

Maine Department of Health and Human Services
Maine Center for Disease Control and Prevention
11 State House Station
286 Water Street
Augusta, Maine 04333-0011
Tel; (207) 287-8016; Fax (207) 287-9058
TTY: Dial 711 (Maine Relay)

2022 Water System Asset Security Grant Reimbursement Request

Date:		
Public Water System Name:		PWSID#:
Reimbursement to be sent to:		
Name:		Title:
Address:		
Phone #:	Email:	
I have enclosed documents and	or proof of completion for the follo	owing:
	· ·	es of security installations, the cover and table ntation that cybersecurity upgrades were
		als or services. If three written quotes could
Documentation of your awards are on a reimbursement		eceipts, invoices, etc.). Payments of grant
awarded sum by the Maine Mun award unless a request for an e	nicipal Bond Bank. All incomplete extension has been submitted and t Project Extension Request Forr	nent of a check for an amount up to the projects will be closed one year after grant d approved. You can apply for an extension m, available on the DWP website
Submit this completed form, a	nlong with supporting documer	nts, to:
Maine CD 15 Por	Ashley Hodge OC Drinking Water Program 51 Jetport Blvd. rtland, ME 04102 or ey.Hodge@maine.gov	[For DWP Administrative Use Only] Approved Date: Approved By: Approved Amount:
Signature:	Date:	
Print Name:		