

State of Wisconsin  
Department of Natural Resources  
Box 7921  
Madison, WI 53707-7921

## Grant Payment Request & Worksheet

Form 8700-001 (R 08/23)

Page 1 of 5

**Notice:** Grantees are required to provide information requested on this form when applying for payment of a grant funded by the Department. The Department will not process your payment unless you provide all information requested. This information will be used to determine the amount of your payment and to issue your check. Personally identifiable information collected will be used for program administration and may be made available to requesters as required under Wisconsin's Public Records Law [ss. 19.31-19.39, Wis Stats.].

Submit one copy of the completed Grant Payment Request & Worksheet form, and required documentation, listed on reverse, to your DNR Grant Specialist. See the DNR web site for additional information: <http://dnr.wi.gov/Aid>.

### Grantee and Project Information - This section must be filled out entirely in order to complete the rest of the form.

|  |  |                  |                |
|--|--|------------------|----------------|
| Grantee Name & County  | Project Number   | Grant Start Date | Grant End Date |
| North Lake Management District, Wukesha County   | LPL-179621   | 03/15/2021       | 12/31/2024     |
| Project Title  | Type of Request <input type="radio"/> Partial <input checked="" type="radio"/> Final                                       |                  |                |
| Grant C: Wave Propagation Difference Among Powered Vessels   |  |                  |                |
| Is this a land acquisition project? <input type="radio"/> Yes <input checked="" type="radio"/> No        | Will in-kind donations be applied to this request? <input checked="" type="radio"/> Yes <input type="radio"/> No           |                  |                |
| Did you receive a grant advance or escrow? <input checked="" type="radio"/> Yes <input type="radio"/> No | Is this your first payment request after an advance payment? <input checked="" type="radio"/> Yes <input type="radio"/> No |                  |                |

The DNR will mail the check to the name identified on the application as the "Check Recipient." Contact your DNR Grant Specialist with questions.

### Cost Share Summary

Enter the percent state cost share listed in your grant agreement or identified in your approved grant application.

|                                  |      |
|----------------------------------|------|
| 1. State Cost Share Percentage   | 67 % |
| 2. Grantee Cost Share Percentage | 33 % |

### Payment Record to Date

|  | Amount      | This Column for DNR Use Only |
|--|-------------|------------------------------|
| 3. Total State Aid Amount (from Grant Agreement) | \$10,000.00 |                              |
| 4. Advance Payment or Escrow Payment Received    | \$7,500.00  |                              |
| 5. Funds Remaining                               | \$2,500.00  |                              |

### Reimbursement Calculation

Information in this section is transferred from the Grant Payment Worksheet, page 3. Complete the Worksheet next. Note: Grant payment may not exceed the amount expended by the grantee as shown in the Cash Paid column of the Worksheet, and may not exceed the funds remaining in line 5 above. This calculation will adjust the state share and the grantee share for these conditions.

|   |             |  |
|---|-------------|--|
| 6. Total Eligible Project Costs this Period. Transferred from <a href="#">Worksheet</a> | \$18,242.25 |  |
| 7. State Share of Costs   | \$10,000.00 |  |
| 8. Grantee Share of Costs   | \$8,242.25  |  |

### Reimbursement Amount

The amount paid cannot exceed the cash costs less the advance or the funds remaining (line 5). See "Instructions" for details on how the advance amount is accounted for when calculating the amount eligible this claim (line 9).

|                               |            |  |
|-------------------------------|------------|--|
| 9. Amount Eligible this Claim | \$2,500.00 |  |
| 10. Grant Balance Remaining   | \$0.00     |  |

### In-kind Donation Summary

For

LPL-179621

|  |            |  |
|--|------------|--|
| 11. In-kind donations applied to this claim                          | \$4,925.37 |  |
| 12. Remaining In-kind donations applied to next claim for this grant | \$2,229.63 |  |

### Certification

I certify that, to the best of my knowledge and belief, the eligible costs requested are in accordance with the terms of the grant agreement and that all expenditures are based on actual payments of record. This reimbursement represents the grant share due that has not been previously requested.

|   |                              |
|---|------------------------------|
| Name of Authorized Representative - type or print                                   | (Area Code) Telephone Number |
| Jerry P. Heine  | (262) 424-1254               |
| Signature of Authorized Representative  | (Area Code) FAX Number       |
|  | N/A                          |
| Date Signed   | Email Address                |
| January 14, 2025  | teamheine@wi.dnr.com         |

### Space Below this Line for DNR Use Only

|                            |                             |
|----------------------------|-----------------------------|
| Grant Specialist Signature | Reimbursement Approval Date |
|----------------------------|-----------------------------|



Grant Payment Request & Worksheet

Form 8700-001 (06/18)

Page 4 of 5

Grant Number LPL-179621

| Date Expense Incurred | Invoice # | Proof of Payment # | Payee | Eligible Project Cost Description | Cash Paid | In-kind Donations |
|-----------------------|-----------|--------------------|-------|-----------------------------------|-----------|-------------------|
|                       |           |                    |       |                                   |           |                   |

| Grant Begin Date | Grant End Date | Total Project Cost:<br>(Sum of Paid Subtotal and Donated Subtotal per this page)  | Paid Subtotal | Donated Subtotal |
|------------------|----------------|---|---------------|------------------|
| 03/15/2021       | 12/31/2024     |   |               |                  |
|                  |                | Total Project Costs:<br>(Sum of Paid Subtotal and Donated Subtotal for all pages) | \$18,242.25   |                  |

1721

✓ Track Your Expenses ...

|   |  |   |
|---|--|---|
| <input type="checkbox"/> Auto/Travel    | <input type="checkbox"/> Education     | <input type="checkbox"/> Medical/Dental |
| <input type="checkbox"/> Business       | <input type="checkbox"/> Entertainment | <input type="checkbox"/> Savings        |
| <input type="checkbox"/> Charities      | <input type="checkbox"/> Food          | <input type="checkbox"/> Taxes          |
| <input type="checkbox"/> Clothing       | <input type="checkbox"/> Home          | <input type="checkbox"/> Utilities      |
| <input type="checkbox"/> Dependent Care | <input type="checkbox"/> Insurance     | <input type="checkbox"/> Other          |

*TERRA VIGILIS*

*FIVE THOUSAND & 00/100*

Duplicate is produced using soy based materials.  
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☐ TAX DEDUCTIBLE ITEM

Memo

For enhanced security your account number will not be printed on this copy

**NOT NEGOTIABLE**

|         |          |
|---------|----------|
| DATE    | 12-29-22 |
| FOR D   |          |
| ITEM    |          |
| AMOUNT  | 5,000.00 |
| BALANCE |          |
| DEPOSIT |          |
| FOR C   |          |

**Terra Vigilis Environmental Services Group**

**Billed to: North Lake Management District NLMD**

**Project: Phase 3 Water Quality and Wave Propagation Study**

**Invoice #225**

**Date: December 29, 2022**

**Item: Phase 3 Final Report and associated testing.....\$5000.00**

**Please Remit to:**  
**Terra Vigilis Inc**  
**c/o Charles Luebke**  
**N72W32225 Reddelien Rd**  
**Hartland, WI 53029**

**Thank you for your business!**



155 W. Wisconsin Ave. | Oconomowoc, WI 53066

RETURN SERVICE REQUESTED

NORTH LAKE MANAGEMENT DISTRICT  
N73W32385 RIVER RD  
HARTLAND WI 53029-8512





## Statement Ending 01/31/2023

NORTH LAKE MANAGEMENT

Page 1 of 4

Account Number: XXXXXX0006

### Connect With Us

|   |                 |                                       |
|---|-----------------|---------------------------------------|
|  | Location        | Corporate Headquarters                |
|  | Mailing Address | P.O. Box 1004<br>Oconomowoc, WI 53066 |
|  | Phone Number    | (888) 589-9909                        |
|  | Website         | bankfivenine.com                      |

### Summary of Accounts

| Account Type            | Account Number | Ending Balance |
|-------------------------|----------------|----------------|
| BASIC BUSINESS CHECKING | XXXXXX0006     | \$49,953.99    |

### BASIC BUSINESS CHECKING-XXXXXX0006

#### Account Summary

| Date       | Description             | Amount       |
|------------|-------------------------|--------------|
| 12/31/2022 | Beginning Balance       | \$120,748.59 |
|            | 6 Credit(s) This Period | \$148,350.00 |
|            | 5 Debit(s) This Period  | \$219,144.60 |
| 01/31/2023 | Ending Balance          | \$49,953.99  |

#### Deposits

| Date               | Description | Amount      |
|--------------------|-------------|-------------|
| 01/09/2023         | DEPOSIT     | \$2,600.00  |
| 01/17/2023         | DEPOSIT     | \$60,000.00 |
| 01/19/2023         | DEPOSIT     | \$750.00    |
| 01/23/2023         | DEPOSIT     | \$25,000.00 |
| 4 item(s) totaling |             | \$88,350.00 |

#### Other Credits

| Date               | Description  | Amount      |
|--------------------|--|-------------|
| 01/17/2023         | Internet Banking Transfer from ***** 765 on 1/16/23 at 9:19  | \$10,000.00 |
| 01/20/2023         | Internet Banking Transfer from ***** 765 on 1/20/23 at 11:10 | \$50,000.00 |
| 2 item(s) totaling |  | \$60,000.00 |

#### Other Debits

| Date               | Description  | Amount       |
|--------------------|--|--------------|
| 01/12/2023         | Internet Banking Transfer to ***** 765 on 1/12/23 at 12:29 | \$100,000.00 |
| 1 item(s) totaling |  | \$100,000.00 |

#### Checks Cleared

| Check Nbr | Date       | Amount     | Check Nbr | Date       | Amount       |
|-----------|------------|------------|-----------|------------|--------------|
| 1720      | 01/04/2023 | \$144.60   | 995456*   | 01/26/2023 | \$14,000.00  |
| 1721      | 01/04/2023 | \$5,000.00 | 995458*   | 01/30/2023 | \$100,000.00 |

\* Indicates skipped check number

4 item(s) totaling \$119,144.60





Center for Watershed Science and Education  
College of Natural Resources  
University of Wisconsin - Stevens Point

# INVOICE

## WATER & ENVIRONMENTAL ANALYSIS LAB

University of Wisconsin - Stevens Point  
College of Natural Resources, Room 200  
Stevens Point, WI 54481  
715-346-3209 or toll free 877-383-8378  
State Lab ID #750040280

Invoice No: 3000007  
Date: January 09, 2023  
<http://www.uwsp.edu/cnr-ap-weal>

Bill Essma  
North Lake  
N77W32017 Northwoods Drive  
Hartland, WI 53029

Project: North Lake  
Sample Date(s): 11/26/2022  
Lab Number: 2200745  
PO Number:

| QUANTITY | UNIT | DESCRIPTION    | UNIT PRICE | AMOUNT   |
|----------|------|----------------|------------|----------|
| 2        | smpl | Lake A Package | \$182.00   | \$364.00 |
| TOTAL    |      |                |            | \$364.00 |

Remittance payable to:  
WATER & ENVIRONMENTAL ANALYSIS LAB or WEAL

PLEASE INCLUDE INVOICE NUMBER ON CHECK

BURSAR USE: 908435-9200  
Fund: 136  
Program Code: 5

(Authorized Signature)

UW transfers to UWSTP 136-5-908435-9050

*FALL SAMPLES /w Jim Schneider*

*PD 6-13-23  
Deh.*

1729

☒ Track Your Expenses

|   |  |   |
|---|--|---|
| <input type="checkbox"/> Auto/Travel    | <input type="checkbox"/> Education     | <input type="checkbox"/> Medical/Dental |
| <input type="checkbox"/> Business       | <input type="checkbox"/> Entertainment | <input type="checkbox"/> Savings        |
| <input type="checkbox"/> Charities      | <input type="checkbox"/> Food          | <input type="checkbox"/> Taxes          |
| <input type="checkbox"/> Clothing       | <input type="checkbox"/> Home          | <input type="checkbox"/> Utilities      |
| <input type="checkbox"/> Dependent Care | <input type="checkbox"/> Insurance     | <input type="checkbox"/> Other          |

*W.C.A.E.*

*Trans. Homeowner's Exp. Fund to the*

Checkmate is produced using soy-based materials. Images may appear light.

☐ TAX DEDUCTIBLE ITEM

Item# \_\_\_\_\_

For enhanced security your account number will not be printed on this copy

NOT NEGOTIABLE

|             |     |
|-------------|-----|
| PAID FOR D  |     |
| ITEM AMOUNT | 364 |
| BALANCE     |     |
| DEPOSIT     |     |
| FOOD        |     |



Center for Watershed Science and Education  
College of Natural Resources  
University of Wisconsin - Stevens Point

# INVOICE

## WATER & ENVIRONMENTAL ANALYSIS LAB

University of Wisconsin - Stevens Point  
College of Natural Resources, Room 200  
Stevens Point, WI 54481  
715-346-3209 or toll free 877-383-8378  
State Lab ID #750040280

Invoice No: 3000149  
Date: May 08, 2023  
<http://www.uwsp.edu/cnr-ap/weal>

Bill Essma  
North Lake  
N77W32017 Northwoods Drive  
Hartland, WI 53029

Project: North Lake  
Sample Date(s): 4/5/2023  
Lab Number: 2300143  
PO Number:

| QUANTITY | UNIT | DESCRIPTION    | UNIT PRICE   | AMOUNT          |
|----------|------|----------------|--------------|-----------------|
| 2        | smp  | Lake A Package | \$182.00     | \$364.00        |
|          |      |                | <b>TOTAL</b> | <b>\$364.00</b> |

Remittance payable to:  
WATER & ENVIRONMENTAL ANALYSIS LAB or WEAL

PLEASE INCLUDE INVOICE NUMBER ON CHECK

BURSAR USE: 908435-9200  
Fund: 136  
Program Code: 5

(Authorized Signature)

RUJ transfers to UWSTP 136-5-908435-9050

1731

✓ Track Your Expenses

|   |  |   |
|---|--|---|
| <input type="checkbox"/> Auto/Travel    | <input type="checkbox"/> Education     | <input type="checkbox"/> Medical/Dental |
| <input type="checkbox"/> Business       | <input type="checkbox"/> Entertainment | <input type="checkbox"/> Savings        |
| <input type="checkbox"/> Charities      | <input type="checkbox"/> Food          | <input type="checkbox"/> Taxes          |
| <input type="checkbox"/> Clothing       | <input type="checkbox"/> Home          | <input type="checkbox"/> Utilities      |
| <input type="checkbox"/> Dependent Care | <input type="checkbox"/> Insurance     | <input type="checkbox"/> Other          |

WEAL

For enhanced security your account number will not be printed on this copy

MEMO: INV IF 3000149

NOT NEGOTIABLE

Page 1 of 1





155 W. Wisconsin Ave. | Oconomowoc, WI 53066

RETURN SERVICE REQUESTED

NORTH LAKE MANAGEMENT DISTRICT  
N73W32385 RIVER RD  
HARTLAND WI 53028-8512





## Statement Ending 06/30/2023

NORTH LAKE MANAGEMENT

Page 1 of 4

Account Number: XXXXXX0006

### Connect With Us

|   |                 |                                       |
|---|-----------------|---------------------------------------|
|  | Location        | Corporate Headquarters                |
|  | Mailing Address | P.O. Box 1004<br>Oconomowoc, WI 53066 |
|  | Phone Number    | (888) 568-9909                        |
|  | Website         | bankfivenine.com                      |

### Summary of Accounts

| Account Type            | Account Number | Ending Balance |
|-------------------------|----------------|----------------|
| BASIC BUSINESS CHECKING | XXXXXX0006     | \$3,525.17     |

### BASIC BUSINESS CHECKING-XXXXXX0006

#### Account Summary

| Date       | Description             | Amount       |
|------------|-------------------------|--------------|
| 06/01/2023 | Beginning Balance       | \$208,981.63 |
|            | 4 Credit(s) This Period | \$266,227.80 |
|            | 8 Debit(s) This Period  | \$471,684.26 |
| 06/30/2023 | Ending Balance          | \$3,525.17   |

#### Deposits

| Date       | Description | Amount                          |
|------------|-------------|---------------------------------|
| 06/02/2023 | DEPOSIT     | \$254,500.00                    |
| 06/12/2023 | DEPOSIT     | \$527.80                        |
| 06/28/2023 | DEPOSIT     | \$1,200.00                      |
|            |             | 3 item(s) totaling \$256,227.80 |

#### Other Credits

| Date       | Description  | Amount                         |
|------------|--|--------------------------------|
| 06/14/2023 | Internet Banking Transfer from *****765 on 6/14/23 at 7:36 | \$10,000.00                    |
|            |  | 1 item(s) totaling \$10,000.00 |

#### Other Debits

| Date       | Description                                | Amount                        |
|------------|--|-------------------------------|
| 06/01/2023 | WISCONSIN LAKES ONLINE PMT CKF382990280POS | \$300.00                      |
| 06/22/2023 | GALLO LAW, LLC ONLINE PMT CKF382990280POS  | \$1,458.00                    |
|            |  | 2 item(s) totaling \$1,758.00 |

#### Checks Cleared

| Check Nbr | Date       | Amount       | Check Nbr | Date       | Amount      | Check Nbr | Date       | Amount   |
|-----------|------------|--------------|-----------|------------|-------------|-----------|------------|----------|
| 1727      | 06/05/2023 | \$585.00     | 1729      | 06/23/2023 | \$364.00    | 1731      | 06/30/2023 | \$364.00 |
| 1728      | 06/07/2023 | \$388,446.23 | 1730      | 06/20/2023 | \$80,128.51 | 995466*   | 06/06/2023 | \$18.52  |

\* Indicates skipped check number

6 item(s) totaling \$469,926.26







NORTH LAKE  
W315N7755 STATE ROAD 03  
NORTH LAKE, WI 53064-9550  
(800)275-8777

11/30/2023

12:09 PM

| Product | Qty | Unit Price | Price |
|---------|-----|------------|-------|
|---------|-----|------------|-------|

|                         |   |  |         |
|-------------------------|---|--|---------|
| PM Express 1-Day        | 1 |  | \$59.25 |
| Stevens Point, WI 54481 |   |  |         |
| Weight: 12 lb 0.2 oz    |   |  |         |
| Signature Waiver        |   |  |         |
| Scheduled Delivery Date |   |  |         |
| Fri 12/01/2023 05:00 PM |   |  |         |
| Money Back Guarantee    |   |  |         |
| Tracking #:             |   |  |         |
| EJ389678189AS           |   |  |         |
| Insurance               |   |  | \$0.00  |
| Up to \$100.00 included |   |  |         |
| Total                   |   |  | \$59.25 |

Grand Total: \$59.25

Debit Card Resit \$59.25

Card Name: VISA  
Account #: XXXXXXXXXX09852  
Approval #: 072617  
Transaction #: 914  
Receipt #: 007492  
Debit Card Purchase: \$59.25  
ATD: A0000000980840 Contactless  
AL: US DEBIT

Save this receipt as evidence of insurance. For information on filing an insurance claim go to <https://www.usps.com/help/claims.htm> or call 1-800-222-1811

Text your tracking number to 28777 (2USPS) to get the latest status. Standard Message and Data rates may apply. You may also visit [www.usps.com](http://www.usps.com) USPS Tracking or call 1-800-222-1811.

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Track your Packages  
Sign up for FREE @  
<https://informedelivery.usps.com>

All sales final on stamps and postage.  
Refunds for guaranteed services only.  
Thank you for your business.

Tell us about your experience  
Go to: <https://postalexperience.com/Pos>  
or scan this code with your mobile device.



or call 1-800-410-7420.

UFN: 566040-0064  
Receipt #: 840-53300142-1-3091933-2  
Clerk: 02

pd 12-1-23



## Invoice

Reference Nbr.: 31848  
Date: 09-Dec-2024  
Due Date: 08-Jan-2025  
Customer ID: NLMD  
Currency: USD

SEWRPC  
PO Box 1607  
Waukesha, WI, 53188  
Phone: (262)547-6721

**BILL TO:**

North Lake Management District  
W326 N7050 N. Lake Drive  
Hartland WI 53029  
United States of America

**SHIP TO:**

North Lake Management District  
United States of America

**CUSTOMER REF. NBR.**

**TERMS**

Net 30 Days

**CONTACT**

| NO. | ITEM  | QTY. | UOM | UNIT PRICE | DISC. | EXTENDED PRICE |
|-----|---|------|-----|------------|-------|----------------|
| 1   | Study of the North Lake Management District | 0.00 |     | 0.0000     | 0%    | 5,300.00       |

NORTH LAKE MANAGEMENT DISTRICT  
P.O. BOX 33  
NORTH LAKE, WI 53064

70-10/759

1791

DATE 12/24/24



PAY TO THE  
ORDER OF

SEWRPC

\$ 5300.00

Five Thousand Three Hundred & 00/100 DOLLARS

bank **five nine**

MEMO 31848

⑆07590242⑆ 93000006⑆ 1791

>075900575<Associated Bank <20250102> <002046786446>

PAY TO THE ORDER OF  
ASSOCIATED BANK  
MILWAUKEE, WI 53202-3212  
FOR DEPOSIT ONLY  
NAME OF FINANCIAL INSTITUTION  
BANK OF AMERICA  
NATIONAL ASSOCIATION

wgsnlyc@wi.rr.com

---

**From:** teamheine@wi.rr.com  
**Sent:** Friday, January 10, 2025 11:25 AM  
**To:** 'wgsnlyc@wi.rr.com'  
**Subject:** FW: SEWRPC additional hours for North Lake Wave Study project  
**Attachments:** image001.png

Walter-Please put the \$7,1555 on the grant form and send to me. Thanks.-Jerry

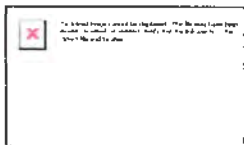
-----  
**From:** "Slawski, Thomas M."  
**To:** "Jerry & Judy Heine"  
**Cc:** Justin"  
**Sent:** Friday January 10 2025 10:47:22AM  
**Subject:** SEWRPC additional hours for North Lake Wave Study project

Hello Jerry,

Pursuant to our letter agreement signed July 2, 2021, *and Scope of Services for the Study of Environmental and Human Influence Upon Water Quality with Planning Implications for North Lake*, Town of Merton, Waukesha County, Wisconsin, the Commission has pledged \$1,600 of staff labor toward this project as part of the WDNR grant application. Note that the Commission actually donated a total of \$7,155.00 in additional labor towards this project. Feel free to use this information in your final grant submission to close this project with WDNR.

Sincerely,

Tom



**Thomas Slawski, PhD** | Chief Biologist

tslawski@sewrpc.org | 262.953.3263

[sewrpc.org](https://sewrpc.org)