

Wyoming Department of Transportation

Transportation Alternatives Program (TAP)

Project Cost Reimbursement Statement

Project Sponsor: Town of Alpine
 Project Name: Greys River Road Pathway
 Project Number: CD20303

Reimbursement Request #: 17
 Account: 5662601 - TAP - CMAQ - HRRR
 Department: 8101 - TAP
 Program: 1651 TAP

Reimbursement Information Submitted to LGC

Activity:

Email a signed copy of this form, all invoices and proof of payment to your LGC Contact.

WYDOT LCG Contact Approval:

Date: / /

** For WYDOT use only*

Maximum WYDOT Participation:

Match Requirement: 80% Federal - 20% Local Match

A. Transportation Alternatives Program Funding (Reimbursable funds only)	\$	480,000.00
B. Total amount of previous reimbursement requests [from line H of last reimbursement billing] (actual less 20.00%)	\$	242,254.40

Project Budget:

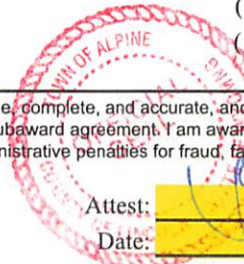
Description	Line Item Budget Amount (incl. local match) [1]	Previous Reimbursement Requests [2]	Reimbursement Request (this report) [3]	Remaining Budget Amount [1 - (2+3)]
Preliminary Engineering	\$ 53,220.00	\$ 53,220.00	\$ -	\$ -
Right-of-Way	\$ -	\$ -	\$ -	\$ -
Utility Adjustments	\$ -	\$ -	\$ -	\$ -
Administrative/Legal	\$ -	\$ -	\$ -	\$ -
Construction Engineering	\$ 41,580.00	\$ 19,008.00	\$ 8,189.00	\$ 14,383.00
Construction	\$ 462,000.00	\$ 214,056.00	\$ 91,936.50	\$ 156,007.50
Contingency	\$ -	\$ -	\$ -	\$ -
Other	\$ 43,200.00	\$ -	\$ -	\$ 43,200.00
Total:	\$ 600,000.00	\$ 286,284.00	\$ 100,125.50	
C. Total amount approved this request (Total x Reimbursable percentage):			80.00%	\$ 80,100.40

RECAP

D. Maximum project funds available [Reimbursable amount only]:	(A)	\$ 480,000.00
E. Previous amount approved for reimbursement:	(B)	\$ 242,254.40
F. Funds approved for this current request:	(C)	\$ 80,100.40
G. Total funds approved to date:	(E + F)	\$ 322,354.80
BALANCE OF PROJECT FUNDS REMAINING [Reimbursable funds only]	(D - G)	\$ 157,645.20

By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the subaward agreement. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

By: [Signature]
 Date: 2/27/2017



Attest: [Signature]
 Date: 2/27/2017

Local Government Coordinator Approval: _____ Date: _____