



## 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.** pictures of security installations, the cover and table of contents for Risk & Resilience Assessments (RRAs), documentation that cybersecurity upgrades were completed, 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 **two years after grant award.**

**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

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

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

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

*Please note that the DWP will only accept one reimbursement request, per grant project.*