



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.

SECTION 1 PROJECT INFORMATION	
DNR Project No. (i.e., TFX-XXX, 26-XXXX, RPXX-XXX)	Project Title
Vendor. # (required for payment)	
Grantee	Contact Name
Address	Contact Telephone
City, State, ZIP, County	Email
Request No: (1, 2, 3, etc.)	Payment Requested <input type="checkbox"/> Partial <input type="checkbox"/> Final, all work must be completed and the Grantee must submit the following: <input type="checkbox"/> Final Compliance Onsite Inspection Form <input type="checkbox"/> Picture(s) of installed plaque <input type="checkbox"/> Picture(s) of scope item(s) <input type="checkbox"/> Certificate of Final Inspection (electrical, plumbing, etc.), if applicable. <input type="checkbox"/> Certificate of Occupancy for public buildings & structures (including picnic pavilions and gazebos), if applicable. <input type="checkbox"/> Copy of Recorded Declaration and Notice (Trust Fund & Land and Water Conservation Grants Only) <input type="checkbox"/> A one page "as constructed" site plan.

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 (Total Expenditures this Request X Grant %)	\$ _____

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	\$ _____
Authorized DNR Grant Payment Officer Signature _____	Date _____

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

Return this completed request 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 Coordinator Signature _____	Date _____
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