

Grant Project Information

Grantee Name _____ PWS ID # _____

Project Name _____ Grant # _____

Final Payment Certification and Project Completion

I certify the following:

- The Grantee has completed the Project as described in the Grant Agreement.
- During construction and operation of the Project, the Grantee has complied with all applicable local, state, and federal laws and permits.
- 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 Grantee's project files for a minimum of 4 years after receipt of final payment and will be made available to the Department upon request. The expenditures are based on actual payment of record and are in accordance with the terms of the Grant Agreement and the payment reimbursement request represents the grant share due.
- The project complied with the federal requirements applicable to activities supported with federal funds.

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

Send completed form to: DNRECSDCGrants@wisconsin.gov.

For DNR Use Only

DNR Review Determination

Project passed the final DNR inspection.

Date _____

Initials: _____