



DEVELOPMENT REIMBURSEMENT REQUEST

By Authority of: Parts 19, 703, 715 and 716 of Act 451, P.A. 1994, as amended, submission of this information is required to receive payment.

INFORMATION Payments are made on a reimbursement basis for up to 80-90% of the grant amount. The final 10-20% will be withheld pending satisfactory project completion, inspection, and audit. Do not submit a final request until all construction is completed. All completed projects are subject to audit by the Michigan Department of Natural Resources' Office of Internal Audit.

SECTION 1 - PROJECT INFORMATION	
DNR Project No. (i.e., TFX-XXX, 26-XXXXX)	Project Title
Grantee	Employer Federal I.D. # (required for payment)
City, State, ZIP	Address
Request No: (1, 2, 3, etc.)	County
Payment Requested (Check One)	
<input type="checkbox"/> Partial	<input type="checkbox"/> Final, all work must be completed and the Grantee has received the following certificate(s), if applicable.
	<input type="checkbox"/> Certificate of Final Electrical Inspection for electrical lighting projects (ballfields, tennis courts, etc.).
	<input type="checkbox"/> Certificate of Occupancy for public buildings & structures (including picnic pavilions and gazebos).

SECTION 2 -- EXPENDITURE DETAIL	
A. Total Expenditures on Previous Requests	\$ _____
B. Total Expenditures This Request	\$ _____
C. Total Expenditures To Date (2A + 2B, should include all expenditures against project)	\$ _____
D. Fund Amount Requested (% of Expenditures Specified in Project Agreement X B)	\$ _____

SECTION 3 -- DISBURSEMENT DETAIL				
Use separate sheet(s) for documentation of use of force account labor and equipment. Two copies of all documentation such as canceled checks, invoices, payroll data, contractor's statement, etc., must be enclosed with each request for reimbursement. <i>If more space is needed, attach additional sheet(s) using the format below.</i>				
Date of Check	Check No.	Invoice Amount	Vendor Name (Check Issued To)	Project Scope Item
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

SECTION 4 - GRANTEE CERTIFICATION		
I hereby certify that the information is complete and accurate and all expenditures for which reimbursement is requested are for eligible scope items as defined in the Project Agreement for the above project, and that all expenditures have been made during the project period as listed in the Project Agreement, and are identified and filed according to accounting procedures set forth by the Michigan Department of Natural Resources. I also certify that contractors listed were selected according to the procedures outlined in the Development Project Procedures booklet.		
_____	_____	_____
Grantee's Signature	Title	Date

SECTION 5 - PROFESSIONAL CERTIFICATION			
I hereby certify that the plans and specifications for the above project were developed in accordance with the procedures set forth by the Michigan Department of Natural Resources and that all work and materials for which payment is requested conform to those plans and specifications and have been inspected by me or by a qualified person under my supervision. If this is a final request for reimbursement, I further certify that I have inspected all materials or items purchased as part of this project and the assembly and installation of these materials/items, and found them to be satisfactory.			
_____	_____	_____	_____
Signature of Prime Professional	Title - (Architect, Engineer, Landscape Architect)	Registration No. & Issuing State	Date
_____	_____	_____	_____
Signature - Other Professional (as required)	Title - (Architect, Engineer, Landscape Architect)	Registration No. & Issuing State	Date

SECTION 6 - FOR DNR USE ONLY - AUDIT AND CERTIFICATION	
Grant Amount	\$ _____
Less Previous Payments	(_____)
Total Expenditures This Request	_____
Less Ineligible Costs or Reductions	(_____)
_____ % of Adjusted Expenditures	_____
Less Audit Amount 10% (20% for "First & Final")	(_____)
TOTAL REIMBURSEMENT AMOUNT	\$ _____

Payments will not be processed without expenditure documentation and the required signatures.

Return this completed request along with two (2) copies of all attachments to:

**GRANTS MANAGEMENT
MICHIGAN DEPARTMENT OF NATURAL RESOURCES
PO BOX 30425
LANSING MI 48909-7925**

Please make a copy for your records

Authorized DNR Grant Payment Officer Signature	Date	Authorized DNR Grant Coordinator Signature	Date	Authorized DNR Engineer Signature	Date
_____	_____	_____	_____	_____	_____