

Reimbursement Request

BIL EC-SDC Grant Program for OTM and
Non-Profit NN Public Water Systems

Form 8700-026 (02/2024)

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Grantee Information

Grantee Name _____ PWS ID # _____

Project Name _____ Grant # _____

Request Type: Partial Final

Period Covered by this Request (Month/Day/Year): From _____ To _____

Payment Information

Request for Payment	Amount	For DNR Use Only
a. Total actual project cost:		
b. Total amount of payment request:		
Amount Allowed This Claim:		

Certification

I certify that to the best of my knowledge and belief the eligible costs 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 which has not been previously requested.

Please either print and sign this form or electronically sign by typing your name in the signature line. If electronically signing this form, you are agreeing to be legally bound to the same extent as if you applied a traditional handwritten signature on a paper document submitted to satisfy the same requirement.

Signature of Public Water System's Authorized Representative

Date Signed

Printed Name of Authorized Representative

Title of Authorized Representative

Email Address

Phone Number (include area code)

Send completed form, along with all attachments, to: DNRECSDCGrants@wisconsin.gov.

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Worksheet

Instructions: Attach copies of vendor invoices and canceled checks (front and back) issued for all services and materials described on this worksheet. Use additional worksheets if needed.

Grantee Name _____ Project Name _____ Grant # _____

Eligible costs as described in the EC-SDC Grant Announcement:

- 1. Planning & Design
- 2. Technical Assistance
- 3. Testing & Research
- 4. Treatment
- 5. Source Water
- 6. Storage
- 7. Water System Restructuring, Consolidation or Creation
- 8. Other Costs Approved by the DNR (include approval documentation)

Date	Check Number	Invoice Number	Payee	Eligible Cost Item as Listed Above	Total Item Cost
Total Amount Paid:					
Total Amount of Payment Request:					

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