



**WATER CONSERVATION, REUSE AND STORAGE
FEASIBILITY STUDY GRANT PROGRAM
OREGON WATER RESOURCE DEPARTMENT**

REQUEST FOR RELEASE OF FUNDS

1. Grantee Name		2. Grant Number	
3. Grantee Address		4. City	5. State 6. Zip
7. Project Name			
8. In accordance with the terms of the Grant Agreement, I request funds as follows: <input type="checkbox"/> Payment Request Number _____ OR <input type="checkbox"/> Final Request		Note: Documentation must be provided to substantiate all requested funds. Please provide copies of itemized invoices, receipts and/or documents for all expenses for the current requested amount by budget category. Administrative costs are not subject to this requirement. All checks will be made payable to Grantee. Grantee is responsible for paying vendors directly with funds received for this project.	
9. Budget			
Budget Category	Previously Paid	Current Request Amount	
Staff Salary/Benefits			
Contractual			
Equipment*			
Other			
Administration			
Grand Total			
<small>* As stated in the Grant Agreement (Section 3.02), any equipment purchases must be specifically authorized in writing by OWRD. Unless specified differently in the authorization, any equipment purchased shall revert to OWRD after 15 days from the Grant Availability Termination Date.</small>			
10. I declare that this statement is, to the best of my knowledge, true, correct and complete.			
Grantee's Authorized Signature:		Date:	
Grantee's Contact Phone Number for Billing Questions:		Fax Number:	
Grantee's Contact E-mail Address:			

Return This Request to WRD's Grant Program Specialist for Signature Below

I find this request to be consistent with the Grant Agreement and all funding conditions have been met.	
WRD Grant Program Specialist: _____	Date: _____
PCA: 11411 AOBJ: 6900 Vendor No: _____	Approved Amount: _____

Return to: Oregon Water Resources Department, Attn: Grant Program Specialist, 725 Summer St. NE, Ste A, Salem, OR 97301-1266