

## Remedial Action Grant Biennial Spending Plan

Recipient:
Prepared by:
Date Prepared:

Usual billing period:	
Monthly	
Quarterly	

2009 - 2011 Biennium

*Directions: Enter the total project costs for the expenses you expect to request for reimbursement by quarter. Enter the amount under the quarter in which you will REQUEST REIMBURSEMENT (not the quarter in which the activity occurred or costs were incurred). For example, if you bill quarterly and you spent money between Jan-Mar, and you would request reimbursement for it in Apr-Jun, your request would be reported in Apr-Jun.*

*Recipients with multiple grants may use one form for all grants if the state share match percentage is the same for all grants.*

	Quarter	July-Sept	Oct-Dec	Jan-Mar	Apr-Jun	July-Sept	Oct-Dec	Jan-Mar	Apr-Jun	
	Year	2009	2009	2010	2010	2010	2010	2011	2011	
Project Name	Agreement No.	Total Project Cost	Total Project Cost	Total Project Cost	Total Project Cost	Total Project Cost	Total Project Cost	Total Project Cost	Total Project Cost	Biennial Total
										\$0.00
										\$0.00
										\$0.00
										\$0.00
										\$0.00
	Total Project Cost per quarter	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Total State Share per quarter	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		ECY Qtr 7	ECY Qtr 8	ECY Qtr 1	ECY Qtr 2	ECY Qtr 3	ECY Qtr 4	ECY Qtr 5	ECY Qtr 6	
		OFM Qtr 1	OFM Qtr 2	OFM Qtr 3	OFM Qtr 4	OFM Qtr 5	OFM Qtr 6	OFM Qtr 7	OFM Qtr 8	

*To ask about the availability of this document in a version for the visually impaired call the Solid Waste and Financial Assistance Program at 360-407-6900. Persons with hearing loss, call 711 for Washington Relay Service. Persons with a speech disability, call 877-833-6341.*



## Remedial Action Grant Biennial Spending Plan

Recipient:
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Date Prepared:

Usual billing period:	
Monthly	
Quarterly	

2011 - 2013 Biennium

*Directions: Enter the total project costs for the expenses you expect to request for reimbursement by quarter. Enter the amount under the quarter in which you will REQUEST REIMBURSEMENT (not the quarter in which the activity occurred or costs were incurred). For example, if you bill quarterly and you spent money between Jan-Mar, and you would request reimbursement for it in Apr-Jun, your request would be reported in Apr-Jun.*

*Recipients with multiple grants may use one form for all grants if the state share match percentage is the same for all grants.*

	Quarter	July-Sept	Oct-Dec	Jan-Mar	Apr-Jun	July-Sept	Oct-Dec	Jan-Mar	Apr-Jun	
	Year	2011	2011	2012	2012	2012	2012	2013	2013	
Project Name	Agreement No.	Total Project Cost	Total Project Cost	Total Project Cost	Total Project Cost	Total Project Cost	Total Project Cost	Total Project Cost	Total Project Cost	Biennial Total
										\$0.00
										\$0.00
										\$0.00
										\$0.00
										\$0.00
	Total Project Cost per quarter	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Total State Share per quarter	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		ECY Qtr 7	ECY Qtr 8	ECY Qtr 1	ECY Qtr 2	ECY Qtr 3	ECY Qtr 4	ECY Qtr 5	ECY Qtr 6	
		OFM Qtr 1	OFM Qtr 2	OFM Qtr 3	OFM Qtr 4	OFM Qtr 5	OFM Qtr 6	OFM Qtr 7	OFM Qtr 8	

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## Remedial Action Grant Biennial Spending Plan

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Usual billing period:	
Monthly	
Quarterly	

2013 - 2015 Biennium

**Directions:** Enter the total project costs for the expenses you expect to request for reimbursement by quarter. Enter the amount under the quarter in which you will REQUEST REIMBURSEMENT (not the quarter in which the activity occurred or costs were incurred). For example, if you bill quarterly and you spent money between Jan-Mar, and you would request reimbursement for it in Apr-Jun, your request would be reported in Apr-Jun.

Recipients with multiple grants may use one form for all grants if the state share match percentage is the same for all grants.

	Quarter	July-Sept	Oct-Dec	Jan-Mar	Apr-Jun	July-Sept	Oct-Dec	Jan-Mar	Apr-Jun	
	Year	2013	2013	2014	2014	2014	2014	2015	2015	
Project Name	Agreement No.	Total Project Cost	Total Project Cost	Total Project Cost	Total Project Cost	Total Project Cost	Total Project Cost	Total Project Cost	Total Project Cost	Biennial Total
										\$0.00
										\$0.00
										\$0.00
										\$0.00
										\$0.00
	<b>Total Project Cost per quarter</b>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	<b>Total State Share per quarter</b>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		ECY Qtr 7	ECY Qtr 8	ECY Qtr 1	ECY Qtr 2	ECY Qtr 3	ECY Qtr 4	ECY Qtr 5	ECY Qtr 6	
		OFM Qtr 1	OFM Qtr 2	OFM Qtr 3	OFM Qtr 4	OFM Qtr 5	OFM Qtr 6	OFM Qtr 7	OFM Qtr 8	

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2015-2017 Biennium

*Directions: Enter the total project costs for the expenses you expect to request for reimbursement by quarter. Enter the amount under the quarter in which you will REQUEST REIMBURSEMENT (not the quarter in which the activity occurred or costs were incurred). For example, if you bill quarterly and you spent money between Jan-Mar, and you would request reimbursement for it in Apr-Jun, your request would be reported in Apr-Jun.*

*Recipients with multiple grants may use one form for all grants if the state share match percentage is the same for all grants.*

	Quarter	July-Sept	Oct-Dec	Jan-Mar	Apr-Jun	July-Sept	Oct-Dec	Jan-Mar	Apr-Jun	Biennial Total
	Year	2015	2015	2016	2016	2016	2016	2017	2017	
Project Name	Agreement No.	Total Project Cost	Total Project Cost	Total Project Cost	Total Project Cost	Total Project Cost	Total Project Cost	Total Project Cost	Total Project Cost	
										\$0.00
										\$0.00
										\$0.00
										\$0.00
										\$0.00
	Total Project Cost per quarter	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Total State Share per quarter	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		ECY Qtr 7	ECY Qtr 8	ECY Qtr 1	ECY Qtr 2	ECY Qtr 3	ECY Qtr 4	ECY Qtr 5	ECY Qtr 6	
		OFM Qtr 1	OFM Qtr 2	OFM Qtr 3	OFM Qtr 4	OFM Qtr 5	OFM Qtr 6	OFM Qtr 7	OFM Qtr 8	

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# Remedial Action Grant Biennial Spending Plan

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Monthly	
Quarterly	

2017 - 2019 Biennium

**Directions:** Enter the total project costs for the expenses you expect to request for reimbursement by quarter. Enter the amount under the quarter in which you will REQUEST REIMBURSEMENT (not the quarter in which the activity occurred or costs were incurred). For example, if you bill quarterly and you spent money between Jan-Mar, and you would request reimbursement for it in Apr-Jun, your request would be reported in Apr-Jun.

Recipients with multiple grants may use one form for all grants if the state share match percentage is the same for all grants.

	Quarter	July-Sept	Oct-Dec	Jan-Mar	Apr-Jun	July-Sept	Oct-Dec	Jan-Mar	Apr-Jun	
	Year	2017	2017	2018	2018	2018	2018	2019	2019	
Project Name	Agreement No.	Total Project Cost	Total Project Cost	Total Project Cost	Total Project Cost	Total Project Cost	Total Project Cost	Total Project Cost	Total Project Cost	Biennial Total
										\$0.00
										\$0.00
										\$0.00
										\$0.00
										\$0.00
	<b>Total Project Cost per quarter</b>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	<b>Total State Share per quarter</b>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		ECY Qtr 7	ECY Qtr 8	ECY Qtr 1	ECY Qtr 2	ECY Qtr 3	ECY Qtr 4	ECY Qtr 5	ECY Qtr 6	
		OFM Qtr 1	OFM Qtr 2	OFM Qtr 3	OFM Qtr 4	OFM Qtr 5	OFM Qtr 6	OFM Qtr 7	OFM Qtr 8	

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