**Section 270.APPENDIX A Application for Reimbursement Form**

**Hazardous Materials Emergency Response Reimbursement Application**

**SECTION 1 – APPLICANT INFORMATION**

|  |
| --- |
| Organization Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Tax Identification Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Fax Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**SECTION 2 – CONTACT INFORMATION**

|  |
| --- |
| Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| E-Mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Cell Phone ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**SECTION 3 – RESPONSIBLE PARTY**

**If the responsible party is unknown, please check this box**

|  |
| --- |
| Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Fax Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date Notification for Reimbursement Provided to Responsible Party \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**SECTION 4 – INCIDENT NARRATIVE**

Incident Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Application must be submitted within 90 days after the incident date)

**SECTION 5 – INCIDENT EXPENSES**

You may claim expenses for a mutual aid responder if you have a mutual aid agreement. Indicate expenses of mutual aid responders in the column provided below and attach a copy of the mutual aid agreement to this application.

|  |  |  |  |
| --- | --- | --- | --- |
| **Itemized List of Expenses** | **Mutual Aid Expense (Y or N)** | **Qty** | **Amount** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **TOTAL** (Must equal or exceed $500. If not you are not eligible to apply) |  |  |  |

**SECTION 6 – REIMBURSEMENT CALCULATION**

Line 1: Total Annual Budget\*

Line 2: Multiply Line 1 by 2% (Line 1 x 2% = Line 2)

Line 3: Cost of Incident Response (from Section 5)

**If Line 3 is less than Line 2, STOP. You are not eligible to apply.**

Line 4: Enter the amount from Line 3. If Line 3 is greater than $10,000,

then enter $10,000. This is your reimbursement claim.

\* Exclude personnel costs (i.e., salary, benefits, training expenses and any other personnel costs) and costs to acquire capital equipment (i.e., buildings, vehicles and other major capital cost items). A copy of your approved budget or appropriation ordinance must be attached to this application.

**SECTION 7 – ATTESTATION AND SIGNATURES**

I attest that the information contained in this application is true and accurate to the best of my knowledge. (Signature should be from the head of the organization.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Title Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name

**You MUST attach the following documentation to your application:**

**Copy of an approved budget or appropriation ordinance for your agency**

**Copy of mutual aid agreements (if applicable)**

(Source: Added at 40 Ill. Reg. 12790, effective August 18, 2016)