



Maine Center for Disease Control and Prevention
An Office of the Department of Health and Human Services

Department of Health and Human Services
 Maine Center for Disease Control and Prevention
 286 Water Street
 11 State House Station
 Augusta, Maine 04333-0011
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 TTY Users: Dial 711 (Maine Relay)

Paul R. LePage, Governor

Mary C. Mayhew, Commissioner

Tel. (207) 287-2070

Drinking Water Program

Fax (207) 287-4172

2016 Capacity Development Grant Reimbursement Request Form

Date: _____

Public Water System Name: _____ PWSID#: _____

Reimbursement to be sent to:

Name: _____ Title: _____

Mailing Address: _____

Phone #: _____ Email: _____

I have enclosed documents for the following:

- A copy of meeting minutes where the water system officials have discussed the need for the document and a grant award.**
- A written explanation of how the professional engineering or consulting services were selected.**
- A copy of the letter of agreement or contract between the water system and selected firm.**
- The completed document for Drinking Water Program (DWP) review and approval. Copies of all reports and studies shall be provided to the DWP in an electronic (.pdf) format**
- Copies of all paid invoices for reimbursable costs.**

*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 **April 3, 2017** 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 or by calling 287-5678.*

Submit this completed form, along with supporting documents, to:

Sara Flanagan
 Maine CDC Drinking Water Program
 #11 State House Station
 286 Water St., 3rd Floor
 Augusta, ME 04333-0011
sara.m.flanagan@maine.gov

[For DWP Administrative Use Only]

Approved Date: _____

Approved By: _____

Approved Amount: _____

Signature: _____

Date: _____

Print Name: _____

Title: _____