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State of Wisconsin
Department of Natural Resources
Box 7921
Madison, WI 53707-7921

Clean Boats, Clean Waters (CBCW) Grant Final Reimbursement Request

Form 8700-041 (12/2025)

Notice: Grantees are required to provide information requested on this form when applying for payment of a grant funded by the Department. The Department will not process your payment unless you provide all information requested. This information will be used to determine the amount of your payment. Personally identifiable information collected will be used for program administration and may be made available to requesters as required under Wisconsin's Public Records Law [ss. 19.31-19.39, Wis Stats.].

Submit this form electronically to DNRCBCWGrants@Wisconsin.gov within six months of the end of your grant period. Ensure all CBCW data has been entered into SWIMS prior to submitting this form. See the DNR Surface Water Grant Program webpage for more information: https://dnr.wi.gov/aid/surfacewater.html

Grantee and Project Information

Grantee Name	Project Number	Grant Start Date	Grant End Date

Award Amount and Payment Record to Date

	Amount	
1. Grant Amount (from Grant Agreement)		
2. Total Payments Received (Advanced Payment)		
3. Funds Remaining Prior to Final Reimbursement		

Watercraft Inspection Hours Reported

4. Watercraft Inspection Hours Entered into SWIMS Database.		
5. Watercraft Inspection Hours Required		
6. Percentage of Hours Met/Percentage of Grant Award Available		
7. Adjusted Funds Remaining Prior to Final Reimbursement		

Eligible Expenses Incurred

Cash Costs Incurred (Eligible for Reimbursement)

8. Total Payments to Watercraft Inspectors (Conducting Inspections or Attending a Training)	
9. Total Payment to Staff to Administer the Program or Enter Data	
10. Total Payments to Extension Lakes for Clothing or Supplies; Cost of Printing Data-sheets.	
11. Cost of Applicable Workman's Compensation Insurance	
12. Total Cash Costs Incurred	

Volunteer Hours (Eligible as Local Match)	Hours	Total In-kind Value
13. Number of Hours of Volunteer Watercraft Inspections		
14. Number of Hours of Volunteer Administration		
15. Total Value of Volunteer Hours ($15/Hour)		

Reimbursement Amount

16. Amount Eligible this Claim	
17. Grant Balance Remaining	

Certification

☐ **I have completed the questionnaire on Page 2 of this form**

I certify that, to the best of my knowledge and belief, the eligible costs requested 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 that has not been previously requested.

Name of Authorized Representative - type or print	(Area Code) Telephone Number
Signature of Authorized Representative	(Area Code) FAX Number
Date Signed	Email Address

NOTE: Eligible expenses are strictly limited to the expenses listed above. Grantees cannot be reimbursed for volunteer hours. The total state aid amount may not exceed the amount expended by the grantee as shown in line 12, and may not exceed the funds remaining in line 7 above.

Questionnaire

Thank you for participating in the Clean Boats, Clean Waters (CBCW) grant program. Your commitment to protecting Wisconsin's lakes and rivers is vital in preventing the spread of aquatic invasive species. To help us better understand your goals, please share the top one to three reasons your organization conducts watercraft inspections. Whether your focus is education, prevention, data collection, or something else --your input helps us strengthen and support efforts like yours across the state.

If there was a Grant Balance Remaining, please explain the reason for the underspending (Enter N/A, if no underspending)

If the required number of hours were not met, please explain the reason (Enter N/A if hours were met)

If financial assistance from the Wisconsin Department of Natural Resources (WDNR) were no longer available, would your organization still be able and willing to continue conducting Clean Boats, Clean Waters watercraft inspections? Please feel free to elaborate on any factors that would influence your decision.

Optional: Tell us more! What worked, what didn't work, and your specific suggestions how we can improve Clean Boats Clean Waters program. Explain any challenges you may have experienced and potential solutions to those challenges

Thank you for helping to prevent the spread of Aquatic Invasive Species! We appreciate your participation and feedback!