



Wellhead Protection 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.** 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 **one year after grant award** 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 (207) 822-2341.

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

[For DWP Administrative Use Only]

Approved Date: _____

Approved By: _____

Approved Amount: _____

Signature: _____ Date: _____

Print Name: _____ Title: _____