



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)

## Water System Asset Security 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 pictures of the site showing the newly installed security measure(s).
- 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 **one year after grant award** 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 (207) 822-2341.

**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: \_\_\_\_\_