

# MARYLAND DEPARTMENT OF THE ENVIRONMENT

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(410) 537-3000 1-800-633-6101 <http://www.mde.maryland.gov>

## MARYLAND WATER QUALITY FINANCING ADMINISTRATION State BRF Septic Grant Payment Disbursement Request Form

**Financial Assistance Program: Bay Restoration Fund - Septic Grant: County**

Grant FY: \_\_\_\_\_ OSDS County: \_\_\_\_\_  
Federal ID # : \_\_\_\_\_  
Payment Disbursement Request #: \_\_\_\_\_  
Project Period Covered (This Request): From: \_\_\_\_\_ To: \_\_\_\_\_

Grant Recipient Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
County: \_\_\_\_\_  
Telephone #: \_\_\_\_\_

For R\*STARS Payment Only  
AGENCY: \_\_\_\_\_  
INDEX: \_\_\_\_\_  
PCA: \_\_\_\_\_  
AOBJ: \_\_\_\_\_  
TC: \_\_\_\_\_  
FY: \_\_\_\_\_

Type of Expense	Amount (\$)
1. Equipment	_____
2. Installation	_____
3. Other/Specify _____	_____
4. Other/Specify _____	_____
Total Grant Payment Request	\$ -

### Certification

I certify that to the best of my knowledge and belief that the billed costs and this payment disbursement request represents the MDE share due, which has not been previously requested or paid and that an inspection has been performed and all work is in accordance with the terms of the Grant Agreement & Conditions of Financial Assistance Award. I certify that the BAT system installation is complete.

\_\_\_\_\_  
Signature of Authorized Requester / Date                      Name of Authorized Requester (please print)

Enclose all vendor invoices. Also complete the attached spreadsheet providing summary of all BAT installations related to this payment request.

