

Janet T. Mills  
Governor

Jeanne M. Lambrew, Ph.D.  
Acting Commissioner



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## 2018 Source Water Protection Grant Reimbursement Request Form

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 after **May 1, 2019** unless a request for an extension has been submitted and approved. You can apply for an extension (up to 6 months) using the Grant Project Extension Request Form, available on the DWP website ([www.medwp.com](http://www.medwp.com)) or by calling 485-4058.

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

Sophia Q Scott  
Maine CDC Drinking Water Program  
151 Jetport Blvd.  
Portland, ME 04102  
or  
[sophia.scott@maine.gov](mailto:sophia.scott@maine.gov)

*[For DWP Administrative Use Only]*

Approved Date: \_\_\_\_\_

Approved By: \_\_\_\_\_

Approved Amount: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_