

**Notice:** Project Sponsors are required to provide information requested on this form when applying for payment of a grant funded by the Department. See Reporting Requirements on reverse. The Department will not process your payment request unless you provide all information requested. This information will be used to determine the amount of your payment and issue your check. Personally identifiable information collected will be used for program administration and may be made available to requesters as required under Wisconsin's Open Records law [ss. 19.31-19.39, Wis. Stats.]. Submit one copy of this request form, your completed Grant Payment Worksheet (Form 8700-002), and required documentation, listed on reverse, to your DNR Grant Specialist. See the DNR web site for additional information: <http://www.dnr.state.wi.us/org/caer/cfa>

**Project Sponsor Information**

Project Sponsor / Management Unit Name	Grant Number
Project Name	County
The DNR will mail the check to the name identified on the application as "Check Recipient." Questions? Contact DNR Grant Specialist.	
Type of Request: <input type="checkbox"/> Partial <input type="checkbox"/> Final <input type="checkbox"/> Supplemental (Snowmobile Only)	

**Payment Information** (see reverse for instructions)

A. Payment Record to Date	Amount	This Column for DNR Use Only
1. Amount of Grant (from original or amended Grant Agreement)		
2.a. Advance Payment Received, if any		
2.b. Total Payments Received <b>after</b> Advance Payment, if any		
2.c. Total Payments Received to Date (Lines 2.a. + 2.b.)		
3. Funds Remaining (Line 1 minus Line 2.c.)		

**B. Cost Share Amount**

4. Total Eligible Project Costs this Period. Transfer data from "Total Project Costs" field on Worksheet (Form 8700-002)	\$	
5. Your Share of Costs. <b>See Line 5 instructions on reverse.</b>	\$	
6. State Share of Costs (Line 4 minus Line 5) NOTE: This line cannot exceed the amount in Line 1.	\$	

**C. This Payment Request and Grant Balance Remaining**

7. Amount of Advance Payment Received (from Line 2a) (if no advance payment received or already accounted for, enter \$0)	\$	
8. Amount Eligible this Claim (Line 6 minus Line 7) NOTE: This line cannot exceed the amount in Line 3.	\$	<b>Amount approved this claim</b> →
9. Grant Balance Remaining (Line 3 minus Line 8)	\$	

Lake & River Grants Only: Does project include State Lab of Hygiene Sample Analysis?  Yes  No

**Certification**

I certify that, to the best of my knowledge and belief, the eligible costs requested are in accordance with the terms of the grant agreement and that all expenditures are based on actual payments of record. This reimbursement represents the grant share due that has not been previously requested.

Name of Authorized Representative - type or print	(Area Code) Telephone Number
Signature of Authorized Representative	(Area Code) FAX Number
Date Signed	E-mail Address

**Space Below this Line for DNR Use Only**

Grant Specialist Signature	Reimbursement Approval Date	
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## INSTRUCTIONS

## Grant Payment Request

Form 8700-001 (R 8/03) Page 2 of 2

**Line 1: Amount of Grant (from original or amended Grant Agreement).** Enter amount on the first page of your grant agreement, often called "State Aid Amount" or "Total Project Funds Awarded."

**Line 2. A: Advance Payment Received, if any.** Some grant programs allow project sponsors to request up-front grant funds (advances) at the beginning of the grant period, even before expenses are incurred. If you had no advanced payment, enter \$0 on line 2.A. If you received an advance, this amount is generally on the signature page of your grant agreement.

**Line 2. B.: Total Payments Received after Advance Payment, if any.** Some grant programs allow partial payments after the advance payment was received. If you have received partial payments, enter the total amount of all payments after the Advance Payment on line 2.B.

**Line 2. C.: Total Payments Received to Date.** Enter the total amount of lines 2. A. + 2. B.

**Line 3. Funds Remaining.** This amount is the balance of your grant award after subtracting all payments made before the date of this request.

**Line 4. Total Eligible Project Costs this Period.** Transfer amount from "Total Project Cost" field on Grant Payment Worksheet, Form 8700-002. This is the total of all eligible expenses claimed for this payment request.

**Line 5. Your Share of Costs.** This is the portion of eligible costs that are your responsibility. See your grant agreement. If your grant agreement shows "Fund Support" as a percentage instead of a \$ amount, complete steps 1 and 2 below:

Step 1:	100 %	-	"Fund Support" % from Grant Agreement	=	Your Share %
			<input type="text"/> %		<input type="text"/> %
Step 2:	"Total Project Costs" amount	x	"Your Share %" from Step 1	=	Step 2 Total
	<input type="text"/> \$		<input type="text"/> %		<input type="text"/> \$

Enter "Step 2 Total" in Line 5 on front. Questions? Contact your grant specialist.

**Line 6. State Share of Costs.** This is the portion of eligible costs that are the State's responsibility (Line 4 minus Line 5). This amount cannot exceed the grant balance remaining, as shown on Line 3, or the amount of money expended by the grant sponsor.

**Line 7. Amount of Advance Payment Received.** Some grant programs allow project sponsors to request up-front funds (advances) at the beginning of the grant period. The amount of your advanced payment needs to be supported with eligible expenses. Also list those expenses on your worksheet (Form 8700-002). If you did not receive an advance payment enter \$0 in this area. If your advanced payment has already been accounted for in a previous payment request, enter \$0 in this area. Do not list partial payments on Line 7.

**Line 8. Amount Eligible This Claim.** Enter the amount you are requesting for this payment request. Do not include eligible expenses reimbursed through prior partial payments on this claim. On line 8, show the amount you calculate to be your payment on this claim. DNR staff will audit reimbursement claims before payment is sent.

**Line 9. Grant Balance Remaining.** This is the amount of grant funds available to you for future partial payments. If your claim is a final reimbursement request, any balance appearing on Line 9 is not available for your use in the future.

*Lake & River Grants Only. Account for State Lab of Hygiene (SLOH) sample analysis. The amount of money available under your grant will be reduced by the amount of payments to SLOH.*

**Certification:** This payment request cannot be processed unless this form is signed by the authorized representative named in your resolution.

**Questions?** Contact your grant specialist at the DNR. That person is identified in the cover letter of your grant agreement.

## REPORTING REQUIREMENTS

Under authorities cited, use of this form is authorized for the following grants.

- All-Terrain Vehicles: s. 23.33, Wis. Stats., and ch. NR 64, Wis. Adm. Code
- Clean Vessel: Sec. 5604 of the federal Clean Vessel Act of 1992
- County Conservation Aids: s. 23.09 (12), Wis. Stats., and ch. NR 50.14, Wis. Adm. Code
- Lake Planning: s. 281.68, Wis. Stats., and ch. NR 190, Wis. Adm. Code
- Lake Protection: ss. 281.69 and 281.71, Wis. Stats., and ch. NR 191, Wis. Adm. Code
- Land and Water Conservation Fund-Land Acquisition & Development: Act of 1965, Public Law 88-578, and ch. NR 50, Wis. Adm. Code
- Recreational Boating Facilities: s. 30.92, Wis. Stats., and ch. NR 7, Wis. Adm. Code
- Recreational Trails: federal 1998 Transportation Equity Act for the 21st Century
- River Planning: ss. 281.70 and 281.71, Wis. Stats., and ch. NR 195, Wis. Adm. Code
- River Protection: ss. 281.70 and 281.71, Wis. Stats., and ch. NR 195, Wis. Adm. Code
- Snowmobile Trail Aid: s. 23.09(26); ch. 350, Wis. Stats., and ch. NR 6, Wis. Adm. Code
- Sports Fish Restoration: Federal Aid in Sport Fish Restoration Act
- Stewardship (NCOs) - Land Acquisition & Development: ss. 23.096 and 23.098, Wis. Stats., and ch. NR 51, Wis. Adm. Code
- Stewardship (Local Units of Government) - Acquisition & Development: s. 23.09, Wis. Stats., and ch. NR 51, Wis. Adm. Code.

## REQUIRED DOCUMENTATION

Include one copy of the following attachments (\* if applicable) and other documentation required by your grant program.

### ACQUISITION:

1. Grant Payment Worksheet, Form 8700-002.
2. Copy of deed.
3. Copy of title insurance policy.
4. Closing statement/canceled check(s).
5. Offer to purchase.
6. Just compensation.
7. Statement of relocation payments.
- 8.\* WI Department of Commerce relocation statement.
- 9.\* Statement of program revenue; i.e., sale of buildings, etc.

### DEVELOPMENT:

1. Grant Payment Worksheet, Form 8700-002.
2. Copy of invoices, vouchers and canceled checks.
- 3.\* Copy of bid specifications, certified bid tabulations, accepted bid proposal(s), contracts and change orders.
- 4.\* Force account labor/equipment records.
- 5.\* Donation labor/equipment records.
- 6.\* Copy of affidavit of publication or bid notice.

### MAINTENANCE:

1. Grant Payment Worksheet, Form 8700-002.
2. Copy of vendors invoices, vouchers and canceled checks.
- 3.\* Copy of bid specifications, certified bid tabulations, accepted bid proposal(s), contracts and change orders.