

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

SECTION 1 – APPLICANT INFORMATION

Organization Name

Address	Fax Number
Tax Identification Number(Format: XX	
SECTION 2 – CONTACT INFORMATION	
Name	
Title	Work Phone
E-Mail	Cell Phone
SECTION 3 – INCIDENT NARRATIVE	
Incident Date (A	Application must be submitted within 90 days of the incident date)

SECTION 4 – INCIDENT EXPENSES

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

<u>SECTION 5 – REIMBURSEMENT CALCULATION</u>

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)

SECTION 6 – ATTESTATION AND SIGNATURES

Signature	Title	Date
Print Name		
Please note that you MUST a		of the budget or appropriation
or internal use only:		
Date Application Receive	ed	
Date Application Reviewed b	by the FAC	
Date Application Reviewed b		
	ove/Deny)	
FAC Recommendation (Appro	ove/Deny)	
FAC Recommendation (Appro	ove/Deny)	
FAC Recommendation (Appr	ove/Deny) /ed	ndation: Accept