State of Wisconsin Department of Natural Resources Bureau of Community Financial Assistance
Underserved Drinking Water System Grant Program
101 S. Webster St., PO Box 7921
Madison, WI 53707-7921 dnr.wi.gov

## Underserved Drinking Water System Grant Program **Project Completion Certification**Form 8700-038 (11/2024)

Grant Pr	oject information		
Grantee Name		PWS ID #	
Project Name		Grant #	
	yment Certification And Project Completion		
I certify th	ne following:		
• 7	The Grantee has completed the Project as described in the Grant Agreement.		
	During construction and operation of the Project, the aws and permits.	Grantee has complied with all applicable local, state, and federal	
r Ķ r	• 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.		
<ul> <li>The project complied with the federal requirements applicable to activities supported with federal funds.</li> </ul>			
• 7	<ul> <li>The Grantee has provided copies of all grant-funded materials to the DNR.</li> </ul>		
• 7	The Grantee has completed the final close-out progress report.		
	it submitted to satisfy the same requirement.		
Signa	ature of Authorized Representative	Date Signed	
Printed Name of Authorized Representative		Title	
	Send completed form to: DNR	UnderservedGrants@wisconsin.gov.	
	R Use Only		
DNR Review Determination			
□ Project passed the final DNR inspection.			
□ Project did not require final DNR inspection.			
Date			
Initials:			