

**Note:** In order to fill and save this form electronically, it must be opened using Adobe Reader or Acrobat software. Save a copy of the file, open Adobe Reader, select File > Open and browse for the file you saved.

State of Wisconsin  
Department of Natural Resources (DNR)  
PO Box 7921, Madison WI 53707-7921  
[dnr.wi.gov](http://dnr.wi.gov)

**Municipal Flood Control Grant Program  
Reimbursement Summary Request**  
Form 8700-292 (R 09/21)

**Notice:** This form is authorized by § 281.665, Wis. Stats., and ch. NR 199, Wis. Adm. Code. Completion of this form is mandatory. Failure to submit a completed form to the Department may result in grant funds being withheld. Personally identifiable information on this form is not intended to be used for any other purpose.

Submit one copy of this request form with your completed Payment Request Worksheet (Form 8700-292A) for Local Assistant Grant Payment Request **OR** (Form 8700-292B) for Acquisition and Development payment request with required documentation to your Grants Program Manager as indicated in the Municipal Flood Control Grants Guidelines and Application. The guideline material can be retrieved from the following web site: [dnr.wi.gov/aid/munfloodcontrol.html](http://dnr.wi.gov/aid/munfloodcontrol.html)

Grantee Information			
1. Grantee/Management Unit		2. Type of Grant <input type="radio"/> Local Assistance <input type="radio"/> Acquisition & Development	
3. Project Name	4. County	5. Grant Number	6. Pay Request Number
7. Type of Request <input type="radio"/> Partial <input type="radio"/> Final		8. Period Covered by This Request (Month/Day/Year) From _____ To _____	

Payment Information		
9. Request for Payment	Amount	For DNR Use Only
a. Total actual project cost:		
b. Maximum State Share (50% of line a):		
c. Total amount of payment request:		
	<b>Amount Allowed This Claim:</b>	

**Certification**

I certify that to the best of my knowledge and belief the eligible costs are in accordance with the terms of the project 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.

Signature of Authorized Representative	Date Signed
Typed or Printed Name & Title	Phone Number (include area code)
Email Address	Fax Number (include area code)