## **Statement Regarding Payment to Call and/or Volunteer Responders**

We are the recipient of State Homeland Security Grant funds intended to reimburse us for expenses incurred by us for our first responders' attendance at approved training courses.

Town of:

Since we do not have a regular method whereby our responders are paid to attend such trainings, we are certifying that those responders listed below will be paid the amounts shown from these received grant funds on or before the date noted in lieu of proof of pre- payment. We understand that subsequent proof of these payments listed may be required by an audit.

Chair, Board of Selectmen	Department Head  Printed Name:				
Printed Name:					
Signature & Date:	Signature & Date:				
Course Name & Date:					
Responder Name:	Amount to be Paid:	Date to be Paid:			
Responder Name:	Amount to be Paid:	Date to be Paid:			
Responder Name:		Date to be Paid:			
Responder Name:	Amount to be Paid:	Date to be Paid:			
Responder Name:	Amount to be Paid:	Date to be Paid:			
Responder Name:					
Responder Name:	Amount to be Paid:	Date to be Paid:			
Responder Name:	Amount to be Paid:	Date to be Paid:			
Responder Name:	Amount to be Paid:	Date to be Paid:			
Responder Name:	Amount to be Paid:	Date to be Paid:			
Responder Name:	Amount to be Paid:	Date to be Paid:			
Responder Name:	Amount to be Paid:	Date to be Paid:			
Responder Name:	Amount to be Paid:	Date to be Paid:			
Responder Name:	Amount to be Paid:	Date to be Paid:			
Responder Name:	Amount to be Paid:	Date to be Paid:			
Responder Name:	Amount to be Paid:	Date to be Paid:			
Responder Name:					
Responder Name:	Amount to be Paid:	Date to be Paid:			
Responder Name:	Amount to be Paid:	Date to be Paid:			
Responder Name:	Amount to be Paid:	Date to be Paid:			
Responder Name:	Amount to be Paid:	Date to be Paid:			
Responder Name:	Amount to be Paid:	Date to be Paid:			
Responder Name:		Date to be Paid:			
Responder Name:	Amount to be Paid:	Date to be Paid:			
Responder Name:	Amount to be Paid:	Date to be Paid:			
Responder Name:	Amount to be Paid:	Date to be Paid:			