el dorado county edctc TRANSPORTATION COMMISSION
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 2324-2 **MFTA:** 74A0787 **Fiscal Year:** 2023/2024

Period of Reimbursement: **Start Date:** 10/1/2023 **End Date:** 12/31/2023

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 Reimburseable Amount	Match Amount	State Amount Previously Invoiced	State Balance
RPA	0.00%	$ 337,000.00	$ 81,851.37		$ 78,520.91	$ 176,627.72
RPA Carryover	0.00%					$ -
RPA Grant	0.00%	$ 85,000.00	$ 1,865.27	$ 207.25	$ -	$ 83,134.73
SHA WE 265 & WE 265SHA	11.47%	$ 148,683.05	$ 41,512.35	$ 4,056.82	$ 30,026.81	$ 77,143.89
SB1 Competitive*	11.47%					$ -
Adaptation	11.47%					$ -
Total Approved Amt per Amend # 1		$ 570,683.05				

Current Invoice Amount $ 125,228.99 **EFT**

Woodrow Deloria, Executive Director — Woodrow Deloria — 2/1/2024

LOCAL AGENCY Name & Title (please print) — Signature — 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.

District Name & Title (please print) — Signature — Date

Caltrans HQs Use Only

Amount: **L#:** **Project ID#:** **Contract #:** **RC#:**

El Dorado County Transportation Commission
FY 2023-24 Overall Work Plan
Rural Planning Assistance (RPA) Expenditures

Invoice # 2

OWP Work Element Info		CURRENT Fiscal Year Allocation & Expenditures				CURRENT Fiscal Year RPA Funds Expended Per Quarter			
1	2	3	4	5		6	7	8	9
Work Element #	WE Title	Current RPA WE Budget	RPA Previously Invoiced (does not include current amount billed)	Current RPA Amount Billed	RPA Balance	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
100	Administration & Implementation of OWP	$71,200.49	$13,779.86	$16,079.23	$41,341.40	$ 13,779.86	$ 16,079.23		
110	Intergovernmental Coordination	$137,911.91	$35,790.18	$33,736.96	$68,384.77	$ 35,790.18	$ 33,736.96		
200	Regional Transportation Plan	$52,254.77	$13,063.69	$14,108.79	$25,082.29	$ 13,063.69	$ 14,108.79		
400	Public Education & Outreach	$75,632.83	$15,887.18	$17,926.39	$41,819.26	$ 15,887.18	$ 17,926.39		
282	23/24 RPA Grant	$85,000.00	$0.00	$1,865.27	$83,134.73	$ -	$ 1,865.27		
			$0.00	$0.00	$0.00				
			$0.00	$0.00	$0.00				
			$0.00	$0.00	$0.00				
			$0.00	$0.00	$0.00				
			$0.00	$0.00	$0.00				
			$0.00	$0.00	$0.00				
			$0.00	$0.00	$0.00				
			$0.00	$0.00	$0.00				
			$0.00	$0.00	$0.00				
	Total	$422,000.00	$78,520.91	$83,716.64	$259,762.45	$78,520.91	$83,716.64	$0.00	$0.00

Required Data

Header & Invoice #	Include the Agency name and Fiscal Year in Red Update the Invoice # with the numerical value that corresponds to the quarter seeking reimbursement for.	5	Amount will be calculated once you enter amounts in fields 6, 7, 8, and 9 labeled as First Quarter, Second Quarter, Third Quarter, Fourth Quarter
1	Work Element Numbers from Approved OWP	6	RPA funds to be reimbursed for expenditures that occurred within the First Quarter (July 1 - Sept 30th) (Update Invoice # located in upper left)
2	Enter Work Element Titles from Approved OWP	7	RPA funds to be reimbursed for expenditures that occurred within the Second Quarter (Oct 1 - Dec 31st) (Update Invoice # located in upper left)
3	Work Element RPA Budget from Approved OWP financials or Amendments (Update when Work Elements or Budgets are amended)	8	RPA funds to be reimbursed for expenditures that occurred within the Third Quarter (Jan 1 - March 31st) (Update Invoice # located in upper left)
4	Previously invoiced amount within the current Fiscal Year (does not include current RPA Amount Billed) Amount will be callculated once amounts are entered in fields 6, 7, 8, and 9 labeled as First Quarter, Second Quarter, Third Quarter, Fourth Quarter	9	RPA funds to be reimbursed for expenditures that occurred within the Fourth Quarter (April 1-June 30th) (Update Invoice # located in upper left)

Updated January 2019

El Dorado County Transportation Commission
FY 2023-24 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**
265	Greater Placerville Wildfire Evacuation Preparedness, Community Safety, and Resiliency Plan Q1	$117,021.09	$98,138.32	$0.00	$20,484.39	$77,653.93	$2,653.97	Local Transp Funds & Surface Transp Block Grant			$2,653.97
265	Greater Placerville Wildfire Evacuation Preparedness, Community Safety, and Resiliency Plan Q2	$117,021.09	$98,138.32	$20,484.39	$31,312.16	$46,341.77	$4,056.82	Local Transp Funds & Surface Transp Block Grant			$4,056.82
											$0.00
											$0.00
											$0.00
											$0.00
											$0.00
											$0.00
											$0.00
											$0.00
											$0.00
	Total	**$117,021.09**	**$98,138.32**	**$20,484.39**	**$51,796.55**	**$46,341.77**	**$6,710.79**		**$0.00**		**$6,710.79**

Total SHA matched with local funds $51,796.55

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.	9	Name the non-federal cash match eligible source.
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.	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.	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=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.	8	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 2023-24 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
265SHA	Greater Placerville Wildfire Evacuation Preparedness, Community Safety, and Resiliency Plan Public Outreach Q1	$50,544.73	$50,544.73	$0.00	$9,542.42	$41,002.31					$0.00
265SHA	Greater Placerville Wildfire Evacuation Preparedness, Community Safety, and Resiliency Plan Public Outreach Q2	$50,544.73	$50,544.73	$9,542.42	$10,200.19	$30,802.12					$0.00
											$0.00
											$0.00
											$0.00
											$0.00
											$0.00
											$0.00
											$0.00
											$0.00
											$0.00
											$0.00
	Total	$50,544.73	$50,544.73	$0.00	$19,742.61	$30,802.12	$0.00		$0.00		$0.00

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).	5	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.	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.	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.	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=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.	8	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.