

# Municipal Flood Control Grant Program Certification and Verification Statement

Form 8700-292C (4/02)

**Notice:** This verification statement is authorized by s. 281.665, Wis. Stats., and ch. NR 199, Wis. Adm. Code. Failure to complete and submit to the DNR will result in the denial of grant funds. Personal information collected on this verification statement will be used for administering this grant program. Information will be made accessible to requesters under Wisconsin's Open Records laws (s. 19-32-19.38, Wis. Stats.) and requirements.

**Instructions:** Complete, sign and date this form, include the "Long Term Management Plan" of the property and send to:

**Grant Manager  
WI DNR - CF/8  
PO Box 7921  
Madison, WI 53707-7921**

## Grant Project Information

Grantee Name	Grant Number
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Project Title
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Project Legal Description Location:						
County	Range	E / W	Township	Section	Quarter	Quarter/Quarter
			N			

## Technical Certification (Complete the following sections as appropriate)

### For Engineering Practices:

I certify that the engineering practices or practice components associated with this project have been installed in accordance with the plans, specifications, and appropriate standards and that: (select one)

I am a registered Professional Engineer in the State of Wisconsin; or

I hold the proper level of certification for checking the installation of the engineering practices or practice components.

Signature	Date Signed
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Printed Name
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### For Property Management Practices:

I certify that the management practices as described in the "Property Management Plan" have been implemented in accordance with specifications. In addition to the implementation of the "Property Management Plan," I have enclosed the "Long Term Management Plan" of the property acquisition for DNR review and approval prior to final payment.

Authorized Representative Signature	Date Signed
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Printed Name
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## Final Payment Certification

I certify that I have in my possession statements, invoices marked "paid in full," canceled checks with vendor contract, or written receipts with vendor contract for all supplies and services provided by contractors for this project. These proofs of final payment will be retained in the project files for a minimum of 4 years after receipt of final payment and will be made available to the DNR upon request. I certify that expenditures are based on actual payment of record and are in accordance with the terms of the project agreement and the payment reimbursement request represents the grant share due.

Authorized Representative Signature	Date Signed
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Printed Name
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