State of Wisconsin Department of Natural Resources Remediation & Redevelopment Program PO Box 7921, Madison WI 53707-7921 dnr.wi.gov

Ready For Reuse Loan and Grant Program Payment Claim and Worksheet

Form 4400-243 (R 1/10)

Page 1 of 2

Notice: Information requested on this form is required by the Department for any payment claim filed pursuant to s.292.72, Wis. Stats. The Department will not consider your payment claim unless you submit complete information. Personally identifiable information requested on this form is not intended to be used for any other purpose, but may be provided to requesters as required by Wisconsin's Open Records law [ss. 19.31-19.39, Wis. Stats.]. File Number Type of Request Borrower / Grantee Partial Final Project Name County Region **Grant/Loan Information** Loan / Grant Match Amount listed in Loan/Grant Agreement \$ Total Paid from previous claims (if applicable) \$ Remaining Available Funds **Current Claim Expenditures** 10% Change? Loan / Grant Match **Match Source** \$ \$ Preparation/Finalization of RAP \$ \$ 2. Public Participation costs \$ \$ 3. Soil Excavation \$ \$ Soil Transportation & Disposal \$ \$ Soil Treatment \$ \$ Soils Confirmation Testing \$ **Groundwater Remediation Capital Cost** 7. \$ \$ **Groundwater Remediation Operation and Maintenance** \$ \$ Post-Remedial Groundwater Monitoring \$ \$ 10. Remediation Oversight \$ \$ 11. Site Security Monitoring \$ \$ 12. Health & Safety Site Monitoring \$ 13. DNR fees \$ \$ \$ 14. Demolition \$ \$ Asbestos Abatement Associated with Demolition \$ \$ 16. Hazardous Substance Storage Tank Removal and Disposal 17. Petroleum Product Storage Tank Removal and Disposal \$ \$ \$ 18. Other Eligible Costs: _ 19. Total Current Request and Match Certification I certify that to the best of my knowledge and belief the billed costs are based on actual work completed, payments of record, have not been previously requested, and are in accordance with the financial agreement and all eligible cost and payment provisions associated with the Ready for Reuse Loan and Grant Program. Authorized Representative Printed Name Signature of Authorized Representative Date Signed

Ready For Reuse Loan and Grant Program Payment Claim and Worksheet Form 4400-243 (R 1/10) Page 2 of 2

Page 2 of 2

Payment Claim Worksheet								
						ile Number		
Project Name							1	
Project Name					Available Loan / Grant Amount		Ма	Available atch Amount
					S	\$		
Date of Service	Invoice #	Payee	Description of Ex	kpenditure	Amount Used for This Claim	Amt A Toward L	pplied oan/Grant	Amount Applied Toward Match
				9	\$	\$		\$
-				5	\$	\$		\$
					\$	\$		\$
					\$	\$		\$
-				5	\$			\$
-				5	\$	\$		\$
				9	\$	\$		\$
				9	\$	\$		\$
				9	\$	\$		\$
				9	\$	\$		\$
				\$	\$	\$		\$
				\$	\$	\$		\$
				5	\$	\$		\$
				5	\$	\$		\$
				5	\$	\$		\$
				\$	\$	\$		\$
Totals This Clai						\$		\$
			Remaining A		naining Amounts	s \$		\$
Signature Phone No. Signature of Preparer								
Preparer Name			D.	Signature of Preparer			Date Sig	ned