

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)

Very Small Capacity Development Grant Reimbursement Request Form

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 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 invoices, including proof of payment for your water system's portion of the project.

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 approval date.

Signature: _____ Date: _____

Print Name: _____ Title: _____

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

Sara Flanagan
Maine CDC Drinking Water Program
11 SHS, 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: _____