



Illinois Environmental Protection Agency

2520 West Iles Avenue • P.O. Box 19276 • Springfield • Illinois • 62794-9276 • (217)782-2027

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 **executed third-party service agreement**. If this is the **FINAL DISBURSEMENT REQUEST**, please mark the appropriate box, **report total cumulative costs incurred to date**, submit copies of **all supporting invoices**, 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.

Submit to: IEPA EPA.LoanMgmt@illinois.gov
CC: Jillian Fowler jillian.fowler@illinois.gov
Rachael Heaton rachael.heaton@illinois.gov
Lanina Clark lanina.clark@illinois.gov

GRANT RECIPIENT: _____ **GRANT NUMBER:** C17-_____
ADDRESS: _____ **PAY REQUEST NUMBER:** _____
_____ **DATE SUBMITTED:** _____

TOTAL GRANT AWARD AMOUNT: _____ **PO#:** _____
APPROPRIATION#: _____

<input type="checkbox"/> FIRST LSLI GRANT DISBURSEMENT REQUEST	INVOICED AMOUNT
Submittal of an executed contract detailing the scope of work and services to be performed by a third party in developing a Complete Lead Service Line Inventory	

<input type="checkbox"/> FINAL LSLI GRANT DISBURSEMENT REQUEST	INVOICED AMOUNT
Submittal of a Complete Lead Service Line Inventory accompanied by a detailed report of total cumulative costs incurred to date with copies of supporting invoices	

<input type="checkbox"/> OTHER FUNDING SOURCES (IF APPLICABLE):	INVOICED AMOUNT

TOTAL REQUESTED AMOUNT: _____
(AMOUNT REQUESTING FOR THIS INVOICE ONLY.)

SIGNATURE OF AUTHORIZED REPRESENTATIVE: _____ **DATE:** _____
PRINT OR TYPE: _____ **TITLE:** _____

FOR AGENCY USE ONLY

APPROVED BY: _____ **DATE:** _____



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GRANT RECIPIENT: _____ **GRANT NUMBER:** C17-

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

- ☐ The grant recipient is in compliance with all Articles, Exhibits, and Parts of the Grant Agreement and any subsequent Amendments executed for this grant project.
- ☐ No refunds, rebates, or credits have been received by the grant recipient.

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
AUTHORIZED
REPRESENTATIVE:** _____ **DATE:** _____
PRINT OR TYPE: _____ **TITLE:** _____

GRANT RECIPIENT: _____

GRANT NUMBER: C17-_____

FIRST DISBURSEMENT CHECKLIST

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

- ☐ Executed service contract documents between the Grantee and the third party for the completion of the Complete Lead Service Line Inventory have been submitted to IEPA and **includes the required Lobbying language** found in the Grant Agreement.
- ☐ A copy of agreements or grants providing other funding for this project have been submitted to the IEPA. 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 IEPA 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 IEPA.
- ☐ Proof the Complete Lead Service Line Inventory has been published on Grantee's website OR IEPA 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, Grantee 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
AUTHORIZED**

REPRESENTATIVE: _____

DATE: _____

PRINT OR TYPE: _____

TITLE: _____