Department of Environmental Protection
Bureau of Abandoned Mine Reclamation
Abandoned Mine Land and Abandoned Mine Drainage Grant Program

APPLICATION FOR REIMBURSEMENT

Reimbursement Date: _____
Reimbursement No.: _____

This section completed by Grantee.

Project Name and Number: _____

Document No.: _____ Vendor No.: _____

Payable To (Grantee): _____

Point of Contact (POC): _____ Phone No.: _____

POC's Email Address: _____

Partner Bank Type (e.g. BN01, BN02, etc.): _____

Reimbursement Period (MM/DD/YR): _____ to _____

TOTAL AMOUNT OF REIMBURSEMENT: $_____

All related backup to this request is stored in ESA and the project file for audit purposes.

GRANTEE SIGNATURE: By signing and submitting this report, I certify to the best of my knowledge the report is true, complete, and accurate and the information contained herein is for the purposes and objectives set forth in the terms of the award. I understand any false information or the omission of any material fact may subject me to criminal, civil, or administrative penalties for fraud, false statements, false claims or otherwise. 18 Pa. C.S §4904.

_____ _____ _____
Signature Title Date

Note: This request will not be processed for payment without a supplemental sheet, backup documentation, and a work progress report.

This section for Department use only.

BAMR Grant Coordinator

Approved by: _____

Title: **Grant Coordinator**

Date Approved: _____

BAMR Grant Manager

Recommended Payment: $_____

Recommended by: _____
Grant Manager Name

Date Recommended: _____

BAMR Administrative Review

Admin: _____

Date Submitted: _____

Grants Center

Management Tech: _____

Date Entered: _____

Abandoned Mine Land and Abandoned Mine Drainage Grant Program

SUPPLEMENTAL SHEET

DOCUMENT NUMBER: _____

REIMBURSEMENT PERIOD: _____ (MM/DD/YY) to _____ (MM/DD/YY)

EXPENDITURES (Exp.):

(Backup documentation to include invoices, receipts, logs, etc. in the order outlined below must be attached.)

CONSTRUCTION

Contractor	*EIN*	*Exp. Amount*
		$
		$
		$

Budget: _____ **Amount this Period:** $ 0.00 **Amount to Date:** _____

CONTRACTUAL

Contractor	*EIN*	*Exp. Amount*
		$
		$
		$

Budget: _____ **Amount this Period:** $ 0.00 **Amount to Date:** _____

MATERIALS & SUPPLIES (List individually or lump sum with an attached list.)

Material or Supply Details	*Exp. Amount*
	$
	$
	$
	$

Budget: _____ **Amount this Period:** $ 0.00 **Amount to Date:** _____

SALARIES & BENEFITS (List individually or lump sum with an attached list.)

Name/Title Per Task & Deliverables	*Hours x*	*Rate =*	*Exp. Amount*
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00

Budget: _____ **Amount this Period:** $ 0.00 **Amount to Date:** _____

OTHER (List individually or lump sump with an attached list.)

Other Details	*Exp. Amount*
	$
	$

Budget: _____ **Amount this Period:** $ 0.00 **Amount to Date:** _____

INDIRECT COSTS

Allowable Modified Total Direct Cost This Period: $ _____

Indirect Cost Rate: _____ % x _____ %

Total Allowable Indirect Costs This Period: $ _____

Budget: _____ **Amount this Period:** $ 0.00 **Amount to Date:** _____

TOTAL REIMBURSEMENT AMOUNT: $ 0.00

Abandoned Mine Land and Abandoned Mine Drainage Grant Program

SUPPLEMENTAL SHEET

DOCUMENT NUMBER: _____

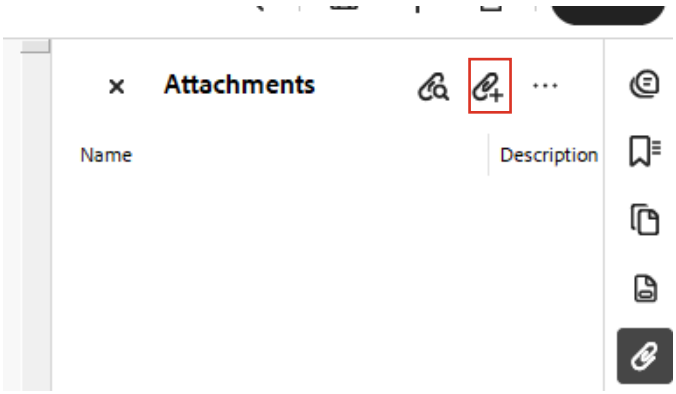
REIMBURSEMENT PERIOD: _____ to _____
MM/DD/YY MM/DD/YY

Add or View Backup Document(s)

Please use this page to attach backup documentation required to process the Application for Reimbursement (AFR). Attachments must be added in the order they are listed on the Supplement Sheet. Please be sure attachments are labeled according to the item listed on the Supplemental Sheet.

You may need to select the "Add or View Backup Document" button twice to display the Attachments window. In the attachments window, select the icon to add attachments.

Attachments window view:



NOTE: IF THE ATTACHMENT FEATURE DOES NOT FUNCTION CORRECTLY FOR YOU, PLEASE SUBMIT YOUR BACKUP DOCUMENTATION AS A SEPARATE ATTACHMENT ALONG WITH THIS AFR PACKET TO YOUR GRANT MANAGER AND RA-EPAMGRANTPROGRAM@PA.GOV.

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WORK PROGRESS REPORT

Submission Type: ☐ AFR ☐ Quarterly ☐ Final

Grant Manager: _____ Report Period: _____ to _____

Grantee: _____ Document Number: _____

Project Name and Number: _____

Report completed by: _____ _____
Name Title

Project Work Completed During the Period: **% Complete** _____

Proposed Activity for Next Quarter:

Grantee Review & Approval: As the grantee, I have knowledge of the work completed during the reporting period and have reviewed and approved this Work Progress Report.

_____ _____ _____
Signature Title Date