



**Illinois Environmental Protection Agency
Municipal Brownfields Redevelopment Grant Program
Reimbursement Request Form**

A. Grant Information

Name of Municipality: _____

Grant Agreement Date: _____

Reimbursement Period: From: _____ To: _____

Reimbursement Request: Initial Interim Final (check one)

Amount Requested:^{1 2} _____

Date of Last Approved Reimbursement Request: _____
(write N/A if initial request)

(**Note:** Initial and final requests for reimbursement may be sought at any time after which approved costs have been incurred. Interim requests, however, must be spaced at least 90 days apart.)

B. Time Report/Invoice Summaries

The following boxes should be completed, as applicable, to summarize the amount and source of the costs requested in this billing package. Copies of all municipal time reports (for grant-eligible costs, if needed for reimbursement) and contractor/subcontractor invoices *must* be included as attachments to this form in order to process your payment request.

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 this form, rather than the Total Invoice Amounts. However, Total Invoice Amounts still need to be recorded in the appropriate column.

¹ If grant funds are available, the Agency shall send a voucher for payment of an approved reimbursement request to the Comptroller's Office no more than 90 days after receipt of the request.

² If grant funds are unavailable, the Agency shall so notify the grantee, no more than 90 days after receipt of a request for reimbursement, and shall send vouchers for payment of approved reimbursement requests to the Comptroller's Office when funds become available.

Invoice Summary

Contractor/Subcontractor(s): _____

Invoice #(s)	A.1. Municipality- Personnel Services	A.2. Consultant- Personnel Services	B. Equipment Costs	C. All Other Direct Costs	D. Contractor/ Subcontractors	Total Invoice Amount	Total Grant Amount Requested
TOTAL							

Total Grant Reimbursement Amount Requested \$ _____

C. Signature

I certify that the costs outlined in this billing package have been incurred in accordance with the approved project proposal as set forth in the binding grant agreement document(s). Furthermore, I affirm that the information contained herein is, to the best of my knowledge and belief, accurate and complete.

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.

Duly Authorized Municipal Official

Name (print or type): _____
First Name Last Name

Title: _____

Telephone Number: _____

Signature: _____

Date: _____

Consultant

Firm: _____

Contact: _____
First Name Last Name

Title: _____

Telephone Number: _____

Signature: _____

Date: _____