## Maryland Department of Natural Resources Local Parks and Playgrounds Infrastructure Program

## Request for Reimbursement Development Projects

PROJECT#	REIMBURSEMEN	IT# Is this a fi	nal reimbursement?	Yes □ No □	
	If this is a final reimbursem	nent request, when was t	he project completed?	>	
		Shall LAP revert	any remaining funds	Yes 🗆 No 🛚	
PROJECT TITLE:					
PAYABLE TO:			FEDERAL ID#		
ADDRESS: Street Address:					
City/Town, State, Zip Code:					
PROJECT COORDINATOR:	Name, Title:				
Ph	one, Fax, Email:				

**SECTION I – Contract Costs and Direct Purchases:** 

Please submit one (1) copy of 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 (Optional) 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. If Local Jurisdiction elects to submit copies of canceled checks to support their "Requisition for Payment" then only the Project Coordinator must sign the "Payment Certification" on page 3. If the Local Jurisdiction elects not to submit copies of the canceled checks, the "Payment Certification" must then be signed, in lieu of the Project Coordinator, by an individual with fiscal authority who can certify that the payments have been made.
- 3. Cost Summary:

GRANT APPLICATION ITEM #	VENDOR OR CONTRACTOR	INVOICE NUMBER	AMOUNT
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
		Total:	\$

List additional costs on next page, if applicable.

GRANT APPLICATION ITEM #	VENDOR OR CONTRACTOR	INVOICE NUMBER	AMOUNT
			\$
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			\$
		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 and 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 within the County or Town. Indicate the source for rates used.

Total Labor Cost	\$
Total Equipment Cost	\$
Section II Total	\$
Summary of Costs	
Total Section I. plus Section II.	\$
State Percentage Approved	%
Total Reimbursement Requested	\$

**Note:** Any support documents for costs submitted on this project, such as contracts, change orders, bid tabulations, labor and equipment records, must be retained by the grant recipient for three years after final reimbursement.

<b>Payment Certification:</b> 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, all applicable Local, State and Federal statutes and regulations, and the Local Parks and Playgrounds Infrastructure Grant Application and Project Agreement and attachments.			
(Signature of Local Government Fiscal Authority or of Local Project Coordinator)	(Typed or Printed Name)	(Title)	(Date)

Please email a copy of the completed form with the requisite attachments to the program administrator for your county.

Program Administrator Approval		
	(Signature)	(Date)
	(-3)	( /
Fiscal Administrator Approval		
	(Signature)	(Date)

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