911 Grant Program Instructions for SF-270 Request for Advance or Reimbursement

Requests for reimbursement may be submitted as frequently as once a month.

Reimbursement for expenses related to the 911 Grant Program is a two-step process: 1. You must enter the data into the Grants Tracking System (GTS). 2. The SF 270 is required for all federal grant programs and must be submitted with every request for reimbursement.

Fill out the form and either send an electronic copy to nhtsa.national911@dot.gov.

The State grantee is responsible for collecting and compiling all expense invoices/vouchers from contractors and/or sub-grantees. Requests for reimbursement should reflect the total expenses for each State grantee.

OMB Control Number: 4040-0012
Expiration Date: 2/28/2019

REQUEST FOR ADVANCE OR REIMBURSEMENT

1. TYPE OF PAYMENT REQUESTED

a. "X" one or both boxes
☐ ADVANCE
☐ REIMBURSEMENT

b. "X" the applicable box
☐ FINAL
☐ PARTIAL

2. BASIS OF REQUEST
☐ CASH
☐ ACCRUAL

3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED

4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY

5. PARTIAL PAYMENT REQUEST NUMBER FOR THIS REQUEST

6. EMPLOYER IDENTIFICATION NUMBER

7. FINANCIAL ASSISTANCE IDENTIFICATION NUMBER

8. PERIOD COVERED BY THIS REQUEST
From: To:

9. RECIPIENT ORGANIZATION
Name:
Street1:
Street2:
City:
County:
State:
Province:
Country:
ZIP / Postal Code:

10. PAYEE *(Where check is to be sent if different than item 9)*
Name:
Street1:
Street2:
City:
County:
State:
Province:
Country:
ZIP / Postal Code:

STANDARD FORM 270 (REV. 1/2016)

Filling out SF-270

1. Type of Payment Requested
    Check "Reimbursement" and "Partial."

2. Basis of Request
    Check "Cash."

3. Federal Sponsoring Agency
    US DOT / NHTSA

4. Federal Grant Number
    NHTSA 2019 E911

5. Partial Payment Request Number
    This number changes each time you fill out a voucher
    First Voucher: 001, Second Voucher: 002, etc.

6. Employer ID Number

7. Account Number or any other identifying number assigned by the grantee. It is for the grantee's use only and is not required by the Federal agency.

8. Period Covered by This Request
    This number changes each time you fill out a voucher
    First Voucher: September 25, 2009 - Date 1st Voucher Submitted
    Second Voucher: Day after 1st Voucher - Date 2nd Voucher Submitted Etc.

9. Your Agency's Info

10. Leave Blank

Left side — Form (SF-270)

11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS/ADVANCES REQUESTED

PROGRAMS/FUNCTIONS/ ACTIVITIES	(a)	(b)	(c)	TOTAL
a. Total program outlays to date *(As of date)*	$	$	$	$
b. *Less:* Cumulative program income				
c. Net program outlays *(Line a minus line b)*				
d. Estimated net cash outlays for advance period				
e. Total *(Sum of lines c & d)*				
f. Non-Federal share of amount on line e				
g. Federal share of amount on line e				
h. Federal payments previously requested				
i. Federal share now requested *(Line g minus line h)*				
j. Advances required by month, when requested by Federal grantor agency for use in making prescheduled advances — 1st month				
2nd month				
3rd month				

12. ALTERNATE COMPUTATION FOR ADVANCES ONLY

a. Estimated Federal cash outlays that will be made during period covered by the advance	$
b. *Less:* Estimated balance of Federal cash on hand as of beginning of advance period	
c. Amount requested *(Line a minus line b)*	$

13. CERTIFICATION

I certify that to the best of my knowledge and belief the data on the reverse are correct and that all outlays were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested.

SIGNATURE OR AUTHORIZED CERTIFYING OFFICIAL	DATE REQUEST SUBMITTED

TYPED OR PRINTED NAME AND TITLE

Prefix: First Name: Middle Name:

Last Name: Suffix:

Title:

TELEPHONE (AREA CODE, NUMBER, EXTENSION)

This space for agency use

Public reporting burden for this collection of information is estimated to average 60 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (4040-0012), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

STANDARD FORM 270 (REV. 1/2016)

Right side — Instructions

Filling out SF-270

11. *(Now it gets interesting...)* **General info:** Leave columns B & C blank. Form should automatically perform computations. Totals from column A should automatically appear in "Total" Column.

> These are the numbers that will change based on the use case — read on to learn about the different use cases.

11a. Total Program Outlays to Date
This is the running total of expenses your project has incurred, starting September 25th, 2009 to the present. It should include expenses paid by Federal dollars as well as expenses paid by your match.

11b. Cumulative Program Income
   Will always be "0"

11c. Net Income Outlays
   Line a minus Line b — should be computed automatically.

11d. Estimated Cash Outlays for Advance
   Will always be "0"

11e. Total
   Sum of Line C plus Line D — should be computed automatically.

11f. Non-Federal share of the amount on Line e
   The TOTAL amount TO DATE, paid by your match.

11g. Federal share of the amount on Line e.
   The TOTAL amount TO DATE, to be paid by Federal grant dollars.

11h. Federal payments previously requested
The total amount already reimbursed by Federal grant dollars to date and does not include the amount currently being requested on voucher.

11i. Federal share now requested

11j. Leave Blank

12. Leave Blank

13. Sign & Date

> The form cannot be saved after data is entered. We suggest you print a hard copy after data is entered, scan the copy and save it in PDF format.

11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS/ADVANCES REQUESTED

PROGRAMS/FUNCTIONS/ ACTIVITIES	(a)	(b)	(c)	TOTAL
a. Total program outlays to date (As of date) 11/01/2019	$ 100,000.00	$	$	$ 100,000.00
b. Less: Cumulative program income	0.00			0.00
c. Net program outlays (Line a minus line b)	100,000.00			100,000.00
d. Estimated net cash outlays for advance period	0.00			0.00
e. Total (Sum of lines c & d)	100,000.00			100,000.00
f. Non-Federal share of amount on line e	50,000.00			50,000.00
g. Federal share of amount on line e	50,000.00			50,000.00
h. Federal payments previously requested	0.00			0.00
i. Federal share now requested (Line g minus line h)	50,000.00			50,000.00
j. Advances required by month, when requested by Federal grantor agency for use in making prescheduled advances — 1st month				
2nd month				
3rd month				

12. ALTERNATE COMPUTATION FOR ADVANCES ONLY

a. Estimated Federal cash outlays that will be made during period covered by the advance	$
b. Less: Estimated balance of Federal cash on hand as of beginning of advance period	
c. Amount requested (Line a minus line b)	$

13. CERTIFICATION

I certify that to the best of my knowledge and belief the data on the reverse are correct and that all outlays were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested.

SIGNATURE OR AUTHORIZED CERTIFYING OFFICIAL

DATE REQUEST SUBMITTED

TYPED OR PRINTED NAME AND TITLE

Prefix: First Name: Middle Name:

Last Name: Suffix:

Title:

TELEPHONE (AREA CODE, NUMBER, EXTENSION)

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STANDARD FORM 270 (REV. 1/2016)

Between August 9 and November 1

Voucher #1 Use Case/Scenario

The 911 Grant Program announced awards on August 9th, 2019. It is now November 1, 2019. The grantee has begun working on project and so far, has received invoices (State and/or Local) totaling $100,000. $50,000 was covered by the State's match and the grantee is submitting the first voucher asking for the remaining $50,000.

11a. = $100,000

11b. = 0

11c. = ($100,000 minus 0 = $100,000)

11d. = 0

11e. = ($100,000 plus 0 = $100,000)

11f. = $50,000

11g. = $50,000

11h. = 0

11i. = $50,000

11j. Leave Blank

12. Leave Blank

11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS/ADVANCES REQUESTED

PROGRAMS/FUNCTIONS/ ACTIVITIES	(a)	(b)	(c)	TOTAL
a. Total program outlays to date *(As of date)* 02/01/2020	$ 300,000.00	$	$	$ 300,000.00
b. *Less:* Cumulative program income	0.00			0.00
c. Net program outlays *(Line a minus line b)*	300,000.00			300,000.00
d. Estimated net cash outlays for advance period	0.00			0.00
e. Total *(Sum of lines c & d)*	300,000.00			300,000.00
f. Non-Federal share of amount on line e	100,000.00			100,000.00
g. Federal share of amount on line e	200,000.00			200,000.00
h. Federal payments previously requested	50,000.00			50,000.00
i. Federal share now requested *(Line g minus line h)*	150,000.00			150,000.00
j. Advances required by month, when requested by Federal grantor agency for use in making prescheduled advances — 1st month				
2nd month				
3rd month				

12. ALTERNATE COMPUTATION FOR ADVANCES ONLY

a. Estimated Federal cash outlays that will be made during period covered by the advance	$
b. *Less:* Estimated balance of Federal cash on hand as of beginning of advance period	
c. Amount requested *(Line a minus line b)*	$

13. CERTIFICATION

I certify that to the best of my knowledge and belief the data on the reverse are correct and that all outlays were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested.

SIGNATURE OR AUTHORIZED CERTIFYING OFFICIAL

DATE REQUEST SUBMITTED

TYPED OR PRINTED NAME AND TITLE

Prefix: First Name: Middle Name:

Last Name: Suffix:

Title:

TELEPHONE (AREA CODE. NUMBER. EXTENSION)

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STANDARD FORM 270 (REV. 1/2016)

Voucher #2 Use Case/Scenario

It is now 3 months later (February 1). The grantee continues to work on the project and now has an additional $200,000 in expenses, incurred between the date of the first voucher and the present. $50,000 was covered by the State's match and the grantee is submitting the second voucher to ask for the remaining $150,000.

11a. = $300,000

11b. = 0

11c. = $300,000

11d. = 0

11e. = $300,000

11f. = $100,000

11g. = $200,000

11h. = $50,000

11i. = $150,000

11j. Leave Blank

12. Leave Blank

11.	COMPUTATION OF AMOUNT OF REIMBURSEMENTS/ADVANCES REQUESTED					
PROGRAMS/FUNCTIONS/ACTIVITIES		(a)	(b)	(c)		TOTAL
a. Total program outlays to date	(As of date) 08/10/2020	$ 800,000.00	$	$	$	800,000.00
b. *Less:* Cumulative program income		0.00				0.00
c. Net program outlays (Line a minus line b)		800,000.00				800,000.00
d. Estimated net cash outlays for advance period		0.00				0.00
e. Total (Sum of lines c & d)		800,000.00				800,000.00
f. Non-Federal share of amount on line e		150,000.00				150,000.00
g. Federal share of amount on line e		650,000.00				650,000.00
h. Federal payments previously requested		200,000.00				200,000.00
i. Federal share now requested (Line g minus line h)		450,000.00				450,000.00
j. Advances required by month, when requested by Federal grantor agency for use in making prescheduled advances	1st month					
	2nd month					
	3rd month					

12.	ALTERNATE COMPUTATION FOR ADVANCES ONLY	
a. Estimated Federal cash outlays that will be made during period covered by the advance		$
b. *Less:* Estimated balance of Federal cash on hand as of beginning of advance period		
c. Amount requested (Line a minus line b)		$

13. CERTIFICATION

I certify that to the best of my knowledge and belief the data on the reverse are correct and that all outlays were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested.

SIGNATURE OR AUTHORIZED CERTIFYING OFFICIAL	DATE REQUEST SUBMITTED

TYPED OR PRINTED NAME AND TITLE

Prefix: First Name: Middle Name:

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Title:

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STANDARD FORM 270 (REV. 1/2016)

Voucher #3 Use Case/Scenario

The grantee is now 1 year into the project and has incurred an additional $500,000 in expenses since the second voucher was submitted. $50,000 was covered by the State's match and the grantee is submitting a third voucher to ask for the remaining $450,000.

11a. = $800,000

11b. = 0

11c. = $800,000

11d. = 0

11e. = $800,000

11f. = $150,000

11g. = $650,000

11h. = $200,000

11i. = $450,000

11j. Leave Blank

12. Leave Blank