

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1086328

Vendor Name: IL Emergency Management Agency

Check Details:

Check Number: 0339552

Check Amount: \$ 4,154.65

Check Date: 6/3/2025

Invoice Details:

Invoice Number: FEMAC/O053025

Invoice Date: 5/30/2025

PO Number: NULL

Voucher Number: V0886399

Document Type: AP Invoice

Document Below

Check Request Form

This form may be used to request check payments only for those items for which the issuance of a purchase order would not be appropriate. Attach supporting documentation (e.g., invoice or agreement). Please refer to Administrative Procedure 2.21, Vendor Payment.

Date: _____ Vendor ID: _____ Vendor Name: _____

Payee Address: _____ Payment Due Date: _____

Invoice Number	GL Account number(s) e.g. 01-80-00757-5401001	GL Account Name e.g. Office Supplies	Amount
Total			\$

Check the appropriate box below:

- ☐ We, the undersigned, hereby certify that the goods/services, for which payment is herein requested, have been provided in a satisfactory condition/manner. Consequently, payment is appropriate at this time.
- ☐ We, the undersigned, hereby certify that the goods/services, for which payment is herein requested, have not yet been provided. The first approver indicated below will notify the Accounts Payable Office in writing when the goods/services have been delivered in a satisfactory condition/manner.

Description on Check:

Other Instructions:

All requests will require the following approvals:

Requester: _____ Print Name: _____

Budget Officer: _____ Print Name: _____

Requests \$10,000 and over will require the additional approvals below:

Next Level Supervisor (if applicable): _____ Print Name: _____

Next Level Supervisor (if applicable): _____ Print Name: _____

Next Level Supervisor (if applicable): _____ Print Name: _____

Area Administrator (only required if request is \$10,000 and over): _____ Print Name: _____

Area Cabinet Officer (only required if request is \$25,000 and over): _____ Print Name: _____

Board Approval Date (only required if request is \$25,000 and over): _____

Return approved request and all supporting documentation to Accounts Payable (SRC 2132A), invoicing@cod.edu

From: [Brady, Scott](#)
To: [Jursinic, Maki](#)
Cc: [Virgilio, David](#)
Subject: FW: [External] FEMA Deobligation Request – Project 553002 / PW 1150
Date: Thursday, May 8, 2025 9:34:20 AM
Attachments: [image001.png](#)
[1150 - 553002 - College of DuPage Community College - LPCO.pdf](#)
[1150 - 553002 College of DuPage CCD 502 COVID Closeout Recipient Checklist.pdf](#)
[image002.png](#)

FYI

Scott L. Brady, CPA
Chief Financial Officer
College of DuPage
425 Fawell Blvd.
SRC 2130L
Glen Ellyn, IL 60137-6599
Direct: 630.942.2219
Email: bradys310@cod.edu



Disclosure Statement:

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From: Boehler, Tiffany <Tiffany.Boehler2@Illinois.gov>
Sent: Thursday, May 8, 2025 9:28 AM
To: Fenne, Christine <bot-fennec@cod.edu>; Brady, Scott <bradys310@cod.edu>
Cc: Denny, Luke <Luke.Denny@illinois.gov>
Subject: [External] FEMA Deobligation Request – Project 553002 / PW 1150

CAUTION: This email originated from outside of COD's system. Do not click links, open attachments, or respond with sensitive information unless you recognize the sender and know the content is safe.

Dear College of DuPage Community College District 502,

FEMA has advised, during the processing of your project for closeout, that for **Project 553002 / PW 1150**, a reduction of **\$4,154.65** is required. These funds must be returned to FEMA. A deobligation in the amount of **\$4,154.65** is necessary, finalizing the project total at the revised amount.

Illinois Emergency Management Agency – Office of Homeland Security (IEMA-OHS)

Memo Line: Deobligation for Project 553002 / PW 1150

Mail to:

Attn: Luke Denny / FEMA Public Assistance

IEMA-OHS / Disaster Recovery Division

1020 S. Spring Street, 2nd Floor

Springfield, Illinois 62704

If you have any questions, please contact the IEMA-OHS staff at

EMA.PA.Grants@Illinois.gov.

Thank you for your prompt attention to this matter.

Sincerely,

Tiffany Boehler

Tiffany Boehler | Individual and Community Assistance Manager

Recovery Branch

Illinois Emergency Management Agency and Office of Homeland Security

Office: 217-785-6984

Cell: 217-206-0495

Tiffany.Boehler2@illinois.gov



IEMA-OHS

ILLINOIS EMERGENCY MANAGEMENT AGENCY
AND OFFICE OF HOMELAND SECURITY

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Check Request Form *(cont.)*

Processing a Check Request:

To expedite the processing of a check request, or other non-purchase order disbursement, the requesting department should:

1. Verify that the vendor intake process has been completed by the Procurement Office.
Payment cannot be made to a vendor until this process has been completed.
2. Complete and review this check request form and confirm that all relevant supporting documentation is attached including fully executed contracts, if applicable.
3. Ensure the payee information is complete and includes the vendor's Colleague ID number.
4. Ensure that the general ledger account number is included and correct.
5. Maintain a copy of the approved check request form for department records.
6. Submit the completed check request form to the Accounts Payable Office.

The check request form will be returned to the budget officer if the information is incomplete, not in compliance with College Policy, or if budget is not available.

COVID DECLARATION RECIPIENT CHECKLIST FOR DOCUMENTATION NEEDED FOR FEMA LARGE PROJECTS AND SMALL PROJECTS INITIALLY OBLIGATED AFTER AUGUST 3, 2022 WITH COSTS ABOVE \$131,100

(Supported/Required by CFR 44 & Stafford Act)

(Please check applicable backup documentation enclosed & include this sheet in your project package)

Applicant Name: _____ DR# _____ Project #: _____

Initial Obligation Date: _____ Project Size: _____

• Title Documents

- ☐ Project Report
- ☐ Streamline Application
- ☐ Signed Small Project Certification Letter or Large Project Closeout Request

• Applicant Cost Summary (Total Obligated Costs _____ / Total Validated Costs _____)

- ☐ A detailed breakdown of all costs associated with project separated by category (Force Account Labor, Force Account Equipment, Materials, Rented Equipment, and Contract Work).

Or

- ☐ Acknowledgement from the Applicant that the FEMA cost summary is correct

Is there an underrun or an overrun from the obligated cost in the latest approved version and validated closeout review?

- ☐ Underrun
- ☐ Overrun
- ☐ Exact

If there is an overrun or an underrun, please indicate by how much the difference is. _____

• Force Account Labor (Obligated Costs _____ / Validated Costs _____)

- ☐ Payroll Policy in effect at time of the disaster (1 copy per applicant per disaster. FEMA will scan into a shared folder.)
 - Validate Benefits % for Reg. and O/T hours
 - Validate when O/T pay kicks in (e.g., after 8 or after 40)
- ☐ 100% Timecards or Activity Logs* & 100% Payroll Record/Stub showing proof of payment
- ☐ Not Applicable

• Force Account Equipment (Obligated Costs _____ / Validated Costs _____)

- ☐ 100% Equipment Summaries or Equipment Logs
- ☐ If using FEMA Cost Codes, copy of FEMA Schedule of Equipment Rates in effect at time of the disaster
 - Compare equipment hours against labor hours* for that employee manning equipment
- ☐ Not Applicable

• Materials (Obligated Costs _____ / Validated Costs _____)

- ☐ 100% invoices if purchased OR listing of materials taken from stock, and 100% proof of payments. Items from stock may be reimbursed at present-day costs. Cannot include % markups.
- ☐ 100% proof of payments
- ☐ Not Applicable

- Disposition of Equipment
 - ☐ Provide documentation informing FEMA if the items will be used for other Federally funded programs or projects
 - ☐ List of purchased of equipment
 - ☐ Calculation for Fair Market Value (FMV) of purchased equipment
 - ☐ If there is no purchased equipment, check for a memo from Applicant on letterhead stating such
- Disposition of Supplies
 - ☐ List of unused and/or expired supplies
 - ☐ Calculation of the Fair Market Value (FMV) of any unused residual supplies that FEMA funded for any of its projects
 - ☐ If there is no unused and/or expired supplies, provide a memo on letterhead stating such
- Rental Equipment (Obligated Costs _____/ Validated Costs _____)
 - ☐ Contract if applicable (how decision was made, if applicable)
 - ☐ 100% invoices & 100% proof of payment
 - Validate time used
 - ☐ Not Applicable
- Contracted Work (Obligated Costs _____/ Validated Costs _____)
 - ☐ Procurement Policy in effect at time of the disaster (1 copy per applicant per disaster.) Bid Package to include
 - Bid Tabulations / List of bidders / Explanation of how contractors were selected
 - Advertisements
 - Emails
 - Documented Phone Calls
 - Check Procurement Policy to validate applicants followed their policy or 2 CFR 200.317-327, if required
 - ☐ Copy of Contract (if applicable and available)
 - ☐ Amendments to Contract (if applicable)
 - ☐ Work Order Changes
 - ☐ Mutual Aid Agreements (if applicable)
 - ☐ 100% invoices and 100% proof of payment
 - ☐ Not Applicable
- Management Costs Project (if applicable) (Obligated Costs _____/ Validated Costs _____)
 - ☐ Spreadsheet showing employee(s) name(s), dates, hours, salary/benefits for costs with a detailed description of work performed associated with the project/disaster
 - ☐ Equipment used, if applicable
 - ☐ Materials purchased, if applicable
 - ☐ Backup documentation (paystubs, timesheets etc..)
 - ☐ Not Applicable
- Duplication of Benefits
 - ☐ Copy of all Insurance Checks received
 - ☐ Methodology statement addressing duplication of benefits
 - ☐ Certification that other funding (CARES, ARPA, and other funding sources) did not cover project expenses
- Permitting, if applicable to (applicable for mass mortuary projects, temporary medical facilities, and vaccination projects)
 - ☐ Environmental
 - ☐ Building/Construction Permits
 - ☐ Not Applicable

NOTES:

Reviewer Print Name _____

Reviewer Signature Patricia Johnson

Date _____



LARGE PROJECT CLOSEOUT REQUEST

COVID DR-4489 / 100% Eligible Period
(Projects Completed Between January 20, 2020 & July 1, 2022)

Applicant Information

Declaration No. 4489	FEMA PA Code 043-U0518-00
Applicant Name College of DuPage Community College District 502	

Project Information

PW No. 01150	Project Title COD-COVID 19 FEMA Request	Project Location 425 Fawell Boulevard, Glen Ellyn, Illinois 60137-6078
Total Amount Approved (100%) \$140,256.93	Fed. Share Approved (100%) 100%	Date Project Completed 9/8/2020

Final Project Costs

Total Costs Claimed (100%) \$136,102.28	Cost Overrun Requested	Cost Underrun Requested \$4,154.65
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Applicant Certification

The Applicant certifies the following (check all that apply):

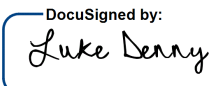
- | | |
|---|---|
| <input checked="" type="checkbox"/> All work under the PW is 100% complete.* | <input checked="" type="checkbox"/> All work was completed according to the PW scope of work.* |
| <input checked="" type="checkbox"/> No further claims will be made for the PW.* | <input checked="" type="checkbox"/> Eligible work was completed within the required project performance period and/or copies of all approved time extension requests are attached.* |
| <input checked="" type="checkbox"/> All Documentation is Uploaded into Grants Portal.*
**** OR **** | |
| <input checked="" type="checkbox"/> Documentation is attached to support all costs claimed.
<input checked="" type="checkbox"/> Invoices, bills, receipts
<input type="checkbox"/> Payroll and/or equipment records
<input type="checkbox"/> Bid and contract documents
<input type="checkbox"/> Permits
<input type="checkbox"/> Proof of insurance | <input checked="" type="checkbox"/> All work was completed in compliance with Special Conditions
<input type="checkbox"/> Insurance (Section 311 of Stafford Act)
<input type="checkbox"/> Historic Preservation (36 CFR Part 800)
<input type="checkbox"/> Mitigation (Section 406 of Stafford Act)
<input type="checkbox"/> Environmental (Section 316 of Stafford Act) |

* Required certification

Applicant's Agent (signature) Scott Brady <small>Digitally signed by Scott Brady Date: 2023.06.12 13:33:02 -05'00'</small>	Applicant's Agent Name (printed) Scott Brady	Applicant's Agent Title CFO & Treasurer	Date 6/12/2023
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Grantee Certification

The Grantee certifies they have reviewed and confirmed the information contained in this Large Project Closeout Request and requests the funding be adjusted as shown and the large project PW be closed. IEMA made all payments in accordance with 2 C.F.R. § 200.305 (required by 44 C.F.R. § 206.205(b)(1))

PA Group Supervisor (signature)  <small>DocuSigned by: 88216D36F11847D...</small>	PA Group Supervisor Name (printed) Luke Denny	Date 10/21/2024 1:17 PM CDT
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FEMA Review

- ☐ Reviewed and version processed (if necessary)
- ☐ PW closed in EMMIE
- ☐ Notification sent to the Grantee

Signature	Print Name/Title	Date
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