

**REQUEST FOR REIMBURSEMENT – URBAN NONPOINT SOURCE &  
 STORM WATER MANAGEMENT GRANT PROGRAM** (R 9/14)  
**-- For Urban Construction Grants --**

Send one completed copy of this form to the Department of Natural Resources at the address printed above, **along with appropriate expense verifications.**

Notice: This document is required under s. 281.66, Wis. Stats., and chs. NR 154 and 155, Wis. Adm. Code. Failure to return a signed copy to the Department of Natural Resources will result in the denial of grant funds. Personally identifiable data contained herein will be used for determining reimbursement eligibility for Urban Nonpoint Source & Stormwater Management grants and will not be used for any other purpose.

1. Grantee Name		2. Project Name		
6. Mail Check to:		3.	4. Grant Number	5. Pay. Req. #
		7. Period Covered By This Request (M-D-Y)		
		From		To
		8. Type of Request	9.	
		<input type="checkbox"/> Partial		
		<input type="checkbox"/> Final		
10. Summary of Reimbursement Requests		AMOUNT	LEAVE BLANK- DNR USE ONLY	
a. Reimbursement Request this Claim (from Verification Forms)				
b. Total Prior Pay Requests for this Grant				
c. Total Payments (including this request)				
11. Grant Balance:				
a. Grant Amount for this Line Item				
b. Amount Reimbursed To-Date (line 10c)				
c. Remaining Grant Balance (Balance <b>after</b> this request)				
12. CERTIFICATION		Amount Allowed This Claim		
I certify that to the best of my knowledge and belief the billed costs of expenditures are based on actual payment of record and are in accordance with the terms of the project agreement and the reimbursement represents the grant share due which has not been previously requested		CFA Initial		
		Date		
Signature of Authorized Representative		Date Signed		
Typed or Printed Name and Title		Telephone Number (include area code)		
Contact Person & e-mail/phone				

CFA Comments:

BFN Coding:

**Notice:** This form is authorized by s. 281.66, Wis. Stats., and ch. NR 155, Wis. Adm. Code. Completion of this form is mandatory. Failure to submit a completed form to the Department will result in the denial of grant funds. Personal information collected on this form will be used for administering this program. Information will be made accessible to requesters under Wisconsin's Open Records laws (s. 19.32-19.39, Wis. Stats.) and requirements.

**Cost Share Calculation for THIS Reimbursement**

Project/Line Item Name(s) From Grant Budget	Total Cost of Project <b>Paid-This-Request</b>	State Cost- Share %	State Cost-Share For Project ( <b>This Request</b> )	Period Covered	Project Completed Y/N ?
TOTAL					

Check Number	Check Date MM-DD-YY	Amount Paid

\* Include 100% of payments made during the reimbursement period to contractors/consultants, multiply times the cost-share rate on Page Two of your grant to determine the "State Cost-Share for Project" amount. Transfer that figure to Summary Page, box 10 a.

**Attach payment verification with the form consisting of contractor/consultant billings, canceled checks or vouchers.**

**Project Installation Verification**

I verify the above project has been wholly/partially installed in accordance with the appropriate standards and specifications.

Signature of Inspecting Grantee Representative	Date Signed
Name of Grantee Contact Person	Phone/e-mail