MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY – OFFICE OF DRINKING WATER AND MUNICIPAL ASSISTANCE
REVOLVING LOAN SECTION

STORMWATER / ASSET MANAGEMENT / WASTEWATER (SAW) GRANT PROGRAM
REQUEST FOR DISBURSEMENT OF FUNDS

THIS INFORMATION IS REQUIRED UNDER AUTHORITY OF PARTS 52 AND 53, 1994 PA 451, AS AMENDED.

DOCUMENTATION TO SUPPORT THE INCURRED COSTS MUST BE INCLUDED WITH EACH REQUEST
PLEASE SEE OTHER SIDE FOR INSTRUCTIONS TO COMPLETE REQUEST

A. Project #	B. Request #	C. Period Covered by Request _____ (M/D/Y) to _____ (M/D/Y)	D. Request Type ☐ partial ☐ final	E. Grantee's EIN	F. Grant Amount

G. Grantee Name:		Phone #
Address:	Email:	
H. Grantee's Bank Name:		Phone #
Address:		
Account Name:	ABA #	Account #
Special Instructions:		

I. Budget Items (Include Eligible Costs Only Using Dollars and Cents)	Requested Incurred Costs This Period	Cumulative Costs Incurred To Date
1. PROJECT PLANNING COSTS (for SRF plans, USDA-RD Preliminary Engineering Reports, or Project Proposal)	$	$
2. DESIGN ENGINEERING COSTS	$	$
3. RATE METHODOLOGY DEVELOPMENT COSTS (awarded under planning or design grant)	$	$
4. WASTEWATER ASSET MANAGEMENT PLAN COSTS	$	$
5. STORMWATER ASSET MANAGEMENT PLAN COSTS	$	$
6. STORMWATER MANAGEMENT PLAN COSTS (Nonpoint Source Watershed Management Plans)	$	$
7. INNOVATIVE WASTEWATER OR STORMWATER TECHNOLOGY COSTS	$	$
8. DISADVANTAGED COMMUNITY CONSTRUCTION COSTS	$	$
9. TOTAL CUMULATIVE AMOUNT FOR PERIOD COVERED BY THIS REQUEST (add totals in 1st column)	$	
10. TOTAL CUMULATIVE ELIGIBLE COSTS INCURRED TO DATE (add totals in 2nd column)		$
11. LESS LOCAL MATCH (if applicable)		($)
12. LESS AMOUNT PREVIOUSLY DISBURSED		($)
13. AMOUNT REQUESTED FOR DISBURSEMENT		$

J. For each request, describe the scope of work completed to date. Attach separate sheet if more space is needed. Discuss the progress made on the services not yet complete and a schedule for their completion by the grant period end date. The grant agreement cannot exceed three (3) years from your grant agreement date.

I certify that I am an authorized representative of the grantee and am authorized to make the following certifications on behalf of the grantee: (i) there is no pending litigation or event which will materially and adversely affect the project or the prospects for its completion; (ii) the representations, warranties and covenants contained in the grant agreement for the obligations pursuant to which this request for disbursement is submitted continue to be true and accurate in all material respects as of the date hereof; (iii) to the best of my knowledge and belief, the costs above were incurred in accordance with the terms of the grant agreement and the application for assistance for this project; and (iv) the amount requested for disbursement has not previously been requested.

Authorized Representative Name (Print or Type): _____ **Title:** _____

Authorized Representative Signature (Original): _____ **Date:** _____

EMAIL THIS COMPLETED REQUEST TO YOUR DEQ PROJECT MANAGER OR
MAIL TO THE ADDRESS SHOWN ON THE REVERSE SIDE

SAW GRANT PROGRAM
Instructions for Completing a
Request for Disbursement of Funds

DOCUMENTATION TO SUPPORT THE INCURRED COSTS AND A BRIEF STATUS REPORT MUST BE INCLUDED WITH EACH REQUEST.

A. Fill in the project number that was assigned by the Michigan Department of Environmental Quality (DEQ).
B. Fill in the number of this disbursement request.
C. Fill in the calendar period covered by this disbursement request.
D. Fill in whether this is a partial or the final disbursement request.
E. Fill in the grantee's federal employer identification number (EIN).
F. Fill in the grant amount as shown in the Grant Agreement.
G. Fill in the grantee's name, address, telephone number, and email address. This information must match data on file with the DEQ; if changes have occurred, please inform your DEQ project manager in a separate letter accompanying this request.
H. Fill in your bank's name, address, telephone number, ABA identifying number, the account name and number, and any special instructions for the wire transfer to that account. If changes have occurred, please inform your DEQ project manager in a separate letter accompanying this request.
I. Recap approved eligible costs incurred to date for each budget item. Show the amount (include dollars and cents) requested for the period covered by this request, and then the cumulative amount to date from project inception.
If costs have been incurred for a budget item that was not shown in the Grant Agreement, you must inform your project manager in a separate letter accompanying this request.
   1. Fill in the planning costs invoiced and/or paid for SRF project plans; USDA-Rural Development Preliminary Engineering Reports; or Project Proposals.
   2. Fill in the costs invoiced and/or paid for project design work required to produce plans and specifications suitable and ready for bidding. Actual bidding phase costs are not grant eligible.
   3. Fill in the costs invoiced and/or paid for services directly associated with the development and enactment of the applicant's rate methodology and any related ordinances.
   4. Fill in the costs invoiced and/or paid for the development of a Wastewater Asset Management Plan.
   5. Fill in the costs invoiced and/or paid for the development of a Stormwater Asset Management Plan.
   6. Fill in the costs invoiced and/or paid for the development of a Stormwater Management Plan, including MS4 Plans or Nonpoint Source Watershed Management Plans.
   7. Fill in the costs invoiced and/or paid for services directly related to planning and/or design of an innovative wastewater or stormwater technology project and/or the pilot study associated with that effort.
   8. Fill in the costs invoiced and/or paid for construction of an <u>approved</u> asset management plan project (disadvantaged community grants only).
   9. Fill in the sum of the amounts shown in the 1st column (Requested Incurred Costs This Period).
   10. Fill in the sum of the amounts shown in the 2nd column (Cumulative Costs Incurred to Date).
   11. Fill in the local match amount (10% for first $1,111,111; 25% for any amount above $1,111,111) associated with your SAW Grant Agreement, if any.
   12. Fill in the total amount of funds previously paid from all prior disbursements.
   13. Subtract Lines 11 and 12 from Line 10 to obtain net total amount requested for this period.
J. For each request, provide a brief description of the work completed to date based on the approved project scope identified in Exhibit A of the Grant Agreement. The grant period cannot exceed three (3) years from your grant agreement date.

NOTE: YOU MAY SUBMIT NO MORE THAN <u>ONE</u> REQUEST FOR DISBURSEMENT DURING A CALENDAR MONTH. REQUESTS FOR DISBURSEMENT APPROVED BY MONDAY WILL BE PROCESSED THAT WEEK.

Provide the *Request for Disbursement of Funds* and the required support documentation to your DEQ Project Manager via email or mail to:

REVOLVING LOAN SECTION
OFFICE OF DRINKING WATER AND MUNICIPAL ASSISTANCE
MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
PO BOX 30241
LANSING MI 48909-7741
Telephone: 517-284-5433