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EL DORADO COUNTY TRANSPORTATION COMMISSION FTA SECTION 5304 and SPR PARTNERSHIP PLANNING ONLY

REQUEST FOR REIMBURSEMENT INVOICE NUMBER FHWA-SPR # 2122-1, Fiscal Year 2021-2022

The El Dorado County Transportation Commission, a Regional Transportation Planning Agency, requests reimbursement in the amount of \$26,916.67 for the period beginning July 1, 2021 through September 30, 2021.

I certify that I am a duly authorized representative of El Dorado County Transportation Commission and the request for reimbursement is consistent with the terms of the Master Fund Transfer Agreement, numbered <u>74A0787</u> and expiring December 31, 2024, entered into between El Dorado County Transportation Commission and the State of California, Department of Transportation. The reimbursement request is for work completed in accordance with the 2021-22 approved Overall Work Program. By signing this Request for Reimbursement Form, El Dorado County Transportation Commission certifies that all State and Federal matching requirements have been met.

2021-22 FHWA SPR PP OWPA Authorized - Amendment <u>#1</u> 2021-22 FHWA SPR Part 1 OWPA Authorized - Amendment <u>#1</u> Total Invoices Year-to-Date	\$ 19,947.91 WE 261 \$ 132,101.54 WE 253
Current Invoice	\$ 26,916.67 EFT
Balance	\$ 125,132.78
Diagga process paymen	ot by EET

Please process payment by EFT

	AGENC	Y Us	e Only				
Funding Source	Required Match %	Re	Federal imbursable Amount	Lo	cal/In-Kind Match	Tota	I Expenditures
FTA 5304 Funds	11.47%	\$	-	\$	-	\$	
FHWA SPR Funds-WE 261	20.00%	\$	11,362.92	\$	2,840.73	\$	14,203.65
FHWA SPR Funds-WE 253	20.00%	\$	15,553.75	\$	3,888.44	\$	19,442.19
Current Invoice Amount		\$	26,916.67		, ,		
Woodrow Deloria	Wood	12			15/2/2/	7	
Name (please print)	Si	gnatu	re	7	Date	_	

DISTRICT Department of Transportation Use Only

I certify that I am duly authorized by the Department of Transportation to approve payment to El Dorado County Transportation Commission in the amount of \$26,916.67. El Dorado County Transportation Commission has an approved Overall Work Program and the request for reimbursement is consistent with the Master Fund Transfer Agreement between the STATE and El Dorado County Transportation Commission. This authorization to pay acknowledges receipt of services billed.

Kevin Yount
Name (please print)
Signature
Date

		HQ Department	of Transportation Use Only	
Amount:	L#:	Project ID#:	Contract #:	RC#:
Amount:	L#:	Project ID#:	Contract #:	RC#:
Amount:	L#:	Project ID#:	Contract #:	RC#:

El Dorado County Transportation Commission FY 2021-22 Overall Work Program SPR Strategic Partnerships

Invoice #1

														253	261	Work Element #		-
														50 Corridor System User Analysis, Investment Strategy and Access Control Action Plan Q1	El Dorado Hills Business Park Community Transportation Plan Q1	WE Title/Grant Title	*	OWF Work Element Info
\$194,145.91														\$165,126.54	\$29,019.37	Total Project Cost	Į.	,
\$152,049.45														\$132,101.54	\$19,947.91	Grant Award Budget (A1 amount)	1	FHWA SI'K Feder
\$0.00														\$ 0.00	\$0.00	Spent to Date	100	al Reimbursement
\$26,916.67														\$15,553.75	\$11,362.92	Current Amount Billed	ij	FHWA SPK Federal Reimbursement Info (80.00% Max)
\$125.132.78														\$116,547.79	\$8,584.99	Grant Award Balance	7	
S6.729.17														\$3,888,44	\$2,840,73	Cash	100	
														EDCTC STBGP Exchange Funds	EDCTC STBGP Funds & El Dorado County Community Enhancement Funds	Source	9	Local Man
80 08																3rd Party/ In-kind	10	Local Match Info (20% Min)
																Source	I	Min)
\$0.00	30.00	2 0 00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,888.44	\$2,840.73	Total Local Match	112	

Total SPR matched with local funds \$6,729.17

Instructions for Completing this Form - Refer to reimbursement percentage above

Enter the total focal match amount. This field calculates automatically.	12	$\underline{8}$ Enter the amount of eligible local cash match incurred.	Enter the federal award budget. This amount should equal the amount on the award letter/the amount on the approved OWP revenue budget summary.	14-
Name the non-federal in-kind or 3rd party eligible source	Ë	Enter the federal award balance, which is calculated by taking the grant award budget, minus the spent to date and the current amount billed (D-E-F=Q). The balance cannot exceed the grant award budget amount.	Enter the total project cost for SPR grants. This amount includes the federal award amount plus the agency's local match amount.	(top
Enter the amount of the 3rd party or In-kind match being used	E	Enter the current grant award amount being invoiced. This amount should equal the amount of eligible activities on the support documentation the agency is seeking reimbursement for.	Enter the work element title/Grant title from the approved OWP.	n o
Name the non-federal cash match eligible source	2	Enter the total federal grant award amount spent/invoiced to date. Do not include the current invoice amount or local match.	Enter the work element number from the approved OWP.	-