**Maryland Department of Natural Resources**

**Program Open Space (POS) Local Grant**

**Request for Reimbursement**

**Acquisition Projects**

|  |
| --- |
|  |
| PROJECT # |       | REIMBURSEMENT# |       | Is this a final reimbursement? | Yes [ ]  | No [ ]  |
|  | If yes, when was the project completed?  |       |
|  | Please confirm that any remaining funds after final reimbursement can be reverted to close the grant. |  | Initial Here |

|  |  |
| --- | --- |
| PROJECT TITLE: |       |
| PAYABLE TO: |       | FEDERAL ID # |       |
| ADDRESS: | Street Address: |       |
| City/Town, State, Zip Code: |       |
| PROJECT COORDINATOR: | Name, Title: |       |
| Phone, Fax, Email: |       |

**Acquisition Documentation Required:**

A: Supply one (1) copy of each item:

1. Deed to each parcel acquired. The deed must contain the covenant provided by Natural Resources Article §5-906(e)(7) and (8) that protects the land from a conversion of use from outdoor public recreation or open space use to any other use.
2. Evidence of title for each parcel acquired. (Letter from County or City Legal Officer, or certificate from the Title Guaranty Company.)
3. Settlement sheet for each parcel acquired.
4. Invoice for any incidental costs which are not reflected on the settlement sheet (i.e., appraisals, surveys, etc.)

Note that prepaid taxes refunded to the seller is not an eligible incidental cost.

1. Canceled checks for land purchases and incidental costs.

B: Breakdown for each parcel acquired. Attach supplemental pages if needed.

**Section I – Land Cost:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Parcel Number** | **Acres Acquired** | **Date Acquisition Costs Incurred** | **Land Record Liber/Folio** | **Actual Total Land Costs** | **Amount of Reimbursement Requested** |
| **#1** |       |       |       | $      | $      |
| **#2** |       |       |       | $      | $      |
| **#3** |       |       |       | $      | $      |
| **Section I Totals:** |  |  |  | **$** | **$** |

**Section II – Incidental Costs:**

|  |  |  |
| --- | --- | --- |
| **Parcel #1** | **Actual Cost** | **Amount Requested** |
| Appraisal Fees | $      | $      |
| Title Search | $      | $      |
| Surveys | $      | $      |
| Legal Fees | $      | $      |
| Settlement Fees | $      | $      |
| Other – Describe: | $      | $      |
| Other – Describe: | $      | $      |
| **Parcel #1 Totals:** | **$** | **$** |

|  |  |  |
| --- | --- | --- |
| **Parcel #2** | **Actual Cost** | **Amount Requested** |
| Appraisal Fees | $      | $      |
| Title Search | $      | $      |
| Surveys | $      | $      |
| Legal Fees | $      | $      |
| Settlement Fees | $      | $      |
| Other – Describe: | $      | $      |
| Other – Describe: | $      | $      |
| **Parcel #2 Totals:** | **$** | **$** |

|  |  |  |
| --- | --- | --- |
| **Parcel #3** | **Actual Cost** | **Amount Requested** |
| Appraisal Fees | $      | $      |
| Title Search | $      | $      |
| Surveys | $      | $      |
| Legal Fees | $      | $      |
| Settlement Fees | $      | $      |
| Other – Describe: | $      | $      |
| Other – Describe: | $      | $      |
| **Parcel #3 Totals:** | **$** | **$** |

|  |  |  |
| --- | --- | --- |
| **Section II – All Parcels Totals:** | **$** | **$** |

**Combined State Reimbursement Requested:**

|  |  |  |  |
| --- | --- | --- | --- |
| Section I. | Total Land Costs | $ |       |
| Section II. | Total Incidental Costs | $ |       |
|  | **Total Reimbursement Requested** | **$** |  |

|  |
| --- |
| **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 Grant Application and Project Agreement and attachments. |
|  |       |       |       |
| **(Signature of Local Government Fiscal Authority or of Local Project Coordinator)** | (Typed or Printed Name) | (Title) | (Date) |

Please email a copy of the completed form with the requisite attachments to the Local Grants Administrator for your county.

|  |  |  |
| --- | --- | --- |
| Program Administrator Approval |  |  |
|  | (Signature) | (Date) |
| Fiscal Administrator Approval |  |  |
|  | (Signature) | (Date) |

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