



## Water System Asset Security Grant Reimbursement Request

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

Public Water System Name: \_\_\_\_\_ PWSID#: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

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

**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.

**A copy of the ACH authorization agreement and a voided check for electronic payment.**

**IF NEEDED:** Environmental Review Worksheet, Davis Bacon Documents, AIS Certification

Upon receipt of the above materials, we will authorize disbursement of an electronic payment 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:**

Sofia Licht  
 Sofia.Licht@maine.gov  
 or  
 Maine CDC Drinking Water Program  
 151 Jetport Boulevard  
 Portland, ME 04102-1946

*[For DWP Administrative Use Only]*

Approved Date: \_\_\_\_\_

Approved By: \_\_\_\_\_

Approved Grant Amount: \_\_\_\_\_

Approved Reimbursement Amount: \_\_\_\_\_

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

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

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



Terry Hayes, *Executive Director*  
Tel: 207-622-9386

**In order to process your payment request the following information is required**

**ACH Authorization Agreement for Payment Requisitions**

**ACCOUNT INFORMATION**

Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_ (use all 9 digits)      Checking

Account Number: \_\_\_\_\_

Account Name: \_\_\_\_\_

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**AUTHORIZATION AGREEMENT**

I (we) hereby authorize the Maine Municipal Bond Bank to initiate entries into the bank account specified above and, if necessary, to electronically debit the account to correct erroneous entries. I certify the account allows these transactions. Furthermore, I certify that the above listed account number accurately reflects the intended receiving account. I agree that ACH transactions comply with all applicable laws. I Certify that I am an authorized signer for the account indicated above and that I have authority to authorize this/these transactions.

WaterSystem Name: \_\_\_\_\_

Employee Printed Name: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

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

*Note: Digital or Electronic Signatures are not acceptable*

**Return completed form with Payment Requisition**

# Summary of Expenses

Today's Date: \_\_\_\_\_

Water System Name: \_\_\_\_\_

PWSID #: \_\_\_\_\_

Year of Grant Award: \_\_\_\_\_

Grant Award Amount: \_\_\_\_\_

<u>Company</u>	<u>Invoice Date</u>	<u>Invoice Number</u>	<u>Amount</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
		Total:	_____