REIMBURSEMENT INSTRUCTIONS

- No advance payments of the grant award are available.

- The grant award is strictly a reimbursement grant.

- Any money spent before you sign and date the agreement will not be eligible for reimbursement.

- Any money spent before you obtain all required environmental and construction permits and approvals for walleye production grant infrastructure improvement project work will not be eligible for reimbursement.

- If any infrastructure improvement project work will **not** be completed by the end of the 2014 calendar year, then an **interim report** will need to be submitted to the Department before the beginning of the 2015 walleye egg harvest, approximately April1. The **interim report** should outline what infrastructure improvement project work has been completed, what work still needs to be completed, and an anticipated completion date for the work that still needs to be done.

- Disbursement of the grant award amount will through partial reimbursement payments. Partial reimbursement payment requests for grant-eligible infrastructure improvement project expenses can be filed **ONCE at any time during a State of Wisconsin fiscal-quarter** (*Jul 1, Oct 1, Jan 1, Apr 1*). Partial reimbursement payments will continue to be made during the calendar years 2014 and 2015 until the cumulative total amount equals approximately 75% of the total grant award amount.

- The final 25% of the total grant award will be paid out to the grantee upon receiving the grantee's **final report** and the Department's determination that the grantee has met the scope and all conditions for the infrastructure improvement project work outlined in their original grant agreement, or most recently amended grant agreement.

- All grant payment requests must be documented with valid copies of proofs of purchase (e.g. paid invoices or receipts) and the completion of both a WDNR Grant Payment Worksheet (***Form 8700-002***) and a WDNR Grant Payment Request (***Form 8700-001***), which have been designed as interactive PDF files. Links to blank copies of these two WDNR forms can be found on the Walleye Production Grant tab of the Wisconsin Walleye Initiative (WWI) home page: http://dnr.wi.gov/topic/fishing/outreach/walleyeinitiative.html.

- Only reimbursement expenses incurred during an individual fiscal quarter can be included on Forms 8700-002 and 8700-001 when filing a reimbursement payment request for an individual fiscal quarter. This means completing a separate set of Forms for each fiscal quarter.

- Please contact Brian Goodman, Grant Manager, by telephone: 608-267-0848 (mornings) and 608-266-0832 (afternoons) or by email: brian.goodman@wisconsin.gov regarding questions related to your grant agreement or reimbursement claims.

GRANT PAYMENT WORKSHEET (FORM 8700-002) INSTRUCTIONS

- ***Use the worksheet to itemize all project expenses incurred since your last Grant Payment Request. A new Form will need to be submitted each fiscal quarter.***

- The Grant Payment Worksheet comes with its own set of general instructions developed by the Bureau of Community Financial Assistance on the second page of the downloadable file.

- In addition to these instructions, I would like to add a few of my own helpful hints:

- In the top right-corner of the Form there is a **Page __ of ____** listed. If you only have one-page worth of reimbursement expenses then you just need to simply enter **Page 1 of 1**. If you have two-page worth of reimbursement expenses then you just need to identify the two pages as **Page 1 of 2** and **Page 2 of 2**. And so on, and so forth.

- For the "**Project Sponsor / Management Unit Name", "Grant Number"** and "**Grant Begin Date"** fields you should always be the same as the "*Grantee Name"*, "*Grant Number"* and the most recent "*Grantee Signature Date"* fields, respectively, as they appear on the most current **Grant Agreement** signed and dated by the grantee or their designated representative.

- Check the ☐ **Yes** ☒ **No** option for the question **Does this grant project include State Lab of Hygiene sample analysis costs?**

- **The Grant End Date** field should always be listed as **12/31/2018**. The emergency rule Chapter NR 85, Wis Admin Code allows for the Walleye Production Grant fish provision obligations to be enforced for up to 5 years from the date the emergency rule was enacted, which is the basis for this specific date.

  Grantee's have until December 31, 2015 to complete their infrastructure improvement projects, after which they are obligated to sell a pre-agreed number of fish, of a pre-agreed walleye strain, at a pre-agreed cost per fish for the next three calendar years (2016, 2017 and 2018) to the State.

  However, some grantees have sufficient production capacity to begin their three year fish provision obligation in calendar year 2014, such that their fish provision obligation will be met in 2016. Some grantees have chosen to begin their fish provision obligation in calendar year 2015, such that their fish provision obligation will be met in 2017. Some grantees won't begin until calendar year 2016, such that their fish provision obligations will be met in calendar year 2018.

GRANT PAYMENT REQUEST (FORM 8700-001) INSTRUCTIONS

- ***Use the worksheet to itemize all project expenses incurred since your last Grant Payment Request. A new Form will need to be submitted each fiscal quarter.***

- The Grant Payment Request form comes with its own set of general instructions developed by the Bureau of Community Financial Assistance on the second page of the downloadable file.

- In addition to these instructions, I would like to add a few of my own helpful hints:

  - For the "**Project Sponsor / Management Unit Name"** and **"Grant Number"** and "**Project Name"** fields should always be the same as the "*Grantee Name"*, "*Grant Number"* and "*Project Title"* fields, respectively, as they appear on the most current **Grant Agreement** signed and dated by the grantee or their designated representative.

  - Check the ☐ **Yes** ☒ **No** option for the question "**Does this grant project include State Lab of Hygiene sample analysis costs?".**

  - This is ☒ **Partial** option for the question "**Type of Request:"**

  - The **Line 2.a. and Line 7** fields should always be $ 0.00**,** advanced payments are allowed under the emergency rule Chapter NR 85, Wis Admin Code.

- The **Line 2.c., Line 3, Line 5, Line 6, Line 8 and Line 9** fields are all updated automatically when new values are entered into **Line 1**, **Line 2.b.** and/or **Line 4** fields on Page 1 of 2 of Form 8700-001; and/or **Line 5 Step 1** and **Step 2** boxes on Page 2 of 2 of Form 8700-001.

- The **Line 1** field should always be the same as the *"Grant Award Amount"* field as it appears on the most current **Grant Agreement** signed and dated by the grantee or their designated representative.

- **Line 2.b.** should always be the cumulative sum of all previous reimbursement payments, up to, but not including this current grant payment request.

- **Line 4** should always be same as the "**Total Project Costs**" field of the **Grant Payment Worksheet** (*Form 8700-002*).

A sample filled in set of Forms is included in the Appendix to this note.

Please contact Brian Goodman, Grant Manager, by telephone: 608-267-0848 (mornings) and 608-266-0832 (afternoons) or by email: brian.goodman@wisconsin.gov regarding questions related to your grant agreement or reimbursement claims.

State of Wisconsin
Department of Natural Resources
Community Financial Assistance

Grant Payment Worksheet

Form 8700-002 (R 8/03) Page 1 of 2

Notice: Information requested on this form is required by the Department when applying for a reimbursement of eligible expenses. The Department will not consider your payment request unless you complete and submit this form.

Instructions: Itemize all project expenses, including donated labor, and attach photocopies of proof of expenses and payments for each item listed. See reverse for instructions. Use additional worksheets as necessary, numbering each. Submit with Grant Payment Request, Form 8700-001, or specific grant reimbursement form, to your DNR Grant Specialist.

Project Sponsor / Management Unit Name: Goodman 's Down Home Fish Farm

Grant Number: WPG-015

Does this grant project include State Lab of Hygiene sample analysis costs? ☐ Yes ☑ No

Reset

Date Expense Incurred	Invoice #	Proof of Payment #	Payee	Eligible Project Cost Description (Check Grant Agreement)	Amount Paid	Amount Donated
06/07/2014	437801-2	3201	Bruce's Muck Removal Service	Silt removal to deepen pond #1 and #2	6,700.00	
06/12/2014	1222564	3202	Fish Tanks R' Us	Replacement fry rearing containers	359.48	
06/16/2014	3222837003	3203	Hardware Hasalblad	Hardware parts to repair fish hauling container	37.67	
06/20/2014	444905002	3204	AquaPump of America	Replacement aeration equipment for pond #3	3,500.00	
06/27/2014	1487235	3205	Lumber City	Wood for addition to incubation room	4,518.24	
07/6/2014	77466	3206	Fish Supplies, Inc	Additional incubation jars, plumbing parts, electrical parts, and racks	5,500.00	

Grant Begin Date	Grant End Date
03/28/2014	12/31/2018

Total Project Costs:
(Sum of **Paid Subtotal** and **Donated Subtotal** for all pages) $ 20,615.39

Paid Subtotal	Donated Subtotal
20,615.39	0.00

State of Wisconsin
Department of Natural Resources
Box 7921
Madison, WI 53707-7921

Reset

Grant Payment Request

Form 8700-001 (R 8/03) Page 1 of 2

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
Goodman's Down Home Fish Farm	WPG-015
Project Name	**County**
Infrastructure Improvement - 4747 Fish Hatchery Road	Dane

The DNR will mail the check to the name identified on the application as "Check Recipient." Questions? Contact DNR Grant Specialist.

Type of Request:
☒ Partial ☐ Final ☐ 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)		150,000.00	
2.a. Advance Payment Received, if any	0.00		
2.b. Total Payments Received **after** Advance Payment, if any	15,000.00		
2.c. Total Payments Received to Date (Lines 2.a. + 2.b.)		15,000.00	
3. Funds Remaining (Line 1 minus Line 2.c.)		135,000.00	
B. Cost Share Amount			
4. Total Eligible Project Costs this Period. Transfer data from "Total Project Costs" field on Worksheet (Form 8700-002)		$ 20,615.39	
5. Your Share of Costs. See Line 5 instructions on reverse.		$ 0.00	
6. State Share of Costs (Line 4 minus Line 5) NOTE: This line cannot exceed the amount in Line 1.		$ 20,615.39	
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)*		$ 0.00	
8. Amount Eligible this Claim (Line 6 minus Line 7) NOTE: This line cannot exceed the amount in Line 3.		$ 20,615.39	**Amount approved this claim →**
9. Grant Balance Remaining (Line 3 minus Line 8)		$ 114,384.61	

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
Brian M. Goodman	(608) 267-0848
Signature of Authorized Representative	(Area Code) FAX Number
Date Signed	E-mail Address
08/15/2014	brian.goodman@wisconsin.gov

Space Below this Line for DNR Use Only

Grant Specialist Signature	Reimbursement Approval Date	

INSTRUCTIONS

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:

			"Fund Support" % from Grant Agreement		Your Share %
Step 1:	100 %	-	100 %	=	0%

	"Total Project Costs" amount		"Your Share %" from Step 1		Step 2 Total
Step 2:	$ 20,615	x	0 %	=	$ 0.00

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.

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.

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.