



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 System Total Coliform Grant
 Reimbursement Request**

Date: _____

Public Water System Name: _____ PWSID#: _____

Reimbursement to be sent to:

Name: _____ Title: _____

Address: _____

Phone #: _____ Email: _____

Project Completion Date: _____

Date project was inspected by a Drinking Water Program Inspector: _____

Name of the Inspector: _____

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

Summary list of eligible expenses and total cost.

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 **one year after grant award** unless a request for an extension has been submitted in writing to the Drinking Water Program and approved.

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

McKenzie Parker
 Maine CDC Drinking Water Program
 286 Water Street, SHS 11
 Augusta, ME
 04333-0011 or
McKenzie.Parker@maine.gov

<p><i>[For DWP Administrative Use Only]</i></p> <p>Approved Date: _____</p> <p>Approved By: _____</p> <p>Approved Amount: _____</p>

Signature: _____ Date: _____

Print Name: _____ Title: _____