



**RHODE ISLAND**  
**DEPARTMENT OF ENVIRONMENTAL MANAGEMENT**  
**DIVISION OF PLANNING AND DEVELOPMENT**  
235 Promenade Street, Room 310  
Providence, Rhode Island 02908

**COMPLIANCE CERTIFICATION FORM**  
Reimbursement Payment Requests  
Recreation Acquisition and Development Grant Program

Grant Project Name: \_\_\_\_\_

Reimbursement Amount Requested: \_\_\_\_\_

I certify that I am an authorized representative\* of the City/Town of:

\_\_\_\_\_

and that the enclosed invoice(s) submitted to the RI Department of Environmental Management for reimbursement represent work that was completed in compliance with all of the following:

- Bond Rules - *Rules and Regulations for the Agricultural and Recreation Acquisition and Development, Roger Williams Park, and Roger Williams Zoo Grant Programs* (Title 250, Chapter 110); and
- Grant Agreement Contract Requirements; and
- Local and State Permitting Requirements; and  
(Freshwater/Coastal Wetlands, OWTS, Building/MEP/Fire, etc.); and
- Local and State Contracting and Purchasing Requirements  
(Competitive Bidding, Prevailing Wage, MBE/WBE, etc.); and
- Compliance with the American's with Disabilities Act  
(RI Governor's Commission on Disabilities); and
- Compliance with requirements of the  
RI Historical Preservation and Heritage Commission.

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

\*Authorized Representative is the designated signatory of the grant agreement contract (i.e. the City/Town Administrator or Manager, the Mayor, or the City/Town Council President). DEM 2/17/20