

Abandoned Boat and Debris Grants Program Request for Reimbursement

Project Number: _____

Is this a final reimbursement? Yes () No ()

If a final reimbursement, shall WWI revert the remaining funds? Yes () No ()

Project Title: _____

Make Check Payable to: _____ Federal ID # _____

Address: _____

Project Coordinator: _____ Title: _____

Telephone: _____ Fax: _____ E-Mail _____

Section I – Contract costs and direct purchases: Please submit the following documentation and complete the cost summary below:

1. **Invoice** or contractor’s **“Requisition for Payment”** for supplies, materials, services rendered, or equipment rental.
2. **Copy of canceled checks or electronic fund transfer printouts** for all items under #1 above. Attach copies of the canceled checks to the invoice or requisition for payment. If check amounts are greater than the invoice(s) please write the amount applicable on the check copy and circle the amount.
3. **Before and after photos of the debris or boat removal.** Please attach photos to this completed document.
4. **How the contractor was selected.** DNR requires that counties use the same contractor selection process as the State of Maryland, unless the County already has a binding Blanket Purchase Order Contract/Agreement with a specific contractor. This process requires that each project be put out to a public bidding process with the lowest bidder being selected for the project. **Please include proof of the contractor selection process.**
5. **For projects involving abandoned vessels please include proof that the vessel was abandoned and that Natural Resource Article §8-721 was followed.** This may include an NRP-419 Abandoned Boat Report, letter to the last known registered owner, public notice, etc.
6. **Cost Summary:**

Item #	Vendor or Contractor	Invoice #	Amount

List additional Charges on page two

Item #	Vendor or Contractor	Invoice #	Amount
Section I. Total:			\$

Section II – Force Account/In-Kind Services/In-House Labor and Equipment:

If work has been accomplished using in-house labor and equipment, submit the following documentation and fill in totals below:

1. **A list or computer printout of individuals working on this project** to include; job function, dates, hours each individual worked, hourly rate and total paid.
2. **A list or computer printout of equipment used**, dates and hours operated on this project. Usage rates should be based on current schedules used within the county or town, or the current state Highway Administration rate schedule. Indicate the source for rates used.

Total Labor Cost: _____
 Total Equipment Cost: _____
Section II Total: _____

Summary of Costs:
Total of Section I. Plus Section II. _____
 State percentage approved _____ %

Total Reimbursement Requested: \$

Note: Grant recipient will retain contracts for any subcontractor work for three years after final reimbursement.

Payment Certification: *I hereby certify that the costs submitted for reimbursement are true and correct, and that all payments have been made to all persons, vendors and contractors engaged in this project in accordance with local government procurement procedures and the Waterway Improvement Program Project Agreement.*

X

Signature of local government fiscal authority or of local Project Coordinator	Typed or printed name	Title	Date
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Allow one (1) month from date of receipt by the State for processing of this reimbursement request.
Forward request to:

**Department of Natural Resources
Boating Services Unit
Abandoned Boat and Debris Program
303 Marine Academy Drive
Stevensville, MD 21666**

phone: 410-643-6521

fax: 410-643-2341