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

REQUEST FOR REIMBURSEMENT
INVOICE NUMBER FHWA-SPR # 2223-1, Fiscal Year 2022-2023

The El Dorado County Transportation Commission, a Regional Transportation Planning Agency, requests reimbursement in the amount of \$22,985.18 for the period beginning July 1, 2022 through September 30, 2022.

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 74A0787 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.

2022-23 FHWA SPR Part 1 OWPA Authorized - Amendment #1	<u>\$ 56,388.99</u>	WE 253
2022-23 FHWA SPR Part 1 OWPA Authorized - Amendment #2		
Total Invoices Year-to-Date	\$ -	
Current Invoice	\$ 22,985.18	EFT
Balance	<u>\$ 33,403.81</u>	

AGENCY Use Only				
Funding Source	Required Match %	Federal Reimbursable Amount	Local/In-Kind Match	Total Expenditures
FTA 5304 Funds	11.47%	\$ -	\$ -	\$ -
FHWA SPR Funds	20.00%	\$ -	\$ -	\$ -
FHWA SPR Funds-WE 253	20.00%	\$ 22,985.18	\$ 5,746.29	\$ 28,731.47
Current Invoice Amount		\$ 22,985.18		
Woodrow Deloria			<u>12/12/22</u>	
Name (please print)	Signature		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 <u>\$22,985.18</u> . 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.		
Alex Padilla		
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 2022-23
Overall Work Program
SPR Strategic Partnerships

Invoice # 1

OWP Work Element Info		FHWA SPR Federal Reimbursement Info (80.00% Max)					Local Match Info (20% Min)				
1	2	3	4	5	6	7	8	9	10	11	12
Work Element #	WE Title/Grant Title	Total Project Cost	Grant Award Budget (A1 amount)	Spent to Date	Current Amount Billed	Grant Award Balance	Cash	Source	3rd Party/ In-kind	Source	Total Local Match
253	50 Corridor System User Analysis, Investment Strategy and Access Control Action Plan Q1	\$80,087.63	\$56,388.99	\$0.00	\$22,985.18	\$33,403.81	\$5,746.29	Surface Transp Block Grant Prog Exchange			\$5,746.29
											\$0.00
											\$0.00
											\$0.00
											\$0.00
											\$0.00
											\$0.00
											\$0.00
		\$880,087.63	\$56,388.99	\$0.00	\$22,985.18	\$33,403.81	\$5,746.29			\$0.00	\$5,746.29

Total SPR matched with local funds \$5,746.29

Instructions for Completing this Form - Refer to reimbursement percentage above

1	Enter the work element number from the approved OWP.	5	Enter the total federal grant award amount spent/invoiced to date. Do not include the current invoice amount or local match.
2	Enter the work element title/Grant title from the approved OWP.	6	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.
3	Enter the total project cost for SPR grants. This amount includes the federal award amount plus the agency's local match amount.	7	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=G). The balance cannot exceed the grant award budget amount.
4	Enter the federal award budget. This amount should equal the amount on the award letter/the amount on the approved OWP revenue budget summary.	8	Enter the amount of eligible local cash match incurred.
		9	Name the non-federal cash match eligible source.
		10	Enter the amount of the 3rd party or In-kind match being used.
		11	Name the non-federal In-kind or 3rd party eligible source.
		12	Enter the total local match amount. This field calculates automatically.