

**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: [DNRFPPGrantProgram@wisconsin.gov](mailto:DNRFPPGrantProgram@wisconsin.gov)  
 Mail: Wisconsin Department of Natural Resources  
 3911 Fish Hatchery Road  
 Fitchburg, WI 53711  
[dnr.wi.gov](http://dnr.wi.gov)

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

Form 4300-120 (R 01/21)

**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 Public 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 FFP-	Actual Expenditures	Adjustments	Grant Eligible Expenditures
<b>1. Category</b>			
a. Personal Protective Equipment			
b. Forest Fire Training			
c. Forest Fire Prevention			
d. Forest Fire Suppression Tools and Equipment			
e. Forest Fire Suppression Communication Equipment			
f. Dry Hydrant Installation			
g. Mapping			
h. 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>			Amount approved this claim
*This amount cannot exceed the maximum FFP grant award amount and is subject to final review of cost eligibility and calculation of payment.			_____

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

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