

Janet T. Mills
Governor

Jeanne M. Lambrew, Ph.D.
Acting Commissioner



Maine Department of Health and Human Services
Maine Center for Disease Control and Prevention
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286 Water Street
Augusta, Maine 04333-0011
Tel; (207) 287-8016; Fax (207) 287-9058
TTY: Dial 711 (Maine Relay)

2018 Wellhead 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) 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

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

Signature: _____ Date: _____

Print Name: _____