

[insert county letterhead here]

Request For Disbursement

I, the undersigned and Authorized Person of the County of _____, hereby certify and agree as follows:

1. The Environmental Facilities Corporation is hereby requested to make a disbursement to the County from the Septic System Replacement Fund, in the amount of \$_____ for septic system project costs submitted to the County for reimbursement under the Septic System Replacement Program, as set forth in the attached Disbursement Worksheet.

2. The amount requested to be transferred to the County pursuant to this request is accurate and reflects the total amount of reimbursement requests from property owners during the time period of _____ [month, day, year] to _____ [month, day, year].

3. The County has determined that the reimbursement requests that form the basis for this Request for Disbursement constitute eligible costs under the Clean Water Infrastructure Act of 2017, any Program guidance, rules or policy, and the County’s participation agreement with the Environmental Facilities Corporation for the Septic System Replacement Program.

4. The amount requested hereunder is for eligible costs that have not been included in any previous Request for Disbursement.

Date: _____

County of _____

By: _____

Name: _____

Title: _____

DISBURSEMENT SUMMARY WORKSHEET

Name of property owner	Address of septic system project	Date of completion of septic system project	Total cost of project	Grant disbursement amount requested by County from Fund
Total Disbursement requested by County				

County Wire Transfer Account Information

Name of Bank: _____

Bank Address: _____

Contact Name: _____

Bank Phone: _____

Bank Fax: _____

Bank ABA #: _____

Account Name: _____

Account #: _____

Borrower Fed Tax ID #: _____