

Grant Completion Form : Entry # 2602

Grant Information

Fund 1239, Land and Water Conservation Fund, MA EEA

Grant Period

5/1/22-6/30/23

Grant Purpose

Matching funds towards the acquisition of 14.1 acres north of Scott Tower in Holyoke, in collaboration with Holyoke Parks Department and Kestrel Land Trust.

Total Budget

\$150,000

Actual Expenses

Land Acquisition - \$150,000

Ending Fund Balance

\$0

Additional Materials (if necessary)

- [6-20-23_150000_CON39.pdf](#)

Grant Manager

Yoni Glogower Conservation

**DIVISION OF CONSERVATION SERVICES
LWCF GRANT PROGRAM
REQUEST FOR REIMBURSEMENT**

DCS Use Only
Contract #: _____
% Reimbursement: <u>50</u>
Reviewed by: _____

Project Name: Anniversary Hill Project (Acquisition)

LWCF #: 25-0556

Municipality: Holyoke

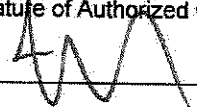
Type of Request: Partial X Final

Partial Request #:

Period Covered: From: 5/1/2022 To: 6/30/2023

Status of Funds	
Land Acquisition	\$300,000
Design and Engineering	\$
Construction	\$
Total Cost to Date	\$
State Share at 50%	\$
Amount Previously Billed this FY	\$
Amount Due this Billing	\$
Percent Complete	<u>100%</u>

CERTIFICATION: I certify that to the best of my knowledge and belief, the billed costs of disbursements are in accordance with the terms of the Project Agreement, that the reimbursement represents the state share due that has not been previously requested, and all work is in accordance with the terms and the Project Agreement and State Standard Contract.

Grantee		State Agency	
Name <u>Joshua A. Garcia</u>		Name	
Title <u>Mayor</u>	Phone <u>413-561-1600</u>	Title	Phone
Signature of Authorized Official 	Date <u>6/16/2023</u>	Signature of Authorized Official	Date

**LWCF PROJECT REIMBURSEMENT
COST RE-CAP SHEET**

MUNICIPALITY: Holyoke

PROJECT: Anniversary Hill Project (Acquisition)

LWCF #: 25-0556

Vendor	Kestrel Land Trust
Invoice Period	9/2/2022 – 12/1/2022
Date of Check	9/30/2022
Check Number	300604
Check Amount	\$300,000
Classification	Land Acquisition

Vendor	
Invoice Period	
Date of Check	
Check Number	
Check Amount	
Classification	

Vendor	
Invoice Period	
Date of Check	
Check Number	
Check Amount	
Classification	

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Classification	

TOTAL OF INVOICES: \$300,000

REIMBURSEMENT REQUEST: \$150,000

(reimbursement request = total of invoices x grant reimbursement rate%)