

**Illinois Environmental Protection Agency
Municipal Brownfields Redevelopment Grant Program**

**Reimbursement Request Form
INSTRUCTIONS**

ALL INFORMATION PROVIDED IN REIMBURSEMENT REQUESTS MUST BE ABLE TO BE CROSS-REFERENCED BACK TO THE INFORMATION PROVIDED IN THE APPROVED BUDGET AND QUARTERLY REPORT OF THE SAME REPORTING PERIOD.

A. Grant Information

1. Fill in the name of the municipality
2. Grant Agreement Date
 - i. This is the date on the official signed Grant Agreement
 - ii. This is the trigger date from which the quarterly reporting periods are based (See example below).

(Example) Grant Agreement Date: May 13, 2001

1st Quarter Dates: May 13, 2001 through August 12, 2001

2nd Quarter Dates: August 13, 2001 through November 12, 2001

3rd Quarter Dates: November 13, 2001 through February 12, 2002

4th Quarter Dates: February 13, 2002 through May 12, 2002

3. Reimbursement Period should reflect the Quarter Dates in which reimbursement is being sought.
4. Indicate what reimbursement amount is being requested. (This is a total of Municipal Time Report(s), if applicable, and amount requested from the Invoice Summary)
5. Indicate whether this is an initial, interim or final reimbursement request.
 - i. Indicate the date of the last approved reimbursement request, if applicable.
 - ii. Initial and final requests for reimbursement may be sought at any time after which approved costs have been incurred.
 - iii. Interim requests must be spaced at least 90 days apart.

B. Time Report/Invoice Summaries

1. Complete the boxes, as applicable, to summarize the amount and source of the costs requested in this billing package. ***Invoice amounts should be broken down according to the original budget summary categories*** (A.1. Municipality-Personnel Services; A.2. Consultant-Personnel Services; B. Equipment Costs; C. All Other Direct Costs; D. Contractor/Subcontractor Costs). This is important for tracking which categories are being drawn down with each reimbursement request.
2. Include the **Municipal Employee Time Report Form for Grant Funds** (if applicable)
 - i. ***This form must be included with each request for reimbursement only where grant dollars are being sought to compensate municipalities for employee(s) time contributions to the grant.***
 - ii. This form should be copied and completed for *each individual employee* recording time against the grant project.
3. Include all contractor/subcontractor invoices as an attachment.
 - i. Invoices should be able to act as stand-alone documents.
 - ii. Invoice dates and amounts should be able to be referenced back to the budget and quarterly report.

4. Complete the total amount of each invoice and indicate the amount of reimbursement that will be requested for that invoice. The total of the grant amount being requested for reimbursement plus the municipal time costs, if applicable, should equal the total amount requested in **A. Grant Information -Amount Requested**.
5. If the total amount of grant funds being requested for reimbursement is *less than* the total invoice amounts, then only the amount of grant funds being requested in this billing package should be listed in columns A.1.through D. for each of the invoices listed. The columns and rows should add up to the Total Grant Reimbursement Amount Requested at the bottom of the form, rather than the Total Invoice Amounts. However, Total Invoice Amounts still need to be recorded in the appropriate column.
6. Only grant-eligible activities can be used to meet the 30 percent local match. It is the responsibility of each grantee to keep records of this match amount and complete the **Match Funding Certification** form at the completion of the grant project.
7. The Municipal Employee Time Report for Matching Funds may be used to record in-kind services match. This is to be kept with your records to verify your match. These forms do not need to be reported to the Illinois EPA.

C. Signature

1. Be sure the duly authorized municipal official legibly prints, signs and dates the Reimbursement Request Form.
2. Include the title and telephone number with area code for the duly authorized municipal official.
3. Have the consultant sign and date the Reimbursement Request Form, and include their company name, title and telephone number.
4. All reports should be submitted to The Illinois Environmental Protection Agency, Office of Brownfields Assistance, Bureau of Land #24, 1021 North Grand Avenue East, P.O. Box 19276, Springfield, Illinois 62794-9276.