

**TOWN OF Anywhere USA**  
**Police Department**

---

ATTN: MARSHA MANUEL, GRANTS DIRECTOR  
MS OFFICE OF HOMELAND SECURITY  
P.O. BOX 958  
JACKSON, MS 39205

**RE: REIMBURSEMENT REQUEST (GRANT# 1234567)**

Dear Mrs. Manuel,

The Town of ANYWHERE is requesting reimbursement for the amount of \$4,600.00 from Grant# 1234567. Attached are the following:

Request for Reimbursement form  
Invoice(s)  
Copy of the cancelled check(s)  
Quarterly report(s)  
Progress report(s)  
Equipment Inventory form  
2 quotes and/or state contract

Let me know if you need any additional information.

Thanks,  
John Doe

**Mail Request to:**  
**Mississippi Office of Homeland Security**  
**P.O. Box 958      Jackson, MS 39205**

**MOTOROLA****MOTOROLA SOLUTIONS, INC.**XXXX E. Algonquin Road  
EVERYWHERE, XX 99999Visit our website at: [www.motorola.com](http://www.motorola.com)**INVOICE**

000000 00 00 000000 0000000

Page 1 of 2

<b>TOTAL INVOICE AMOUNT:</b>	<b>\$4,600.00</b>
<b>MOTOROLA INVOICE NUMBER:</b>	111111111
<b>INVOICE DATE:</b>	12/21/2015
<b>PAYMENT DUE:</b>	01/20/2016
<b>CUSTOMER ACCOUNT NUMBER:</b>	11111111111 0002
<b>PURCHASE ORDER DATE:</b>	11/25/2015
<b>YOUR P.O.#:</b>	555

555

BILL TO ANYWHERE POLICE DEPT

PO BOX 888  
ANYWHERE, USA 88888

SHIP TO ANYWHERE POLICE DEPT

John Doe  
1234 MAIN ST  
ANYWHERE, USA 88888*For questions concerning this Invoice please contact  
Motorola at: 8-888-888-8888*

00000-00000-00000

Payment Terms: NET 30 DAYS FROM INVOICE DATE

Motorola Solutions, Inc. Federal Tax Id: 77-7777777

Sales Order Number: 000000000000

Ultimate Destination: ANYWHERE POLICE DEPT,- 1234 MAIN ST, ANYWHERE, USA 88888

**Invoice Detail**

Item	Model Number	Qty	Description	Unit Price	Amount
1	M12345678 N	2	APX4500 7/800 SERIAL NUMBERS 471CRZ2287 through 471CRZ2288	575.25	1,150.50
1a	G400	2	ENH: 1 YEAR REPAIR SERVICE ADVANTAG	64.00	128.00
1b	QA02756	2	ADD: 3600 OR 9600 TRUNKING BAUD SIN	560.00	1,120.00
1c	W20	2	ADD: KEYPAD MIC GCAI	153.00	306.00
1d	G66	2	ADD: DASH MOUNT 02 WWM	106.25	212.50
1e	QA01648	2	ADD: ADVANCED SYSTEM KEY - HARDWARE	4.25	8.50
1f	G174	2	ADD: ANT 3DB LOW-PROFILE 762-870	36.55	73.10
1g	GA00804	2	ADD: APX 02 CONTROL HEAD (Grey)	418.20	836.40
1h	G444	2	ADD: APX CONTROL HEAD SOFTWARE	0.00	0.00
1i	G142	2	ADD: NO SPEAKER NEEDED	0.00	0.00
1k	GA00580	2	ADD: TDMA OPERATION	382.50	765.00

(Continued on Next Page)

Detach here and return bottom portion with your payment.

IM1A-1

**MOTOROLA****MOTOROLA SOLUTIONS, INC.**

XXXX E. Algonquin Road

Everywhere, USA 99999

Visit our website at: [www.motorola.com](http://www.motorola.com)**INVOICE**

000000 00 00 000000 0000000

Page 2 of 2

<b>TOTAL INVOICE AMOUNT:</b>	<b>\$4,600.00</b>
<b>MOTOROLA INVOICE NUMBER:</b>	<b>12345678</b>
<b>INVOICE DATE:</b>	<b>12/21/2015</b>
<b>PAYMENT DUE:</b>	<b>01/20/2016</b>
<b>CUSTOMER ACCOUNT NUMBER:</b>	<b>0030000000 0000</b>
<b>PURCHASE ORDER DATE:</b>	<b>11/25/2015</b>
<b>YOUR P.O.#:</b>	<b>555</b>

BILL TO ANYWHERE POLICE DEPT

PO BOX XXX

ANYWHERE, USA 88888

SHIP TO ANYWHERE POLICE DEPT

John Doe

1234 MAIN ST ANYWHERE, USA 88888

*For questions concerning this invoice please contact  
Motorola at: 8-888-888-8888*

00000-00000-00000

Payment Terms: NET 30 DAYS FROM INVOICE DATE

Sales Order Number: 000000000000

Ultimate Destination: ANYWHERE POLICE DEPT, 1234 MAIN ST, ANYWHERE, USA 88888

Motorola Solutions, Inc. Federal Tax Id: 00-0000000

**Invoice Detail (Continued)**

Item	Model Number	Qty	Description	Unit Price	Amount
			SUBTOTAL		4,600.00
			Carrier: FEDERAL EXPRESS GROUND		
			PLEASE PAY THIS AMOUNT (PAYMENT DUE: 01/20/2016)		4,600.00

SAMPLE

ACCOUNTS PAYABLE  
P.O. BOX 540  
801 MAIN ST.  
The Peoples Bank

One Thousand Eight Hundred Thirty Nine and 50/100 Dollars

DATE 1/8/2016

AMOUNT \$1,839.58

01/12/2016 XXXXX \$1,839.58

ACCOUNTS PAYABLE  
P.O. BOX 540  
801 MAIN ST.  
WALFORD, MS 38983

One Hundred Twenty and 00/100 Dollars

DATE 1/8/2016

AMOUNT \$120.00

01/14/2016 XXXXX \$120.00

ACCOUNTS PAYABLE  
P.O. BOX 540  
148

Six Thousand Two Hundred Sixteen and 00/100 Dollars

DATE 1/8/2016

EXCEED TECHNOLOGIES  
USA

01/12/2016 XXXXX \$6,216.00

ABLE  
801 MAIN ST.

Fifty Nine and 52/100 Dollars

DATE 1/8/2016

AMOUNT \$59.52

INTERNAL REVENUE SERVICES

01/13/2016 XXXXX \$59.52

ACCOUNTS PAYABLE

Three Thousand Two Hundred Forty Five and 00/100 Dollars

01/21/2016 XXXXX \$3,245.00

DATE 1/8/2016

AMOUNT \$457.43

3770 CR 102

01/12/2016 XXXXX \$457.43

Three Thousand Ninety One and 40/100 Dollars

DATE 1/8/2016

AMOUNT \$3,091.46

P.O. BOX 540 11084 2054 00305693

01/12/2016 XXXXX \$3,091.46

ACCOUNTS PAYABLE  
P.O. BOX 540

Eight Hundred Sixty and 70/100 Dollars

DATE 1/8/2016

AMOUNT \$860.70

01/19/2016 XXXXX \$860.70

Town ACCOUNTS PAYABLE  
P.O. BOX 540

Forty and 00/100 Dollars

DATE 1/8/2016

AMOUNT \$40.00

The Peoples Bank  
P.O. Box 110

01/12/2016 XXXXX \$40.00

801 MAIN ST.

Four Hundred Ninety Four and 12/100 Dollars

DATE 1/8/2016

AMOUNT \$494.13

Yield after 90 days

01/15/2016 XXXXX \$494.13

ACCOUNTS PAYABLE

Three Hundred Seventy Five and 00/100 Dollars

DATE 1/8/2016

AMOUNT \$375.00

HUGHES BROTHERS TIRE DIESEL

01/12/2016 XXXXX \$375.00

P.O. BOX 540

MOTOROLA SOLUTIONS, INC  
P.O. BOX 404029  
ATLANTA, GA 30384-0029

DATE 1/8/2016

AMOUNT \$9,271.54

01/11/2016 XXXX \$9,271.54

# Mississippi Office of Homeland Security (MOHS) Quarterly Programmatic Report



Email this report no later than January 15, April 15,  
July 15, and October 15 to Marsha Manuel at  
[mmanuel@dps.ms.gov](mailto:mmanuel@dps.ms.gov)

Date Received by MOHS: \_\_\_\_\_

Date: 12/01/16  
Grant Award Number: XXXXXX  
Funding Source: MS OFFICE OF HOMELAND SECURITY  
Organization: TOWN OF ANYWHERE POLICE DEPARTMENT  
Project Manager: JOHN DOE  
Telephone: 888-888-8888  
Email: JOHN.DOE@MAILNOW.COM

Please check the box of the quarterly reporting period and fill in the year

☒ Oct 1 - Dec 31 2016  
☐ Jan 1 - Mar 31  
☐ Apr 1 - Jun 30  
☐ Jul 1 - Sep 30

Is this a FINAL/CLOSE OUT report for this grant?

☐ Yes ☒ No

If yes, enter the amount of unspent funds being  
returned to MOHS:

If yes, is the Property Control Form attached? (If  
applicable)

☐ Yes ☐ No

# Mississippi Office of Homeland Security (MOHS)

## Quarterly Programmatic Report

\$0.00

1. What percentage of funds have been encumbered or expended to date?

2. List milestones from your approved application and give a status update toward achievement of each milestone.

Milestone #1:

To purchase mobile radios in order to communicate with dispatch and command centers, mutual aid agencies, and other jurisdictions during any event.

Status #1:

Obtain State contract for purchase of mobile radio units & accessories.

Milestone #2:

Status #2:

Milestone #3:

Status #3:

Milestone #4:

Status #4:

3. Do you anticipate any changes/modifications to the original objectives? If yes, will these changes/modifications prevent your jurisdiction from completing this project within the approved grant performance period?

4. List any jurisdictional changes for authorized persons involved in completing this project. This would include Project/Program Managers, Finance Staff, etc.

None

# Mississippi Office of Homeland Security (MOHS)

## Quarterly Programmatic Report

### 5. Grant Funded Training/Exercise:

(Please complete this section if applicable)

5. A. List the number of employees who have completed NIMS training, including the course number.

N/A

5. B. Describe any approved preparedness exercises that your jurisdiction held during the reporting period. Confirm that your agency has utilized the FEMA Homeland Security Exercise and Evaluation Program (HSEEP) toolkit. If applicable, please visit the HSEEP toolkit link [https://hseep.dhs.gov/pages/1001\\_HSEEP7.aspx](https://hseep.dhs.gov/pages/1001_HSEEP7.aspx).

5. C. Describe any other approved training undertaken by your jurisdictional staff during the reporting period. Confirm your agency utilized the training approval procedure and request form.

5. D. Describe in detail how any approved training conducted using HSGP funds addresses a performance gap.

For MOHS Use Only

Grants Reporting Officer signature:

Date:

Comments:



# Mississippi Office of Homeland Security (MOHS) Quarterly Programmatic Report



Email this report no later than January 15, April 15,  
July 15, and October 15 to Marsha Manuel at  
[mmanuel@dps.ms.gov](mailto:mmanuel@dps.ms.gov)

Date Received by MOHS: \_\_\_\_\_

Date: 1/16/16

Grant Award Number: XXXXXX

Funding Source: MS OFFICE OF HOMELAND SECURITY

Organization: ANYWHERE POLICE DEPARTMENT

Project Manager: JOHN DOE

Telephone: 888-888-8888

Email: JOHN.DOE@MAILNOW.COM

Please check the box of the quarterly reporting period and fill in the year

☐

Oct 1 - Dec 31 \_\_\_\_\_

☒

Jan 1 - Mar 31 2016

☐

Apr 1 - Jun 30 \_\_\_\_\_

☐

Jul 1 - Sep 30 \_\_\_\_\_

Is this a FINAL/CLOSE OUT report for this grant?

☐ Yes

☒ No

If yes, enter the amount of unspent funds being  
returned to MOHS:

If yes, is the Property Control Form attached? (If  
applicable)

☐ Yes

☐ No

# Mississippi Office of Homeland Security (MOHS)

## Quarterly Programmatic Report

\$0.00

1. What percentage of funds have been encumbered or expended to date?

2. List milestones from your approved application and give a status update toward achievement of each milestone.

Milestone #1:

To purchase mobile radios in order to communicate with dispatch and command centers, mutual aid agencies, and other jurisdictions during any event.

Status #1:

The radios are in the process of being purchased.

Milestone #2:

Status #2:

Milestone #3:

Status #3:

Milestone #4:

Status #4:

3. Do you anticipate any changes/modifications to the original objectives? If yes, will these changes/modifications prevent your jurisdiction from completing this project within the approved grant performance period?

4. List any jurisdictional changes for authorized persons involved in completing this project. This would include Project/Program Managers, Finance Staff, etc.

None

# Mississippi Office of Homeland Security (MOHS)

## Quarterly Programmatic Report

### 5. Grant Funded Training/Exercise:

(Please complete this section if applicable)

5. A. List the number of employees who have completed NIMS training, including the course number.

N/A

5. B. Describe any approved preparedness exercises that your jurisdiction held during the reporting period. Confirm that your agency has utilized the FEMA Homeland Security Exercise and Evaluation Program (HSEEP) toolkit. If applicable, please visit the HSEEP toolkit link [https://hseep.dhs.gov/pages/1001\\_HSEEP7.aspx](https://hseep.dhs.gov/pages/1001_HSEEP7.aspx).

5. C. Describe any other approved training undertaken by your jurisdictional staff during the reporting period. Confirm your agency utilized the training approval procedure and request form.

5. D. Describe in detail how any approved training conducted using HSGP funds addresses a performance gap.

For MOHS Use Only

Grants Reporting Officer signature: \_\_\_\_\_

Date: \_\_\_\_\_

Comments: \_\_\_\_\_

# Mississippi Office of Homeland Security (MOHS) Quarterly Programmatic Report



Email this report no later than January 15, April 15, July 15, and October 15 to Marsha Manuel at [mmanuel@dps.ms.gov](mailto:mmanuel@dps.ms.gov)

Date Received by MOHS: \_\_\_\_\_

Date: 5/01/16

Grant Award Number: XXXXXX

Funding Source: MS OFFICE OF HOMELAND SECURITY

Organization: TOWN OF ANYWHERE POLICE DEPARTMENT

Project Manager: JOHN DOE

Telephone: 888-888-8888

Email: JOHN.DOE@MAILNOW.COM

Please check the box of the quarterly reporting period and fill in the year

☐

Oct 1 - Dec 31

☐

Jan 1 - Mar 31

☒

Apr 1 - Jun 30

2016

☐

Jul 1 - Sep 30

Is this a FINAL/CLOSE OUT report for this grant?

☒ Yes

☐ No

If yes, enter the amount of unspent funds being returned to MOHS:

\$0.00

If yes, is the Property Control Form attached? (If applicable)

☒ Yes

☐ No

# Mississippi Office of Homeland Security (MOHS)

## Quarterly Programmatic Report

\$4,600.00

1. What percentage of funds have been encumbered or expended to date?

2. List milestones from your approved application and give a status update toward achievement of each milestone.

Milestone #1:

To purchase mobile radios in order to communicate with dispatch and command centers, mutual aid agencies, and other jurisdictions during any event.

Status #1:

The radios have been received and paid for during this quarter.

Milestone #2:

Status #2:

Milestone #3:

Status #3:

Milestone #4:

Status #4:

3. Do you anticipate any changes/modifications to the original objectives? If yes, will these changes/modifications prevent your jurisdiction from completing this project within the approved grant performance period?

4. List any jurisdictional changes for authorized persons involved in completing this project. This would include Project/Program Managers, Finance Staff, etc.

None

# Mississippi Office of Homeland Security (MOHS)

## Quarterly Programmatic Report

### 5. Grant Funded Training/Exercise:

(Please complete this section if applicable)

5. A. List the number of employees who have completed NIMS training, including the course number.

N/A

5. B. Describe any approved preparedness exercises that your jurisdiction held during the reporting period. Confirm that your agency has utilized the FEMA Homeland Security Exercise and Evaluation Program (HSEEP) toolkit. If applicable, please visit the HSEEP toolkit link [https://hseep.dhs.gov/pages/1001\\_HSEEP7.aspx](https://hseep.dhs.gov/pages/1001_HSEEP7.aspx).

5. C. Describe any other approved training undertaken by your jurisdictional staff during the reporting period. Confirm your agency utilized the training approval procedure and request form.

5. D. Describe in detail how any approved training conducted using HSGP funds addresses a performance gap.

For MOHS Use Only

Grants Reporting Officer signature: \_\_\_\_\_

Date: \_\_\_\_\_

Comments: \_\_\_\_\_

# PROGRESS REPORT

## BSIR INFORMATION REQUEST FORM

DATE: \_\_\_\_\_

PROJECT MANAGER: \_\_\_\_\_ John Doe \_\_\_\_\_

Sub grantee: \_\_\_\_\_ Town of ANYWHERE \_\_\_\_\_

GRAND AWARD Number: \_\_\_\_\_ XXXXXXXX \_\_\_\_\_

Telephone: \_\_\_\_\_ 888-888-8888 \_\_\_\_\_

Email: \_\_\_\_\_ JOHN.DOE@MAILNOW.COM \_\_\_\_\_

Award Period: **Please Check**

January/March \_\_\_\_\_ April/June X \_\_\_\_\_

July-September \_\_\_\_\_ October/December \_\_\_\_\_

Project Title: FY'16 HOMELAND SECURITY GRANT \_\_\_\_\_

Project Type: Interoperable Communications Equipment \_\_\_\_\_

Project Zip Code: 88888 \_\_\_\_\_

Project Description: To communicate with dispatch and command center, mutual aid agencies, and other jurisdictions during any event-and related required accessories such as electrical wiring, antennae, microphones, etc. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Award Amount: \$4,600.00 \_\_\_\_\_

Amount Expended: \$4,600.00 \_\_\_\_\_

Investment Supported: **Circle One**

Homeland Security Specialized Response Teams

Community Level Homeland Security Preparedness

Strengthening Information Sharing & Collaboration Capabilities

NIMS

Does this project support a Previously Awarded Investment?

Yes or No



**Primary Core Capability: Circle One**

Community Resilience  
Environmental Response/Health and Safety  
Interdiction and Disruption  
Operational Communications  
Access Control and Identity Verification  
Fatality Management Services  
Intelligence and Information Sharing  
Long-term Vulnerability Reduction  
Physical Protective Measures  
Public Health and Medical Services  
Risk and Disaster Resilience Assessment  
Housing  
Infrastructure Systems  
Risk Management for Protection Programs and Activities  
Screening, Search, and Detection  
Supply Chain Integrity and Security

Economic Recovery  
Natural and Cultural Resources  
Situational Assessment  
Threats and Hazard Identification  
Cybersecurity  
Mass Care Services  
Mass Search and Rescue Operations  
On-Scene Security and Protection  
Operational Coordination  
Planning  
Critical Transportation  
Forensics and Attribution  
Health and Social Services  
Public and Private Services and Resources  
Public Information and Warning

**Capabilities Building: \*** Sustain or Build (Circle One)

**Deployable: \*** Yes or No (Circle One)

**Shareable: \*** Yes or No (Circle One)

**Project Status: \* (Circle One)**

Not started  
On Schedule  
Behind Schedule  
Ahead of Schedule

Canceled  
Complete  
Canceled

**Start Date (mm/yyyy): \*11/01/2016**

**End Date (mm/yyyy): \* 05/31/2017**

**Does this project require new construction, renovation, retrofitting or modifications of existing structure? Yes or No (Circle One)**



## MILESTONE AND NIMS TYPING

Milestone (Type Below)	Milestone Complete
Encourage the necessary equipment to give the State, Regional Response Teams and local first responders the capability to facilitate the effective and efficient response to an all-hazards threat/incident.	Circle : <input checked="" type="radio"/> Yes or <input type="radio"/> No

Does this project support a NIMS typed Resource? Yes or ☒ No

**Project Title-** Will present details of the project user. The title of the project

**Project Type-** The type of project. Examples include: Establish/enhance Citizen Corps Councils, Establish/enhance cyber security program, and Establish/enhance emergency operations center.

**Project Description -** The project description field allows the user to enter a statement up to a maximum of 1000 characters describing the details surrounding the project.

## Date:

Items to be included on the Property Control Form shall be equipment of a durable nature with an expected service life of more than one year, an acquisition cost of \$300 or more and does not become a fixture or lose its identity as a component of other equipment. Please check the Capital Asset box if the property meets the following Capital Asset definition: A Capital Asset is any tangible, nonexpendable equipment/property that has an acquisition cost of \$5,000 (Five Thousand Dollars) or more per unit and a useful life of more than one year.



mississippi department of  
Information Technology Services

XXXX XXXXXXXX Drive  
XXXXXX, XX XXX-XX  
Phone: 888-888-8888  
Fax: 888-888-8888

RECEIVED  
www.its.ms.gov

Jerry Doe, Ph.D., Executive Director

APR 18 2016

## Memorandum

**To:** Customers purchasing Motorola Radios as part of MSWIN  
**From:** Jerry Doe, Ph.D., Executive Director of ITS  
Jane Doe, Executive Officer of the WCC  
**Date:** July 2, 2010 – Revised August 8, 2014  
**Re:** MSWIN RFP XXXX: Instructions for Use

### 1. Introduction

1.1 Information Technology Services (ITS) and the Wireless Communication Commission (WCC) issued Request for Proposal (RFP) XXXX for a statewide Digital Trunked Land Mobile Radio System service. In June 2007, the WCC executed a turnkey agreement with Motorola Solutions, Inc. f/k/a Motorola, Inc. ("Motorola") for the implementation of the statewide radio system to be known as the Mississippi Wireless Information Network (MSWIN).

1.2 This **MSWIN RFP XXXX: Instructions for Use** Memorandum provides ITS and WCC customers authorization and instructions for making purchases using the MSWIN Motorola XXXX contract.

1.3 **Who May Use:** MSWIN RFP XXXX may be used in the acquisition of specific Motorola configurations of Mobile, Portable, and Dispatch Console units and accessories by Mississippi agencies, universities, community/junior colleges and governing authorities (cities, counties and school districts). This award meets Mississippi requirements for legal purchases.

1.4 **Dollar Limitations of Use:** Any procurement of wireless communication equipment and services which when combined with previous procurements during the current fiscal year exceeds \$100,000 requires prior approval by the WCC. The procedure for requesting approval is located on the WCC web site at <http://www.wcc.ms.gov/>.