

**REQUEST FOR REIMBURSEMENT – URBAN NONPOINT SOURCE &
 STORM WATER MANAGEMENT GRANT PROGRAM** (R 9/14)
-- For Urban Planning 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 <input type="checkbox"/> Partial <input type="checkbox"/> Final	9.	
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 after 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		
Signature of Authorized Representative	Date		
Typed or Printed Name and Title	Date Signed		
Contact Person & e-mail/phone	Telephone Number (include area code)		

CFA Comments:

BFN Coding:

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Cost Share Calculation for THIS Reimbursement

Project/Line Item Name(s) From Grant Budget	Total Cost of Project Paid-This-Quarter	State Cost-Share % From Grant	Eligible * Cost-Share Amount (Initial Calculation)	State ** Cost-Share Payment Requested [1/2 of Elig.Amt.]	Project Completed Y/N ?
<i>Example</i>	<i>10,000.00</i>	<i>70%</i>	<i>7,000.00</i>	<i>3,500.00</i>	<i>N</i>
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 "Eligible Cost-Share Amount" amount. Then,
- ** As your grant indicated, the department will reimburse you one-half of the cost-sharing for which you would be eligible until the stormwater plan or other product is approved. So, in this column, if your grant is for 70% cost-sharing, for instance, you would calculate a reimbursement of 35% (half of the prior box) for this payment. Transfer that figure to Summary Page, box 10 a.

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