Rural Water Supply Grant Programs

EXPENSE DOCUMENTATION FORM (Please attach copies of invoices and receipts)

PLEASE record **all project expenses donated or paid for** and submit with corresponding invoices & receipts.

IMPORTANT NOTICE: To ensure future funding for this program we all must communicate our need as well as an ability to help ourselves to the Vermont Legislature. Please take the time to fill out this form which will show your continued need for the program and local contributions you have invested to make Vermont a safer place to live, work and play. Thank you!

1. How many operational dry hydrants are <u>currently installed</u> in your town including the one installed with this grant? _____

2. How many additional dry hydrants <u>do you need</u> to install, repair, or replace to adequately protect your town's resources, both human and property? _____

3. Once you have your fire suppression water supply plan implemented are you planning to apply for an improved ISO rating? YES ☐   NO ☐

4. Additional Comments: _____
_____

GRANTEE (who to write the check out to) **INFORMATION:**
GRANTEE NAME AND CARE OF: _____

GRANTEE ADDRESS: _____ ZIP CODE: _____

TOWN: _____ FIRE DEPARTMENT: _____

RURAL WATER SUPPLY LOCATION/NAME: _____

LABOR (DONATED OR PAID FOR):

Tasks:	#hours:	#workers:	rate/hour:	Total Value $ _____
Tasks:	#hours:	#workers:	rate/hour:	Total Value $ _____

MATERIALS (DONATED OR PURCHASED):

Items:	Total Value $ _____
Items:	Total Value $ _____

EQUIPMENT USAGE (DONATED OR PAID FOR):

Tasks:	Equipment:	#hours:	Total Value $ _____
Tasks:	Equipment:	#hours:	Total Value $ _____

OTHERS (DONATED OR PAID FOR):

Items:	Amount:	Total Value $ _____

(Please use separate expense summary sheets if necessary)   **GRAND TOTAL $**_____
Grand Total Value equals the total expenses plus what your department, volunteers and donations amount to in entirety.
_____
We would like to quote you. Please describe how this grant has supported your efforts to correct this problem and improve your town's water supply for fire suppression. Quote, "

_____

_____**"**.
I certify that all the information provided is accurate, to the best of my knowledge. We will comply with all the requirements of the grant as stated above and make our books available for audit.

Name (printed): _____ **Signature:** _____

Title: _____ **Date:** _____
Please submit this form (via email is acceptable) with copies of invoices and receipts, 6 color digital photos, and an **<u>ORIGINAL</u>** full page copy of your press release about your project to: VACD – RFP, 14 Crab Apple Ridge, Randolph, VT 05060.