



2828 Easy Street Suite 1, Placerville, CA 95667 | 530.642.5260 | www.edctc.org

**El Dorado County Transportation Commission  
2828 Easy St, Suite 1, Placerville, CA 95667**

**Request for Reimbursement (RFR)**

Agency Invoice #: RPA/SHA 2122-2 MFTA: 74A0787 Fiscal Year: 2021/2022

Period of Reimbursement: Start Date: 10/1/2021 End Date: 12/31/2021

I certify that I am a duly authorized representative of the above referenced Regional Transportation Planning Agency (RTPA) and the request for reimbursement is consistent with the terms of the Master Fund Transfer Agreement (MFTA) expiring December 31, 2024, entered into between the RTPA and the State of California, Department of Transportation. The reimbursement request is for eligible work completed in accordance with the above mentioned FY's approved Overall Work Program (OWP). **By signing this RFR, the RTPA certifies that all State and Federal matching requirements have been met.**

**LOCAL AGENCY Use Only**

Current Fiscal Year Reimbursement Breakdown. This portion must be completed by local agency to receive reimbursement.

Funding Source	Minimum Required Match %	State OWP/A Approved Amount	State Reimbursable Amount	Match Amount	State Amount Previously Invoiced	State Balance
RPA	0.00%	\$ 337,000.00	\$ 84,501.67	\$ -	\$ 72,615.28	\$ 179,883.05
RPA Carryover	0.00%					\$ -
RPA Grant	0.00%	\$ 9,600.78	\$ -		\$ -	\$ 9,600.78
SHA	11.47%	\$ 421,484.49	\$ 35,647.71	\$ 1,214.63	\$ 5,456.33	\$ 380,380.45
SB1 Competitive*	11.47%	\$ 120,428.34			\$ 44,047.70	\$ 76,380.64
Adaptation	11.47%	\$ -				\$ -
Total Approved Amt per Amend # 1		\$ 888,513.61				

Current Invoice Amount \$ 120,149.38 EFT

Woodrow Deloria, Executive Director  
LOCAL AGENCY Name & Title (please print)

*Woodrow Deloria*  
Signature

11/31/2022  
Date

**Caltrans DISTRICT Use Only**

I certify that I am duly authorized by the Department of Transportation to approve payment to the RTPA. The RTPA has an approved Overall Work Program and the request for reimbursement is consistent with the Master Fund Transfer Agreement between the State of California, Department of Transportation and the RTPA. This authorization to pay acknowledges receipt of services billed.

Kevin Yount, Branch Chief, Transportation Planning East

District Name & Title (please print)

Signature

Date

**Caltrans HQs Use Only**

Amount:

L#:

Project ID#:

Contract #:

RC#:



El Dorado County Transportation Commission  
FY 2021-22 Overall Work Program  
State Highway Account (SHA) Planning Grants

Invoice # 1

OWP Work Element Info		SHA State Reimbursement Info (88.53% Max)						Local Match Info (11.47% 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	Spent to Date	Current Amount Billed	Balance	Cash	Source	3rd Party In-kind	Source	Total Local Match
265	Greater Placerville Wildlife Evaluation Preparedness, Community Safety, and Resiliency Plan	\$282,390.00	\$250,000.00	\$0.00	\$9,375.00	\$240,625.00	\$1,214.63	Local Trap Fund/ Surface Trap Block Grant			\$1,214.63
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<b>Total</b>		\$282,390.00	\$250,000.00	\$0.00	\$9,375.00	\$240,625.00	\$1,214.63		\$0.00		\$1,214.63

Total Adaptation matched with local funds \$9,375.00

**Instructions for Completing this Form - Refer to reimbursement percentage above**

1	Enter the work element number from the approved OWP. All Adaptation grants must be identified in the OWP as separate Work Element(s).	2	Enter the total state grant award amount spent/invoiced to date. Do not include the current invoice amount or local match.	9	Name the non-federal cash match eligible source
2	Enter the work element title/Grant title from the approved OWP.	3	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.	10	Enter the amount of the 3rd party or In-kind match being used.
3	Enter the total project cost for Adaptation grants. This amount includes the state award amount plus the agency's local match amount.	4	Enter the state 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.	11	Name the non-federal In-kind or 3rd party eligible source.
4	Enter the state award budget. This amount should equal the amount on the award letter/the amount on the approved OWP revenue budget summary.	5	Enter the amount of eligible local cash match incurred. A minimum of 11.47% match is required.	12	Enter the total local match amount. This field calculates automatically.

El Dorado County Transportation Commission  
 FY 2021-22 Overall Work Program  
 State Highway Account (SHA) Planning Grants

Invoice # 2

OWP Work Element Info		SHA State Reimbursement Info (88.53% Max)				Local Match Info (11.47% 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	Spent to Date	Current Amount Billed	Balance	Cash	Source	3rd Party In-kind	Source	Total Local Match
259	State Route 49 American River Confluence Study	\$175,000.00	\$175,000.00	\$3,515.51	\$5,456.33	\$166,028.16	\$0.00				\$0.00
259	State Route 49 American River Confluence Study	\$175,000.00	\$175,000.00	\$8,971.84	\$26,272.71	\$139,755.45	\$0.00				\$0.00
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<b>Total</b>		<b>\$350,000.00</b>	<b>\$350,000.00</b>	<b>\$12,487.35</b>	<b>\$31,729.04</b>	<b>\$305,783.61</b>	<b>\$0.00</b>		<b>\$0.00</b>		<b>\$0.00</b>

Instructions for Completing this Form - Refer to reimbursement percentage above

1	Enter the work element number from the approved OWP. All Adaptation grants must be identified in the OWP as separate Work Element(s).	5	Enter the total state 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 Adaptation grants. This amount includes the state award amount plus the agency's local match amount.	7	Enter the state award balance, which is calculated by taking the grant award budget, minus the spent to date, and the current amount billed (D-E-F=O). The balance cannot exceed the grant award budget amount.
4	Enter the state 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. A minimum of 11.47% match is required.
		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.