

**Maryland Department of Natural Resources  
Program Open Space  
Community Parks and Playgrounds (CP&P) Program**

**Request for Reimbursement  
Development and Capital Renewal Projects**

PROJECT # 6227-20-118 REIMBURSEMENT# 1 Is this a final reimbursement? Yes  No

If this is a final reimbursement request, when was the project completed? \_\_\_\_\_

Shall POS revert any remaining funds? Yes  No

PROJECT TITLE: Play Ball Dog Park

PAYABLE TO: Town of Oxford FEDERAL ID # 52-6003603

ADDRESS: Street Address: PO Box 339

City/Town, State, Zip Code: Town of Oxford

PROJECT COORDINATOR: Name, Title: Cheryl Lewis, Town Administrator

Phone, Fax, Email: 410-226-5122 / fax 410-226-5597 / oxfordclerk@goeaston.net

**SECTION I – Contract Costs and Direct Purchases:**

Please submit one (1) copy of the following documentation and complete the cost summary below:

1. **Invoice or contractor’s “Requisition for Payment”** for supplies, materials, services rendered, or equipment rental.
2. **Copy of Canceled Checks** (Optional) for all items under #1 above. **Attach copies of the canceled checks to the invoice or “Requisition for Payment”**. If check amounts are greater than the invoice(s) please write the amount applicable on the check copy and circle the amount. If Local Jurisdiction elects to submit copies of canceled checks to support their “Requisition for Payment” then only the Project Coordinator must sign the “Payment Certification” on page 3. If the Local Jurisdiction elects not to submit copies of the canceled checks, the “Payment Certification” must then be signed, in lieu of the Project Coordinator, by an individual with fiscal authority who can certify that the payments have been made.
3. **Cost Summary:**

GRANT APPLICATION ITEM #	VENDOR OR CONTRACTOR	INVOICE NUMBER	AMOUNT
2	Brinsfield Fence Company Inc.	5878	14,695.00
3	Cunningham Associates, Inc.	22175	19852.95
5	Paul T Ewing, Inc.	0344155	706.99
5	Paul T Ewing, Inc.	0344277	1421.61
5	Paul T Ewing, Inc.	0344054	290.00
5	Paul T Ewing, Inc.	0344665	998.80
5		To balance	-99.35
			\$
		<b>Total:</b>	<b>37,866.00</b>

List additional costs on next page, if applicable.



**SECTION II – Force Account/In-Kind Services/In-House Labor and Equipment:**

If work has been accomplished using in-house labor and equipment, submit the following documentation and fill in totals below:

1. A list or computer printout of individuals working on this project to include; job function, dates and hours each individual worked, hourly rate and total paid.
2. A list or computer printout of equipment used, dates and hours operated on this project. Usage rates should be based on current schedules within the County or Town, or the current State Highway Administration rate schedule. Indicate the source for rates used.

Total Labor Cost	\$	
Total Equipment Cost	\$	37,866.00
<b>Section II Total</b>	<b>\$</b>	
 <b><u>Summary of Costs</u></b>		
<b>Total Section I. plus Section II.</b>	<b>\$</b>	
State Percentage Approved		%
<b>Total Reimbursement Requested</b>	<b>\$</b>	<b>37,866.00</b>

**Note:** Any support documents for costs submitted on this project, such as contracts, change orders, bid tabulations, labor and equipment records, must be retained by the grant recipient for three years after final reimbursement.

**Payment Certification:** I hereby certify that the costs submitted for reimbursement are true and correct, and that all payments have been made to all persons, vendors and contractors engaged in this project in accordance with local government procurement procedures, all applicable Local, State and Federal statutes and regulations, and the Program Open Space/Community Parks and Playgrounds Grant Application and Project Agreement and attachments.

Cheryl Lewis	Town Administrator	03/16/15
<small>(Signature of Local Government Fiscal Authority or of Local Project Coordinator)</small>	<small>(Typed or Printed Name)</small>	<small>(Title) (Date)</small>

Reimbursement Processing Time: Allow one (1) month from date of receipt by the State for processing of this reimbursement request. Forward request to the appropriate POS office below:

**Program Open Space Grants  
 Department of Natural Resources  
 Tawes State Office Building, E-4  
 580 Taylor Avenue  
 Annapolis, Maryland 21401**

**(For Allegany & Garrett Counties Only)  
 Program Open Space Grants  
 Department of Natural Resources  
 3 Pershing Street, Suite 104  
 Cumberland, Maryland 21502**

Program Administrator Approval		
	<small>(Signature)</small>	<small>(Date)</small>
Fiscal Administrator Approval		
	<small>(Signature)</small>	<small>(Date)</small>