

**Notice:** Pursuant to U.S. Public Law 95-313, s. 6(b), s. 23.097, Wis. Stats., and ch. NR 47, Wis. Adm. Code, you are required to provide information requested on this form to apply for reimbursement of an Urban Forestry Grant. The Department will be unable to process your application unless complete information is provided as requested. Information will be used to determine payment, provide statistical information and potentially to use as an example for other grant recipients. Personally identifiable information collected will be used for administrative purposes and may be provided to requesters to the extent required by Wisconsin's Open Records law [ss. 19.31-19.39, Wis. Stats.].

**LEAVE BLANK – DNR USE ONLY**

Sponsor Name:		Project Number:		RUFC Initials/Date	
<i>The DNR will mail the check to the name identified on the application as "Check Recipient."</i>		Project Name:		Bur. FR Initials/Date	
				Bur. FN Initials/Date	
Classification		Expenditures		Amendment	This Claim
		This Claim	Submitted to Date		
LABOR & SERVICES	- Sponsor				
	- Volunteer <i>(Not Reimbursable)</i>				
EQUIPMENT USAGE	- Sponsor				
	- Donated by Third Parties <i>(Not Reimbursable)</i>				
SUPPLIES	- Sponsor				
	- Donated by Third Parties <i>(Not Reimbursable)</i>				
CASH EXPENDITURES	- Sponsor				
	- From Third-Party Donations <i>(Not Reimbursable)</i>				
1. Total Expenditures					
A. Project Revenue					
B. Project Cost					
C. Approved Project Amount					
D. Cost Overrun					
E. Additional Aid Requested					
2. Sponsor Share					
3. Grant Share					
A. Advance Amount					
B. Balance Due					

**Certification** - I certify, to the best of my knowledge and belief, that the billed costs of expenditures are based on actual payments of record and are in accordance with the terms of the project, and that the reimbursement represents the grant share due which has not previously been requested. I also certify that the items purchased and services rendered have been received and all bills have been paid.

Signature of Authorized Representative		Date Signed
Printed or Typed Name of Authorized Representative		Title
Office Telephone ( )	Alternative Telephone ( )	E-mail address:

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**SPONSOR AND VOLUNTEER LABOR AND SERVICES WORKSHEET**

Project Number: \_\_\_\_\_ Project Name: \_\_\_\_\_

Project Sponsor: \_\_\_\_\_ Project Worker: \_\_\_\_\_

Check one: Employee:  Volunteer:

Date	Work Description	Hours	Rate	Total (\$)
<b>Total \$</b>				

I certify that the labor or service indicated above was performed and that this claim is just and correct.

\_\_\_\_\_  
 Signature of Worker

\_\_\_\_\_  
 Date





**Urban Forestry Grant Reimbursement  
Request Worksheets**

Form 2400-135A (R 01/13)

**SPONSOR AND DONATED EQUIPMENT SUMMARY**

Project Number: \_\_\_\_\_

Project Name: \_\_\_\_\_

Project Sponsor: \_\_\_\_\_

Billing Period: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ through \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_.

Date	Equipment Classification <i>(See State Hwy. Maint. Manual)</i>	Equipment Description	Work Description	Total hrs./min.	Rate (\$)	Sponsor (\$)	Donated Value (\$)
						\$	\$
<b>Total</b>						\$	\$

I certify that the equipment named above was used as described and that this claim is just and correct.

\_\_\_\_\_  
Signature of Project Manager

\_\_\_\_\_  
Date

**Urban Forestry Grant Reimbursement  
Request Worksheets**

Form 2400-135A (R 01/13)

**SPONSOR AND DONATED SUPPLIES SUMMARY**

Project Number: \_\_\_\_\_

Project Name: \_\_\_\_\_

Project Sponsor: \_\_\_\_\_

Billing Period: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ through \_\_\_\_ / \_\_\_\_ / \_\_\_\_.

Date	Supply	Usage Description	Unit Price (\$)	Quantity	Sponsor Cost (\$)	Donated Value (\$)
					\$	\$
<b>Total</b>					\$	\$

I certify that this is an accurate summary of the supplies used and that this claim is just and correct.

\_\_\_\_\_  
Signature of Project Manager

\_\_\_\_\_  
Date

**Urban Forestry Grant Reimbursement  
Request Worksheets**

Form 2400-135A (R 01/13)

**CASH EXPENDITURES SUMMARY**

Project Number: \_\_\_\_\_

Project Name: \_\_\_\_\_

Project Sponsor: \_\_\_\_\_

Billing Period: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ through \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_.

Date of Check	Check No.	Voucher No.	Payee	Project Item	Inventory/ Plans	Education/ Training	Planting	Maint.	Misc.	Sponsor Cost	Paid From Donations	Total
					\$	\$	\$	\$	\$	\$	\$	\$
<b>Totals</b>					\$	\$	\$	\$	\$	\$	\$	\$

I certify that this is an accurate summary of the out-of-pocket costs incurred and that this claim is just and correct.

\_\_\_\_\_  
Signature of Project Manager

\_\_\_\_\_  
Date