

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.

*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 **two years after the grant award.***

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

Sara Flanagan
Maine CDC Drinking Water Program
#11 State House Station
286 Water St., 3rd Floor
Augusta, ME 04333-0011
Sara.M.Flanagan@maine.gov

[For DWP Administrative Use Only]

Approved Date: _____

Approved By: _____

Approved Amount: _____

Signature: _____

Date: _____

Print Name: _____

Title: _____