

**Notice:** Project Sponsors are required to provide information requested to 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 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, and required documentation, listed on reverse, to the Bureau of Community Financial Assistance. See the DNR web site for additional information://dnr.wi.gov/topic/stewardship/grants/applyCounty.html

Project Sponsor Information	
<b>Project Sponsor</b>	<b>Project Number</b>
<b>Project Name</b>	<b>County</b>

The DNR will mail the check to the name identified on the application as "Authorized Representative" Questions? Contact 608-267-7585.	<b>Type of Request</b> <input type="checkbox"/> Partial <input type="checkbox"/> Final <input type="checkbox"/> Escrow
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**Payment Information** *(see reverse for instructions)*

A. Payment Record to Date	Amount	This Column for DNR Use Only
1. Amount of Grant (from Grant Agreement)		
2. Previous partial payments received, if any		
3. Funds Remaining (Line 1 minus Line 2.c.)		

**B. Cost Share Amount**

4. Total Eligible Project Costs this Period. From Form 8700-002F	\$	
5. Your Share of Costs. See Line 5 instructions on reverse.	\$	
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 previous Payment Received (from Line 2) <i>(if no advance payment received or already accounted for, enter \$0)</i>		
8. Amount Eligible this Claim (Line 6 minus Line 7) NOTE: This line cannot exceed the amount in Line 3.		Amount approved this claim:
9. Grant Balance Remaining (Line 3 minus Line 8)		

**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	
Signature of Authorized Representative	
Date Signed	

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

Grant Specialist Signature	Reimbursement Approval Date
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# 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. Previous Partial Payments Received, if any.** In situations involving an Escrow closing, one Reimbursement Claim form is typically submitted for the appraised property value prior to the closing. A second Reimbursement claim for miscellaneous expenses is submitted after the closing. If you had no previous payment, enter \$0 on Line 2.

**Line 3. Funds Remaining.** This amount is the balance of our 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 Costs" field on County Forest Stewardship Land Acquisition Grant Payment Worksheet, Form 8700-002F. 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%	-	%	=	%	
	"Total Project Costs" amount		"Your Share %" from Step 1		Step 2 Total	
Step 2:	\$	x	%	=	\$	

Enter "Step 2 Total" in Line 5 on front. Questions? Contact: (608) 267-7585.

**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.

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

**Questions?** Contact the grant finance specialist at (608) 267-7585. That person is identified in the cover letter of your grant agreement.

**Line 7. Amount of Previous Payment Received.** See Line 2. If you did not receive a previous payment, enter \$0 in this area.

**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.

## REQUIRED DOCUMENTATION

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

### ACQUISITION:

1. Copy of deed (final) or Offer to Purchase (for partial payments)
2. Copy of Appraisal cover sheet showing appraised value
3. Copy of title insurance policy
4. Closing statement/canceled check(s)
5. Copies of cancelled checks / invoices for signage, attorney fees, assessments or inspections, land surveys, if any, to support costs reflected in worksheet 8700-002F.
6. Just Compensation
7. Statement of relocation
- 8.\* WI Department of Commerce relocation statement
- 9.\* Statement of program revenue; i.e., sale of buildings, etc.