



## INSTRUCTIONS FOR PREPARING, COMPLETING, AND SUBMITTING THE REQUEST FOR REIMBURSEMENT

1. Please type or print in ink. If you have any questions, please email the Regional Administrator.
2. A Transmittal Letter, on official letterhead, must accompany all Requests for Reimbursement Forms and should summarize all items included in the submittal packet.
3. Submit one Request for Reimbursement Form per project. The form must be signed by Key Personnel identified in the Grant Agreement or a person with fiscal authority. Note - the invoice expenditure period is the period of time during which the work was completed.
4. One copy of all invoices supporting all costs claimed should be submitted with evidence of corresponding payments made to vendors/contractors (copies of checks, check numbers, or fund wire summary). If the local jurisdiction elects **not** to submit copies of canceled checks, the Payment Certification must be signed by an individual with fiscal authority who can certify that the payments have been made.
5. If work has been accomplished using in-house labor and equipment, submit the following documentation:
  - a. A list or computer printout of individuals working on the project to include; job function, dates and hours worked, hourly rate and total paid.
  - b. A list or computer printout of equipment used to include dates and hours operated on the 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.
6. Include the most recent copy of the grantee checklist with your reimbursement request.
7. Reimbursements will be made by wire transfer or by check based on the Applicant's information on file with the Department of Natural Resources.
8. Submit the completed packet via email to the Regional Administrator. If this is a final reimbursement for a construction project or vessel purchase, please include photos.

***Note: Grant recipient will retain additional support documents for costs submitted on the project, such as contracts, change orders, bid tabulations, labor and equipment records for a period of three years after final reimbursement.***



## Waterway Improvement Fund Request for Reimbursement

<b>Date:</b>		<b>Federal Tax ID:</b>	
<b>Grant #:</b>		<b>Reimbursement #:</b>	
<b>Project Title:</b>			
<b>Project Manager:</b>		<b>Title:</b>	

Is this a Final Reimbursement?                      Yes     ☐                      No     ☐

If this is a Final Reimbursement, shall WIF revert the remaining funds?    Yes     ☐    No     ☐

### Cost Summary: (Please refer to the instructions on Page 1 if needed)

<b>Grant Term:</b>	
<b>Invoice Expenditure Period</b> (see #3 on instruction sheet):	

Invoice Date	Invoice #	Vendor/Firm/Contractor	Amount
<b>Total</b>			
<b>State Approved (50%, 100%)</b>			
<b>TOTAL REIMBURSEMENT REQUESTED</b>			
<b>*Reimbursement Request (Other)</b>			

\*Enter reimbursement amount if not 50% or 100%, or if federally funded.

This document may be executed in multiple counterparts, each of which shall be deemed an original, and all of which together shall constitute one and the same instrument. Signatures, including notary signatures, provided by electronic means including, by way of example and not of limitation, facsimile, Adobe, PDF, and sent by electronic mail, or via an electronic signature program, shall be deemed to be original signatures.

**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 Fund Grant Agreement.*

**Federal Grants:** *I certify to the best of my knowledge and belief that the information provided herein is true, complete, and accurate. I am aware that the provision of false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative consequences including, but not limited to violations of U.S. Code Title 18, Sections 2, 1001, 1343 and Title 31, Sections 3729-3730 and 3801-3812.*

X

Signature of local government fiscal authority  
or of local Project Coordinator – See Instruction

Typed or printed name

Title

Date

#4

## **This Page For DNR Use Only**

### **Federal Funds:**

State Match %:		Federal Share %:	
Total State Share:		Total Federal Share:	

### **Final Payment Directions:**

Is this a Final Payment?	
Will the Remaining Funds be Reverted?	
Please transfer Remaining Funds to (if applicable):	

### **Approvals**

**Regional Program Administrator**

**Waterway Director**

**Fiscal Administration**