



PUMPOUT GRANT PROGRAM PAYMENT REQUEST

This information is required by the authority of the Michigan Department of Natural Resources through the U. S. Fish and Wildlife Service to receive grant funds.

PROJECT INFORMATION

Project Number (i.e., MBPXX-XXX, as listed on Project Agreement)	Federal Unique Entity Identifier (UEI)
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Project Name/Title (as listed on Project Agreement)

GRANTEE INFORMATION

Grantee's Name	Phone Number
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Name & Title of Grantee's Representative	Grantee's Representative Telephone Number (If different than above)
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Grantee's Federal ID or Social Security Number
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Please Note: Payment is issued to the entity that matches the Grantee's Federal ID Number or Social Security Number. The Grantee should be sure that the number provided is for the Grantee as listed. The Grantee must be [registered as a Vendor](#) with the State of Michigan to receive payment.

GRANT AND PAYMENT REQUEST INFORMATION

Final Reimbursement: The request **must** include documentation of all expenditures, including donations, as described in the Project Agreement and a signed statement from the Grantee that the project is complete. See the [handbook](#) for more details.

Maximum Grant Amount: \$		<i>Grant Amount</i>
Total Project Costs Incurred: \$		<i>Total of all Documented Costs and Donations</i>
Request Amount: \$		<i>75% of Total Project Costs Incurred (not to exceed the Maximum Grant Amount)</i>

GRANTEE CERTIFICATION

I certify that I have complied with the terms and conditions of the Project Agreement and DNR procedures and to the best of my knowledge, the above information is complete and accurate. I also certify that all required federal, state and local permits and approvals for the project have been issued.

_____ <i>Signature of Grantee's Authorized Representative</i>	_____ <i>Date</i>
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GRANTEE: Please make a copy of the entire request (including attachments) for your records. Submit this request and the required attachments to: Michiganpumpouts@umich.edu and kosloskic3@michigan.gov

<input type="checkbox"/> Approved Amount: \$ _____	
_____ <i>Program Coordinator Signature</i>	_____ <i>Date</i>
_____ <i>Payment Officer Signature</i>	_____ <i>Date</i>