



**OFFICE OF THE ILLINOIS STATE FIRE MARSHAL
Hazardous Material Emergency Response Reimbursement Application**

SECTION 1 – APPLICANT INFORMATION

Organization Name	_____		
Address	_____	Phone Number	_____
	_____	Fax Number	_____
Tax Identification Number	_____		
	(Format: XX-XXXXXXX)		

SECTION 2 – CONTACT INFORMATION

Name	_____		
Title	_____	Work Phone	_____
E-Mail	_____	Cell Phone	_____

SECTION 3 – INCIDENT NARRATIVE

Incident Date	_____	(Application must be submitted within 90 days of the incident date)
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SECTION 4 – INCIDENT EXPENSES

Line Item	Amount
TOTAL (Must exceed \$500. If not you are not eligible to apply.)	

SECTION 5 – REIMBURSEMENT CALCULATION

Line 1: Total Annual Budget*	_____
Line 2: Multiply Line 1 by 2%	_____
Line 3: Cost of Incident Response (from Section 4)	_____
Line 4: Enter the amount from Line 2. If Line 2 is greater than \$10,000 then enter \$10,000.	_____
Line 5: Enter the lesser amount of Line 3 and Line 4. This is your reimbursement amount.	_____

*Exclude personnel costs (i.e. salary, benefits and training expenses) and costs to acquire capital equipment (i.e. buildings, vehicles and other major capital cost items)

