



Town of Shelter Island

Water Quality Improvement Rebate

REQUEST FOR PAYMENT FORM / REQUIREMENTS / CHECKLIST

The Final Stage of Application Process

Instructions for Applicant Request to Release Shelter Island Rebate Funds for Residential Advanced Septic Treatment Systems

Timing:

Applicants request funding release after the system is fully installed, approved by Suffolk County Department of Health Services, and County and State grants have been received by the applicant.

Requirements:

In order to receive funds reserved in the Shelter Island Conditional Rebate Agreement the applicant must complete and submit these forms with supporting documentation to the WQI Advisory Board. Please fill in expenses or payments in all of the pale-yellow fields in the “*Request for Payment and Calculation Form*” (see attached).

A member of the WQIAB may contact you to clarify the type or size of expenses.

Filing Instructions:

One printed hard plus PDF of all documents listed below, including signed forms, must be delivered to Jessica Montgomery, WQIAB Clerk.

Deliver in-person at 38 N. Ferry Road, Shelter Island, NY, or via USPS: P.O. Box 970, Shelter Island, NY 11964-0970 plus a PDF copy emailed to jmontgomery@shelterislandtown.gov

SCDHS green stamp approval cover page must be in color.



Town of Shelter Island

Water Quality Improvement Rebate

Required documentation checklist to be submitted with Request for Payment Form

- Copies of the Suffolk County Final Survey approval cover page (color copy of the green stamp coverpage). The entire file is not required by the WQI. Exception - If this is a rebate for an emergency replacement please submit a copy of the "Design Notice" letter from the SCDHS Wastewater Management Department.
- Copies of vendor expense invoices, showing "paid in full".
- Completed and signed "Owners Certification of Application for Rebate Release and Access".
- Completed and signed "Request for Payment and Calculation Form".
- Copy of Suffolk County and NY State septic upgrade grant rebate check or check stub, or if denied by them a copy of the denial letter.
- Verification that the Shelter Island Well Registry has been filed (a copy of the Well Registry document initialed by the Building Department Clerk is adequate) *
- Verification that the Shelter Island Septic Registry has been filed (a copy of the Septic Registry document initialed by the Building Department Clerk is adequate). *
- A summary page listing all expenses that are requested for reimbursement.

* NOTE: See the Town's Building Departments website page for the current instructions for completing the Well and Septic Registry forms:

<https://www.shelterislandtown.us/building-department> (631) 749-0772

Directions: Complete the OWNERS CERTIFICATION OF APPLICATION FOR REBATE RELEASE AND ACCESS contract in ink, original to be forwarded with other documents to the WQI clerk.

Water Quality Improvement - IA System Grant Funding Program

OWNERS CERTIFICATION OF APPLICATION FOR REBATE RELEASE

I/WE, (print full name(s),

Owner #1 _____

Owner #2 _____

the undersigned, certify that I/We are the legal titled owner(s) of the land identified in this application and that this application, including any appended documentation, constitutes a true statement of facts to the best of my/our knowledge.

Owner #1 signature _____ Date _____

Owner #2 signature _____ Date _____

(Signing this form also authorizes the Town to access to the site to perform an inspection of the system)

Property Address

Suffolk County Tax Map # _____

Phone _____

Email address _____

Directions to complete the REQUEST FOR PAYMENT AND CALCULATION FORM: Enter information in all of the pale-yellow fields. For expense types that are not being claimed place "none" in the "Vendor Name" field with zero as the expense. Sign and submit the form with the required documentation attached. Submit the original of the forms and xerox copies of other documents to the WQIAB Clerk.

A member of the WQI may contact you to clarify the type or size of expenses.

TOWN OF SHELTER ISLAND

38 N. Ferry Road, P.O. Box 970, Shelter Island, NY 11964-0970

Request for Payment and Calculation Form

Date _____
 Owner _____
 Property Address _____
 Mailing Address _____
 SCTM # _____
 Phone _____ Email _____

*** Complete fields with the invoice amount PAID and attached a copy of each invoice to the form. Please fill in costs for expenses or payments in all of the pale-yellow fields.**

| Expenses Paid | Vendor Name | Cost | Office Use | WQI Notes |
|---|-------------|------|------------|-------------------|
| Engineering | | | | |
| Installer | | | | |
| Survey | | | | |
| Water Test | | | | |
| Backwash line | | | | |
| Backwash water filter drywell | | | | |
| Test Hole Boring | | | | |
| New Well Upgrade | | | | |
| Other | | | | |
| Total expenses (submitted/WQI Approved) | | | | |
| Less: NYS Grant payment amount (Include Copy of Check) | | | | |
| Less: SCOH grant payment amount (Include Copy of Check) | | | | |
| Expenses subject to SI Town Rebate (Submitted/WQI Approved) | | | | Exp. Minus Grants |
| Conditional Rebate Funding Reserved by Town Board | | | | |
| Recommended Rebate to be forwarded for Town Board authorization. | | | | |

Property Owners Signature: _____ Date: _____

OFFICE USE ONLY: WQIAB Approved on _____ Total Payment Approved \$ _____

WQIAB Chairperson (Print Name) _____
 Signature _____ Date _____