



**Very Small System Total Coliform Grant
Reimbursement Request**

Date: _____

Public Water System Name: _____ PWSID#: _____

Reimbursement to be sent to:

Name: _____ Title: _____

Address: _____

Phone #: _____ Email: _____

Project Completion Date: _____

Date project was inspected by a Drinking Water Program Inspector: _____

Name of the Inspector: _____

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

Summary list of eligible expenses and total cost.

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

Upon receipt of the above materials, we will authorize disbursement of a check for an amount up to the awarded sum by the Maine Municipal Bond Bank. All incomplete projects will be closed **one year after grant award** unless a request for an extension has been submitted in writing to the Drinking Water Program and approved.

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

Sofia Licht
Maine CDC Drinking Water Program
151 Jetport Boulevard
Portland, ME 04102-1946

Sofia.Licht@maine.gov

[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: _____

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