



Dental Amalgam Separator Reimbursement Application

Name: _____
 Business Name: _____
 Office Phone Number: _____

Make Grant Check Payable To:

Name on payment: _____
 Address: _____
 Street: _____
 City: _____ ZIP Code: _____

Separator Installation:

Address of Installation Site: (No PO Boxes accepted)
 Address: _____
 City: _____ ZIP Code: _____
 Date Installed: _____
 Separator Model#: _____ Serial#: _____

Does your office discharge to a municipal sewer system? Please Circle: Yes No

Checklist of items that must be included with the application:

- _____ Photo of installed separator
- _____ Copy of vendor invoice for separator purchase
- _____ Proof of payment or paid receipt for separator purchase from vendor
- _____ Type of Unit, Unit Model # and Unit Serial #

Please ensure that all of the above items are included in your Grant Application.

Note:

Installation of a dental amalgam separator is one step towards environmental compliance. For more information contact the Michigan Dental Association.

Certification:

The undersigned certifies that all of the information submitted and listed above is true, complete and accurate. The undersigned also certifies that the organization, principals, and the undersigned:

- 1. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department or the state.
- 2. Have not within a three-year period preceding this application, been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public transaction, as defined in 45CFR1185; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property.
- 3. Are not presently indicted or otherwise criminally or civilly charged by a government entity (federal, state, or local) with commission of any of the offenses enumerated in subsection (2).
- 4. This location is not operating in a hospital, university or state facility.
- 5. Agree to indemnify and hold MDA harmless from and against any liability, cost, expense, claim, etc. (including attorney fees) arising from or related in any way to the failure to provide true, complete and accurate information.

Sole Practitioner:
 or
 Entity Name: _____
 Title: _____
 Signature: _____
 Date: _____

Mail completed application to:

MDA Services
 3657 Okemos Road
 Suite 100
 Okemos, MI 48864-3927

For Office Use Only
Payment Amount: \$ _____