



Source Protection Grant Reimbursement Request

Date: _____

Public Water System Name: _____ PWSID#: _____

Phone #: _____ Email: _____

I have enclosed the following documents and/or proof of completion:

☐ **Documentation that the project was completed.** This could be a copy of an ordinance or wellhead protection plan, pictures of sites, or copies of educational materials, etc.

☐ **Copies of at least three written quotes for any materials or services.** If three written quotes could not be obtained, please explain here: _____

☐ **Documentation of your project's paid expenditures (receipts, invoices, etc.).** Payments of grant awards are on a reimbursement basis only.

☐ **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 for an amount up to the awarded sum by the Maine Municipal Bond Bank. All incomplete projects will be closed **two years after 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., 3rd Floor
Augusta, ME 04333-0011

[For DWP Administrative Use Only]

Approved Date: _____

Approved By: _____

Approved Amount: _____

Signature: _____ Date: _____

Print Name: _____ Title: _____

Please note that the DWP will only accept one reimbursement request, per grant project.



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: _____

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