

SIRN Radio Reimbursement Instructions

Note: If you have submitted reimbursements previously, this **form has changed** to validate your Tax ID number. If your agency has not previously received payments from the State of North Dakota, you will need to register as a "new vendor". New vendors (suppliers and individuals) looking to receive payment from the State should use our online supplier registration pages to apply for a vendor (supplier) number, Online Application. This can be found on the OMB website: [Vendor Registration](#)

Steps / Procedures for applying for Reimbursement

1. Populate the [SIRN Radio Reimbursement Survey](#)
2. Once completed, you will be given a URL for the electronic SIRN Reimbursement Form (save this link in your bookmarks). If you did not save the link, contact ndsirn@nd.gov

3. If your agency has not previously received payments from the State of North Dakota you will need to register as a "new vendor". New vendors (suppliers and individuals) looking to receive payment from the State should use our online supplier registration pages to apply for a vendor (supplier) number, Online Application. This can be found on the OMB website: [Vendor Registration](#)

4. While filling out the electronic radio reimbursement form you will be asked to fill out the following information:

A. Select Tier:

Regardless of purchase dates, estimated timeline for reimbursement submissions are as follows, unless SIEC adjusts the reimbursement periods (SIEC will review policy annually):

Tier 1 / Priority 1 – Reimbursement submissions preferred by **January 2023**

Tier 2 / Priority 2 – Reimbursement submissions between **February 2023 – January 2024**

Tier 3 / Priority 3 – Reimbursement submissions between **December 2023 – May 2024**

Tier 1/Priority 1 – An agency to include any city, county, political subdivision, privately held or non-profit that responds to incidents that pertain to health, safety, and protection of life. Some of the agencies to include, but not limited to are: law enforcement, corrections, fire, emergency medical services, ambulance services, hospital or trauma centers, air medical, emergency operations centers, and emergency managers.

Privately Held and/or Non-profit reimbursements will be evaluated on a case-by-case basis for eligibility as a Tier 1/ Priority 1 agency.

Tier 2/Priority 2 – An agency to include any city, county, and political subdivision that deals with non-mission critical public services. Some of the agencies to include, but not limited to are: public works, highway/street departments, public health, city/county coroner's office.

Tier 3/Priority 3 - An agency to include any city, county, political subdivision, and non-profit that deals with education, transportation, and parks and recreation and all other not listed in tiers 1 and 2.

B. Enter Tax ID Number – If your agency does not appear in the “Agency Name” you must go to the OMB site and register before you can continue. **Vendor Registration**

If your agency name appears you will continue to enter Agency Info (address, Address, phone, contact and email address)

C. Purchase Date of Radios

D. Radio Manufacturer

E. Radio Model Number

F. Whether it is 800Mhz or not (it has to be in order to be reimbursed)

G. Radio Serial Number

H. Agency Type (Must be City / County Law Enforcement, Fire, or EMS)

I. Invoiced Cost per radio

J. Reimbursement Amount Requested (Max. \$1,500 per radio)

---If you have more than 3 radios to enter, click on the green plus sign:

List of Radios for Reimbursement (Enter only one radio serial number per line)

Purchase Date	Radio Manufacturer	Radio Model Number	800 Mhz Compatible	Radio Serial Number	Agency Type	Other	Invoiced Cost	Reimbursement Requested	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

5. You will then have to **attach the following supporting documents (both are required):**

A. All invoices to support what you are asking to be reimbursed on

B. Copies of canceled checks or proof of payment – a invoice marked as “paid” is not considered proof of payment. A cancelled check or county / city voucher from the auditor can also fulfill this requirement.

(It is easier to combine all documents into one file. If checks covered more than one invoice, please note what invoice numbers the checks paid for.)

6. Once attached, click submit.

7. Once submitted and approved, your fiscal agent should receive the cost share in 4-6 weeks.

****If grants were used to purchase radios, please contact ndsirn@nd.gov prior to submission.