Form 8700-036	(11/2024)
---------------	-----------

Grantee Information	antee Information antee Name PWS ID #				
Grantee Name	PW5	S ID #			
Project Name		Grant #			
Request Type: 🛛 Partial 🛛 Final					
Period Covered by this Request (Month/Day/	Year): From	То			
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 this request represents actual costs incurred during the invoice period and that these costs are appropriate and in accordance with the Grant Agreement. The Grantee further certifies that payment made by the Department under this Grant Agreement shall not duplicate reimbursement of costs and services which are received from other sources. The Grantee further certifies that it maintains documentation sufficient to demonstrate that all procurements and subawards and any other relevant activities of the Grantee were conducted in fully compliance with all aspects of the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (2 CFR part 200), including the cost principles and restrictions on general provisions for selected items of cost. This includes, but is not limited to, the procurement standards set forth in the Uniform Guidance at 2 CFR 200.317 through 2 CFR 200.327.

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 Authorized Representative

Date Signed

Printed Name of Authorized Representative

Title

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

Reimbursement Request

Underserved Drinking Water System Grant Program Form 8700-036 (11/2024)

Page 2 of 2

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 #	Grant #	
Eligible cost categories. For definitions see the Underserved Drinking Water System Grant Announcement.		 Technical, Managerial & Financial Assistance Testing Source Water Consolidation 	 5. Transmission & Distribution 6. Storage 7. Treatment 8. Other Costs Approved by the DNR (include approved) 	al documentation)		
Date	Check Number	Invoice Number	Pavee	Eligible Cost Category as Listed Above	Total Item Cost	

Date	Check Number	Invoice Number	Payee	Eligible Cost Category as Listed Above	Total Item Cost
Total Amount Paid:					

Total Amount of Payment Request: