

Remedial Action Grant Biennial Spending Plan

Recipient:
Prepared by:
Date Prepared:

Usual billing period:	
Monthly	
Quarterly	

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								
										\$0.00
										\$0.00
										\$0.00
										\$0.00
										\$0.00
	Total Project Cost per quarter	\$0.00	\$0.00							
	Total State Share per quarter	\$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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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	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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2019 - 2021 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.

Project Name	Quarter	July-Sept	Oct-Dec	Jan-Mar	Apr-Jun	July-Sept	Oct-Dec	Jan-Mar	Apr-Jun	Biennial Total
	Year	2019	2019	2020	2020	2020	2020	2021	2021	
	Agreement No.	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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2021 - 2023 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	2021	2021	2022	2022	2022	2022	2023	2023	
Project Name	Agreement No.	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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Quarterly	

2023 - 2025 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	2023	2023	2024	2024	2024	2024	2025	2025	
Project Name	Agreement No.	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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