



Source Protection Grant Reimbursement Request

Date: _____

Public Water System Name: _____ PWSID#: _____

Reimbursement to be sent to:

Name: _____ Title: _____

Address: _____

Phone #: _____ Email: _____

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

☐ **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.

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 grant award**.

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

Ashley Hodge
Maine CDC Drinking Water Program
151 Jetport Blvd.
Portland, ME 04102
or
Ashley.Hodge@maine.gov

[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.