

# Center for Waterway Improvement and Infrastructure Request for Reimbursement

**Grant Number:** \_\_\_\_\_ **Reimbursement #:** \_\_\_\_\_

Is this a final reimbursement? Yes ( ) No ( )

If a final reimbursement, shall WWI revert the remaining funds? Yes ( ) No ( )

**Project Title:** \_\_\_\_\_

Make Check Payable to: \_\_\_\_\_ Federal ID # \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**Project Coordinator:** \_\_\_\_\_ **Title:** \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail \_\_\_\_\_

**1. Cost Summary:**

**Project Performance Period:** \_\_\_\_\_

Item #	Vendor/Contractor/Force Account/Equipment	Invoice # (or indicate separate schedule attached)	Amount

<b>Total:</b>	
<b>State % Approved:</b>	
<b>Total Reimbursement Requested:</b>	\$

**Payment Certification:** *I hereby certify that the costs submitted for reimbursement are true and correct, and that all payments have been made to all persons, vendors and contractors engaged in this project in accordance with local government procurement procedures and the Waterway Improvement Fund Grant Agreement.*

X

Signature of local government fiscal authority or of local Project Coordinator – See Instruction #4	Typed or printed name	Title	Date
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## THIS PAGE FOR STATE USE ONLY

Shaded areas for state use:

Date _____	Payment _____	Balance _____
Date _____	Payment _____	Balance _____
Date _____	Payment _____	Balance _____
Date _____	Payment _____	Balance _____
Date _____	Payment _____	Balance _____

**This payment:** \$

**Project's Balance:** \$

Final Payment directions:

Check if applicable:

- Yes, this payment is a final payment.
- Yes, remaining funds may be reverted.
- Please Transfer remaining funds to Project #:

Signatures:

Regional Program Administrator Approval _____	Date _____
Fiscal Administration Approval _____	Date _____
Waterway Director's Approval _____	Date _____

# INSTRUCTIONS FOR PREPARING, COMPLETING, AND SUBMITTING THE REQUEST FOR REIMBURSEMENT

1. Please type or print in ink. If you have any questions, please email Carla Fleming at [Carla.fleming@maryland.gov](mailto:Carla.fleming@maryland.gov).
2. A Transmittal Letter, on official letterhead, must accompany all Requests for Reimbursement Forms and should summarize all items included in the submittal packet.
3. Submit one Request for Reimbursement Form per project. The form must be signed by Key Personnel identified in the Grant Agreement or a person with fiscal authority.
4. One copy of all invoices supporting all costs claimed should be submitted with evidence of corresponding payments made to vendors/contractors (copies of checks, check numbers, or fund wire summary). If the local jurisdiction elects **not** to submit copies of canceled checks, the Payment Certification must be signed by an individual with fiscal authority who can certify that the payments have been made.
5. If work has been accomplished using in-house labor and equipment, submit the following documentation:
  - a. A list or computer printout of individuals working on the project to include; job function, dates and hours worked, hourly rate and total paid.
  - b. A list or computer printout of equipment used to include dates and hours operated on the project. Usage rates should be based on current schedules used within the county or town, or the current State Highway Administration rate schedule. Indicate the source for rates used.
6. Reimbursements will be made by wire transfer or by check based on the Applicant's information on file with the Department of Natural Resources.
7. Submit the completed packet to:

Department of Natural Resources  
Center for Waterway Improvement and Infrastructure  
Chesapeake and Coastal Service  
Tawes State Office Building – E2  
580 Taylor Ave.  
Annapolis, MD 21401

***Note: Grant recipient will retain additional support documents for costs submitted on the project, such as contracts, change orders, bid tabulations, labor and equipment records for a period of three years after final reimbursement.***