

Janet T. Mills  
Governor

Jeanne M. Lambrew, Ph.D.  
Commissioner



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)

## Capacity Development Grant Reimbursement Request Form

Date: \_\_\_\_\_

### **Reimbursement to be sent to:**

Public Water System Name: \_\_\_\_\_ PWSID#: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

I have enclosed documents for the following:

**A copy of meeting minutes where the water system officials have discussed the need for the document and a grant award.**

**A written explanation of how the professional engineering or consulting services were selected.**

**A copy of the letter of agreement or contract between the water system and selected firm.**

**The completed document for Drinking Water Program (DWP) review and approval. Copies of all reports and studies shall be provided to the DWP in an electronic (.pdf) format**

**Copies of all paid invoices for reimbursable costs.**

**A copy of the ACH authorization agreement and a voided check for electronic payment.**

*Upon receipt of the above materials, we will authorize disbursement of an electronic payment in an amount up to the awarded sum by the Maine Municipal Bond Bank. All incomplete projects will be closed **two years after the grant award**.*

**Submit this completed form, along with supporting documents, to:**

Christina Trufant  
Christina.Trufant@maine.gov  
or  
Maine CDC Drinking Water Program #11  
State House Station  
286 Water St., 3<sup>rd</sup> Floor  
Augusta, ME 04333-0011

*[For DWP Administrative Use Only]*

Approved Date: \_\_\_\_\_

Approved By: \_\_\_\_\_

Approved Amount: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_



Terry Hayes, *Executive Director*  
Tel: 207-622-9386

**In order to process your payment request the following information is required**

**ACH Authorization Agreement for Payment Requisitions**

**ACCOUNT INFORMATION**

Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_ (use all 9 digits)      Checking ☐

Account Number: \_\_\_\_\_

Account Name: \_\_\_\_\_

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**AUTHORIZATION AGREEMENT**

I(we) hereby authorize the Maine Municipal Bond Bank to initiate entries into the bank account specified above and, if necessary, to electronically debit the account to correct erroneous entries. I certify the account allows these transactions. Furthermore, I certify that the above listed account number accurately reflects the intended receiving account. I agree that ACH transactions comply with all applicable laws. I Certify that I am an authorized signer for the account indicated above and that I have authority to authorize this/these transactions.

WaterSystem Name: \_\_\_\_\_

Employee Printed Name: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

***Note: Digital or Electronic Signatures are not acceptable***

**Return completed form with Payment Requisition**