

REQUEST FOR AWARD OF SOURCE WATER PROTECTION GRANT FUNDS

GRANT RECIPIENT INFORMATION
Organization Name: _____ Project Name/SWP#: _____ Mailing Address: _____ Contact Name & Phone Number: _____

GRANT ACTIVITY SUMMARY & AWARD REQUEST		
Task Completed	\$ Received Previously	Current \$ Request
Task 1 (brief description):		
Task 2 (brief description):		
Task 3 (brief description):		
Task 4 (brief description):		
Task 5 (brief description):		
TOTAL:		

Note: Tasks in column one refer to tasks listed in Exhibit A & B of the grant agreement.

Payments will be made based on submitted invoices. If invoice is less than initial estimate only the amount on the invoice will be paid. Changes to the Scope of Services or reallocation of grant funds require DES approval in advance.

SIGNATURES	
Grant Recipient	NHDES Authorization to Pay
Signature of Authorized Official:	Signature of NHDES Official:
Printed Name & Title:	Printed Name & Title: Sarah Pillsbury, DWGB Administrator
Date:	Date:

Please return this form and invoices and/or documents to:
NHDES-Drinking Water and Groundwater Bureau
Attn: Johnna McKenna
P.O. Box 95
Concord, N.H. 03302-0095