

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 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.

