

**Department of Agriculture
Division of Resource Conservation & Forestry
Grant Completion & Reimbursement Form**

RCF Inv. #:

Grant Information

Grant Number:

Date of Filing:

Grantee:

Project Description or Name:

Approximate Location of Project:

County:

Township:

Range:

Section:

Project Beginning Date:

Termination Date:

PRACTICE INFORMATION – to be completed by grantee:

Department Use Only:

Practice Code	Quantity Completed (1)	Unit of Measure (2)	Unit Rate (3)	Total Practice Cost (4)	Percent Cost/Share (5)	Cost/Share Requested (6)
1						
2						
3						
4						
5						
6						
7						
8						

Approved Quantity	Match Approved	Cost/Share Approved

Total Requested

Totals

Column (4) = Column (1) X Column (3); Column (6) = Column (4) X Column (5)

Agency Authorization for Payment

Certification of Requested Reimbursement –

The undersigned designated agent of the grantee hereby warrants: (1) that the above information is true and correct; (2) that the practices were performed in accordance with the practice specifications and other program requirements; (3) that the practices will be maintained in the prescribed time period as outlined in the practice specifications; (4) that the grantee will refund all or part of the cost/share assistance provided if the practices are not maintained; (5) that my promises, warranties, and representations shall be binding upon the grantee; and (6) other certifications or warranties as required.

I hereby certify that the above information is correct and request payment of cost/share assistance. I understand that payment will be based on the approved quantity as listed above.

Signature of Designated Official

Title

Date of Signature