

Grantee Information

Municipality _____ Grant Number _____

Request Number _____ 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 Municipality'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: DNRCFELDISBURSEMENTS@wisconsin.gov.

