COUNTY.
TOTAL PERSONNEL	ADD SALARY PAID BY COUNTY + TOTAL BENEFITS.
TOTALS	SUM EACH COLUMN.
BENEFIT RATES	ENTER THE RATE USED TO CALCULATE BENEFITS PAID BY THE COUNTY.
SALARY BASE	ENTER THE SALARY BASE USED TO CALCULATE THE BENEFITS PAID BY THE COUNTY.
COMMENTS	ANY COMMENTS NECESSARY TO CLARIFY INFORMATION.

