



Illinois Environmental Protection Agency

2520 West Iles Avenue • 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 **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 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: Kaitlyn Holtsclaw kaitlyn.m.holtsclaw@illinois.gov
Allison Fry Allison.fry@illinois.gov
Lanina Clark lanina.clark@illinois.gov

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

<input type="checkbox"/> FIRST UCPGP 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 Planning Study or equivalent document	
<input type="checkbox"/> FINAL UCPGP GRANT DISBURSEMENT REQUEST	INVOICED AMOUNT
Submittal of a completed Planning Study 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 engineering contract documents between the Grantee and consultant/sub-grantee for the completion of the project plan have been submitted to IEPA 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 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 Planning Study has been completed, the IEPA 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 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:** _____ **DATE:** _____
PRINT OR TYPE: _____ **TITLE:** _____