

**EXHIBIT C  
GRANT PAYMENT/MATCH REQUEST FORM SAMPLE PAGE**

MV
CVA

Grantee Name

**DEP Program:** Clean Vessel Act Grant Program

*If reimbursement is being requested, an invoice on facility letterhead **must** accompany this form.*

	<b>Total Project (100% of cost)</b>
<b>Permits</b>	
<b>Site Preparation</b>	
<b>Renovation</b>	
<b>Equipment Purchase</b>	
<b>Equipment Installation</b>	
<b>Operations of Equipment</b>	
<b>Maintenance and Repair</b>	
<b>Sewage Hauling</b>	
<b>Pumpout Signage</b>	
<b>Educational and Instructional Materials</b>	
<b>Total Project Cost</b>	\$0.00
75% Reimbursable to Grantee	\$0.00
25% Grantee Match	\$0.00

I attest that documentation has been and will be maintained as required by this Agreement to support the amounts reported above and is available for audit upon request. I attest that all expenditures prior to this request have been made and are true and accurate and are only for the purposes as described in Clean Vessel Act Grant Project Agreement No. MV . I further attest, that  (Grantee) has complied with the terms and conditions of this Agreement.

Grantee's Grant Manager

Date