RESET FORM

1021 North Grand Avenue East • P.O. Box 19276 • Springfield • Illinois • 62794-9276 • (217)782-3397

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 <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 Planning Study. 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	ibmit to: CC:	IEPA Lanina Clark Jillian Fowler Rachael Heaton	EPA.LoanMgm lanina.clark@il jillian.fowler@ rachael.heaton	linois.gov illinois.gov	
GRANT RECIPIENT:		Village of City	GRA	NT NUMBER:	C17- 0000
ADDRESS:	000	North State Street	PAY REQUI	EST NUMBER:	1
		City, Illinois	DATE	SUBMITTED:	10/18/2022
TOTAL GRANT AWAR	RD AMOUNT:	\$ 30,000.00	APPR	PO#: OPRIATION#:	
FIRST UCPGP (GRANT DISBU	RSEMENT REQUEST			INVOICED AMOUNT
		ract detailing the scope developing a Planning St			\$ 15,000.00
		JRSEMENT REQUEST			INVOICED AMOUNT
		ning Study accompanie late with copies of supp		port of total	
OTHER FUNDI	NG SOURCES	(IF APPLICABLE):			INVOICED AMOUNT
N/A		(\$ 0.00
		TOTAL REQUES	TED AMOUNT:	\$	15,000.00
				(AMOUNT REQU	ESTING FOR THIS INVOICE ONLY.)
SIGNATURE OF AUTHORIZED REPRESENTATIVE:	Jo	e Shmoe	,	DATE:	10/18/2022
PRINT OR TYPE:		Joe Shmoe		TITLE:	Village President
		FOR AGENCY	USE ONLY		
APPROVED BY:				DATE:	

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GRANT RECIPIENT: Village of City GRANT NUMBER: C17- 0000

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

The grant recipient is in compliance with Articles I to XXVI, Exhibits A through G, and Parts Two and Three of the Grant Agreement and any subsequent Amendments executed for this grant project.

If 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:
PRINT OR TYPE:

Joe Shmoe

DATE: 10/18/2022

Village President

GRANT RECIPIENT:	Village of City	GRANT NUMBER:	C17-	0000

FIRST DISBURSEMENT CHECKLIST

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

\boxtimes	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 language
	found in Article XI Section 11.1 through 11.6 of the Intergovernmental 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

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 IEPA.
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.

SIGNATURE OF			
AUTHORIZED			
REPRESENTATIVE:	ve Shroe	DATE:	10/18/2022
PRINT OR TYPE:	Joe Shmoe	TITLE:	Village President

RESET FORM

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Submit to:

IEPA

EPA.LoanMgmt@illinois.gov

	CC: L	anina Clark	lanina.clark@ill	inois.gov	
	Ji	llian Fowler	<u>jillian.fowler@i</u>		
	R	achael Heaton	rachael.heaton	@illinois.gov	
GRANT RECIPIENT:	Vil	age of City	GRA	NT NUMBER:	C17- 0000
ADDRESS:	000 No	rth State Street	PAY REQUE	ST NUMBER:	1
	С	ity, Illinois	DATE	SUBMITTED:	10/18/2022
				PO#:	
TOTAL GRANT AWAI	RD AMOUNT:	\$ 30,000.00	APPR	OPRIATION#:	
FIRST UCPGP	GRANT DISBURS	EMENT REQUEST			INVOICED AMOUNT
Submittal of an	executed contrac	t detailing the scop	e of work and servi	ces to be	
performed by a	third party in dev	eloping a Planning S	Study or equivalent	document	
W FINIAL TIESCO					1011/01/0555 444011015
		EMENT REQUEST			INVOICED AMOUNT
		g Study accompani with copies of sup	ed by a detailed re p	ort of total	\$ 14,598.66
cumulative cos	is incurred to date	: With copies of sup	porting invoices		
OTHER FUNDI	NG SOURCES (IF	APPLICABLE):			INVOICED AMOUNT
N/A					\$ 0.00
					V 0.00
		TOTAL REQUE	STED AMOUNT:	\$	14,598.66
			•		ESTING FOR THIS INVOICE ONLY.)
					·
SIGNATURE OF					
AUTHORIZED					
REPRESENTATIVE:	ve	Showe		DATE:	12/07/2022
PRINT OR TYPE:		Joe Shmoe		TITLE:	Village President
		FOR AGENC	Y USE ONLY		
APPROVED BY:				DATE:	
AFFROVED BY:				DATE:	

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GRANT RECIPIENT: Village of City GRANT NUMBER: C17- 0000

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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:
PRINT OR TYPE:

Joe Shmoe

DATE: 12/07/2022
Village President

GRANT RECIPIENT:	Village of City	GRANT NUMBER:	C17-	0000

FIRST DISBURSEMENT CHECKLIST

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

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completion of the project plan have been submitted to Illinois EPA and includes the required language
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\boxtimes	If the Planning Study has been completed, the Illinois EPA has been, o	r will be	e, notified i	n 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 IEPA.

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Amount of UCPGP grant funds previously disbursed and received by the Grantee. \$15,000.00

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 AUTHORIZED REPRESENTATIVE: PRINT OR TYPE:

Joe Shmoe

DATE: TITLE: 12/07/2022

Village President