

# 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 currently installed in your town including the one installed with this grant?  
\_\_\_\_\_
2. How many additional dry hydrants do you need 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 **ORIGINAL** full page copy of your press release about your project to: VACD – RFP c/o Troy Dare, 170 Lower Sumner Hill Rd, Sumner, ME 04292.