



## UNSEWERED COMMUNITIES PLANNING GRANT PROGRAM INVOICE FOR DISBURSEMENT REQUEST DOCUMENTATION

Complete this form for each request for disbursement from the Unsewered Communities Planning 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 Planning Study**. Please complete, print, sign, scan, and upload the completed invoice and supporting documents within the grant recipient's Amplifund account.

**COMPLETED FORM AND ALL APPLICABLE SUPPORTING DOCUMENTS SHALL BE UPLOADED AND SUBMITTED VIA THE APPLICANT'S AMPLIFUND ACCOUNT.**

GRANT RECIPIENT: \_\_\_\_\_ GRANT NUMBER: C17-  
ADDRESS: \_\_\_\_\_ PAY REQUEST NUMBER: \_\_\_\_\_  
DATE SUBMITTED: \_\_\_\_\_  
PO#: \_\_\_\_\_  
TOTAL GRANT AWARD AMOUNT: \_\_\_\_\_ APPROPRIATION#: \_\_\_\_\_

<input type="checkbox"/> <b>FIRST UCPGP GRANT DISBURSEMENT REQUEST</b>	<b>INVOICED AMOUNT</b>
Submittal of an <b>executed contract</b> detailing the scope of work and services to be performed by a third party in developing a Planning Study or equivalent document	
<input type="checkbox"/> <b>FINAL UCPGP GRANT DISBURSEMENT REQUEST</b>	<b>INVOICED AMOUNT</b>
Submittal of a completed <b>Planning Study</b> accompanied by a detailed <b>report of total cumulative costs incurred to date</b> with copies of <b>supporting invoices</b>	
<input type="checkbox"/> <b>OTHER FUNDING SOURCES (IF APPLICABLE):</b>	<b>INVOICED AMOUNT</b>

**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: \_\_\_\_\_

**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 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 the Executed 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 Planning Study has been completed, the Illinois EPA has been, or will be, notified in writing within 90 days of the completion of said Planning Study.
- ☐ Planning Study, complete with a Wastewater Project Plan Submittal Checklist submitted to the Illinois EPA.
- ☐ Provided report of total cumulative costs incurred to date with copies of supporting invoices.
- ☐ Amount of UCPGP 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.

<b>SIGNATURE OF AUTHORIZED REPRESENTATIVE:</b> _____		<b>DATE:</b> _____
<b>PRINT OR TYPE:</b> _____		<b>TITLE:</b> _____