

ATTACHMENT B
GRANT PAYMENT/MATCH REQUEST

_____ dba **LE #** _____ **or** **MV#** _____ **CVA #** _____
(GRANTEE) (Application No.)

DEP Program: **Clean Vessel Act Grant Program**

If Department payment is being requested, an invoice on your letterhead must accompany this form.

**TOTAL PROJECT
(100%) of costs**

Permitting	\$ _____
Construction	_____
Renovation	_____
Equipment Purchase	_____
Equipment Installation	_____
Operations	_____
Maintenance and Repair	_____
Sewage Hauling	_____
Pumpout Signage	_____
Education and Instructional Materials	_____
TOTAL PROJECT	\$ _____
25% Grantee match	\$ _____
75% reimburseable to Grantee	\$ _____

I attest that documentation has been and will be maintained as required by this Agreement to support the amounts reported above and is available for audit upon request. I attest that all expenditures prior to this request have been made and are true and accurate and are only for the purposes as described in Clean Vessel Act Grant Project Agreement No. LE/MV # _____. I further attest, that _____ has complied with the terms and conditions of this Agreement. (name of the marina or entity)

Grantee's Project Manager _____
Date