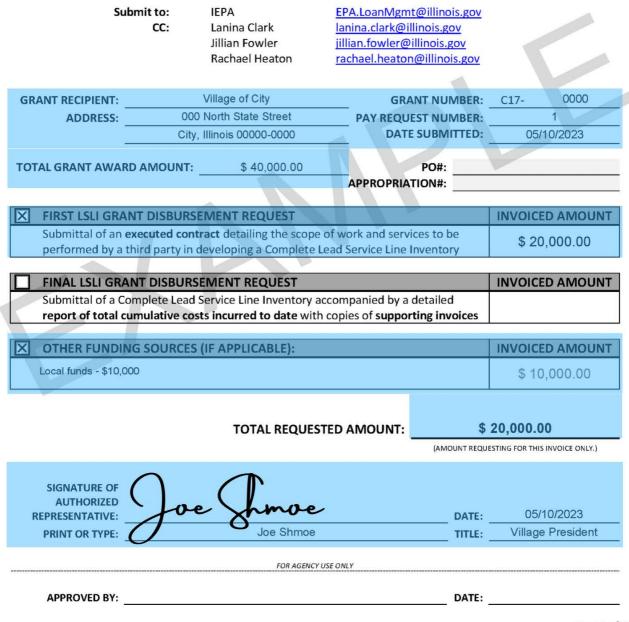
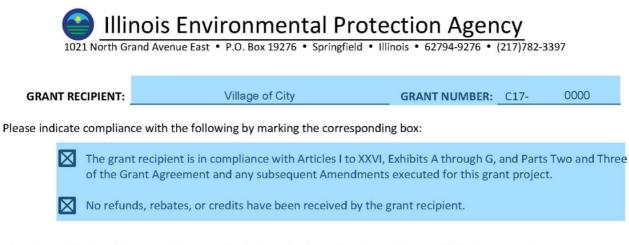


# LEAD SERVICE LINE INVENTORY (LSLI) GRANT PROGRAM INVOICE FOR DISBURSEMENT REQUEST DOCUMENTATION

Complete this form for each request for disbursement from the Lead Service Line Inventory (LSLI) Grant Program pursuant to the executed grant agreement. If this is the **FIRST DISBURSEMENT REQUEST**, please mark the appropriate box and include a copy of the <u>executed third-party service agreement</u>. If this is the **FINAL DISBURSEMENT REQUEST**, please mark the appropriate box, **report** <u>total cumulative costs</u> incurred to date, submit copies of <u>all supporting invoices</u>, and submit the **Completed LSLI**. Please complete, print, sign, scan, and email the form back to the Illinois Environmental Protection Agency (IEPA) and CC the IEPA staff listed below.





I hereby certify that this request for grant funds is, to the best of my knowledge and belief, a true and accurate request for reimbursement, that it is made in accordance with the conditions of the grant for the project, and that I am authorized to request grant funds on behalf of the grantee.

| SIGNATURE OF<br>AUTHORIZED<br>REPRESENTATIVE: | $\int$ | oe Shmoe    | DATE:  | 05/10/2023        |
|---|--------|-------------|--------|-------------------|
| PRINT OR TYPE:                                | ()     | O Joe Shmoe | TITLE: | Village President |
|   |        |             |        |                   |

Village of City

#### FIRST DISBURSEMENT CHECKLIST

Please indicate compliance with the following by marking the corresponding box:

Executed engineering contract documents between the Grantee and consultant/sub-grantee for the completion of the project plan have been submitted to Illinois EPA and **includes the required Lobbying language** found in Article XI Section 11.1 through 11.6 of the Grant Agreement.

A copy of agreements or grants providing other funding for this project have been submitted to the Illinois EPA. An allocation of funds from the other funding sources will be provided with each disbursement request.

## FINAL DISBURSEMENT CHECKLIST

Please indicate compliance with the following by marking the corresponding box:

| If the Complete Lead Service Line Inventory has been completed, the Illinois EPA has been, or will be, |
|--|
| notified in writing within 90 days of the completion of said inventory.                                |



Complete Lead Service Line Inventory submitted to the Illinois EPA.

Proof the Complete Lead Service Line Inventory has been published on Grantee's website OR Illinois EPA website. The Complete Lead Service Line Inventory must be made publicly accessible to those served by the CWS. (Supporting documentation must be provided)

Proof of the attempted notification, meeting the provisions of Subsection 17.12(jj), to all owners and occupants of buildings of the existence of lead service lines within fifteen (15) days of lead service line identification, or as soon as is reasonably possible thereafter, but no later than thirty (30) of completion of the Complete LSLI, if applicable. (Supporting documentation must be provided)

Provided report of total cumulative costs incurred to date with copies of supporting invoices.

Amount of LSLI grant funds previously disbursed and received by the Grantee. \_

Within 30 days after the warrant (check) from the State Comptroller has been issued, recipient will submit a certification that all bills have been paid and a release discharging the State of Illinois, its officers, agents, and employees from all liabilities, obligations, and claims arising out of the project work.

I hereby certify that this request for grant funds is, to the best of my knowledge and belief, a true and accurate request for disbursement, that it is made in accordance with the conditions of the grant for the project, and that I am authorized to request grant funds on behalf of the grantee.

|   | SIGNATURE OF<br>AUTHORIZED | ( |            |        |                   |
|---|----------------------------|---|------------|--------|-------------------|
| R | EPRESENTATIVE:             |   | foe shroe  | DATE:  | 05/10/2023        |
|   | PRINT OR TYPE:             |   | OJoe Shmoe | TITLE: | Village President |
|   |                            |   |            |        |                   |



# LEAD SERVICE LINE INVENTORY (LSLI) GRANT PROGRAM INVOICE FOR DISBURSEMENT REQUEST DOCUMENTATION

Complete this form for each request for disbursement from the Lead Service Line Inventory (LSLI) Grant Program pursuant to the executed grant agreement. If this is the **FIRST DISBURSEMENT REQUEST**, please mark the appropriate box and include a copy of the <u>executed third-party service agreement</u>. If this is the **FINAL DISBURSEMENT REQUEST**, please mark the appropriate box, **report** <u>total cumulative costs</u> incurred to date, submit copies of <u>all supporting invoices</u>, and submit the **Completed LSLI**. Please complete, print, sign, scan, and email the form back to the Illinois Environmental Protection Agency (IEPA) and CC the IEPA staff listed below.

| Su  | bmit to:<br>CC: | IEPA<br>Lanina Clark<br>Jillian Fowler<br>Rachael Heaton | EPA.LoanMgmt@illino<br>lanina.clark@illinois.go<br>jillian.fowler@illinois.g<br>rachael.heaton@illinoi |                 |   |
|---|-----------------|--|--|-----------------|---|
| GRANT RECIPIENT:  | y               | /illage of City  | GRANT NUM  | /BER:           | C17- 0000                                   |
| ADDRESS:  | 000             | North State Street                                       | PAY REQUEST NUM  | /BER:           | 2   |
|   | City, I         | llinois 00000-0000                                       | DATE SUBMI   | TTED:           | 12/22/2023                                  |
| TOTAL GRANT AWAR  |                 | \$ 40,000.00   | PO#:   |                 |   |
|   |                 |  | APPROPRIATION#:  |                 |   |
| FIRST LSLI GRA  | NT DISBURSE     | MENT REQUEST   |  |                 | INVOICED AMOUNT                             |
|   |                 |  | e of work and services to b<br>Lead Service Line Inventor  |                 |   |
| FINAL LSLI GRA  | NT DISBURSE     | MENT REQUEST   |  |                 | INVOICED AMOUNT                             |
| Submittal of a C  | omplete Lead S  | ervice Line Inventory                                    | accompanied by a detailed<br>th copies of <b>supporting inv</b>  |                 | \$ 20,000.00                                |
|   | IG SOURCES (    | IF APPLICABLE):  |  |                 | INVOICED AMOUNT                             |
| Local funds - \$10,0  |                 |  |  |                 | \$ 10,000.00                                |
|   |                 | TOTAL REQUE  |  |                 | 20,000.00<br>ESTING FOR THIS INVOICE ONLY.) |
| SIGNATURE OF<br>AUTHORIZED<br>REPRESENTATIVE:<br>PRINT OR TYPE: | Joe             | Joe Shmoe  |  | DATE:<br>TITLE: | 12/22/2023<br>Village President             |
| APPROVED BY:  |                 |  |  | DATE:           |   |



I hereby certify that this request for grant funds is, to the best of my knowledge and belief, a true and accurate request for reimbursement, that it is made in accordance with the conditions of the grant for the project, and that I am authorized to request grant funds on behalf of the grantee.

| SIGNATURE OF<br>AUTHORIZED | ( |             |        |                   |
|----------------------------|---|-------------|--------|-------------------|
| REPRESENTATIVE:            |   | toe Shmoe   | DATE:  | 12/22/2023        |
| PRINT OR TYPE:             |   | O Joe Shmoe | TITLE: | Village President |
|                            |   |             |        |                   |

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#### FIRST DISBURSEMENT CHECKLIST

Please indicate compliance with the following by marking the corresponding box:

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A copy of agreements or grants providing other funding for this project have been submitted to the Illinois EPA. An allocation of funds from the other funding sources will be provided with each disbursement request.

## FINAL DISBURSEMENT CHECKLIST

Please indicate compliance with the following by marking the corresponding box:

|             | If the Complete Lead Service Line Inventory has been completed, the Illinois EPA has been, or will be, notified in writing within 90 days of the completion of said inventory.   |
|-------------|--|
| $\boxtimes$ | Complete Lead Service Line Inventory submitted to the Illinois EPA.  |
|             | Proof the Complete Lead Service Line Inventory has been published on Grantee's website OR Illinois EPA website. The Complete Lead Service Line Inventory must be made publicly accessible to those served by the CWS. (Supporting documentation must be provided)  |
|             | Proof of the attempted notification, meeting the provisions of Subsection 17.12(jj), to all owners and occupants of buildings of the existence of lead service lines within fifteen (15) days of lead service line identification, or as soon as is reasonably possible thereafter, but no later than thirty (30) of completion of the Complete LSLI, if applicable. (Supporting documentation must be provided) |
|             | Provided report of total cumulative costs incurred to date with copies of supporting invoices.   |
| $\boxtimes$ | Amount of LSLI grant funds previously disbursed and received by the Grantee. \$20,000.00   |
|             | Within 30 days after the warrant (check) from the State Comptroller has been issued, recipient will submit<br>a certification that all bills have been paid and a release discharging the State of Illinois, its officers, agents,<br>and employees from all liabilities, obligations, and claims arising out of the project work.   |

I hereby certify that this request for grant funds is, to the best of my knowledge and belief, a true and accurate request for disbursement, that it is made in accordance with the conditions of the grant for the project, and that I am authorized to request grant funds on behalf of the grantee.

| SIGNATURE OF           | $\boldsymbol{\mathcal{C}}$ |             |        |                   |
|------------------------|----------------------------|-------------|--------|-------------------|
| AUTHORIZED             |                            |             |        |                   |
| <b>REPRESENTATIVE:</b> | ~                          | loe hmoe    | DATE:  | 12/22/2023        |
| PRINT OR TYPE:         |                            | O Joe Shmoe | TITLE: | Village President |
|                        |                            |             |        |                   |