

**Note:** In order to fill and save this form electronically, it must be opened using Adobe Reader or Acrobat software. Save a copy of the file, open Adobe Reader, select File > Open and browse for the file you saved.

Please submit to FFP Grant Manager  
 Email: DNRFFPGrantProgram@wisconsin.gov  
 Mail: Wisconsin Department of Natural Resources - CF/2  
 P.O. Box 7921  
 Madison, WI 53707-7921  
 dnr.wi.gov

## Forest Fire Protection (FFP) Grant Program Reimbursement Request

Form 4300-120 (R 03/19)

**Notice:** This form is required under ss. 26.145, 23.11, 28.07 and 227.11(2)(a), Wis. Stats.; Chapter NR 47, subch. VIII, Wis. Adm. Code; and the Cooperative Forestry Assistance Act as amended by the Forest Stewardship Act of 1990. Failure to provide this information may result in denial of benefits. Personal 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.].

Grantee/Project Sponsor (Fire Organization) Name		FOR DNR USE ONLY	
		<input type="checkbox"/> Final	CF Grant Mgr Initial   Date
Grant Number	Actual Expenditures	Adjustments	Grant Eligible Expenditures
FFP-			
<b>1. Category</b>			
a. Personal Protective Equipment			
b. Radio Reprogramming			
c. Forest Fire Training			
d. Forest Fire Prevention			
e. Forest Fire Suppression Tools and Equipment			
f. Forest Fire Suppression Communication Equipment			
g. Dry Hydrant Installation			
h. Mapping			
i. Off-Road Vehicles			
<b>2. Total Actual Grant Expenditures</b>			
Grant Share (50%) <b>X</b>	<b>.50</b>		<b>X 50%</b>
<b>3. TOTAL GRANT FUNDING*</b>			<b>Amount approved this claim</b>
*This amount cannot exceed the maximum FFP grant award amount and is subject to final review of cost eligibility and calculation of payment.			<input type="checkbox"/> Grant Maximum

### Reimbursement Request Worksheet

Date of Check	Check No.	Invoice No.	Payee	Expenditure Description	Amount
<b>Total Expenditures</b>					

### Certification

**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 FFP grant contract and that the reimbursement represents the grant share due that has not been previously requested. I also certify that the items purchased have been received and all bills have been paid.

Signature of Authorized Representative <b>X</b>		Date Signed <b>X</b>
Printed or Typed Name of Authorized Representative		Title
Daytime Telephone Number		E-Mail Address
Secondary Telephone Number		Fax Number