

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.*

	Total Project (100% of cost)
Permits	_____
Site Preparation	_____
Renovation	_____
Equipment Purchase	_____
Equipment Installation	_____
Operations of Equipment	_____
Maintenance and Repair	_____
Sewage Hauling	_____
Pumpout Signage	_____
Educational and Instructional Materials	_____
Total Project Cost	\$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