

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 and the invoice summary sheet filed out.

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:

Sofia Licht
Sofia.Licht@maine.gov
or
Maine CDC Drinking Water Program
151 Jetport Boulevard
Portland, ME 04102-1946

[For DWP Administrative Use Only]

Approved Date: _____
Approved By: _____
Approved Grant Amount: _____
Grant Reimbursement Rate: 90%
Approved Reimbursement 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

Summary of Expenses

Today's Date: _____

Water System Name: _____

PWSID #: _____

Year of Grant Award: _____

Grant Award Amount: _____

<u>Company</u>	<u>Invoice Date</u>	<u>Invoice Number</u>	<u>Amount</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
		Total:	_____