


OUTLAY REPORT AND REQUEST FOR REIMBURSEMENT FOR CONSTRUCTION PROGRAMS		OMB APPROVAL NO. 0348-0002		PAGE 1 OF 1 PAGES	
(See instructions on back)		1. TYPE OF REQUEST <input type="checkbox"/> FINAL <input checked="" type="checkbox"/> PARTIAL		2. BASIS OF REQUEST <input type="checkbox"/> CASH <input checked="" type="checkbox"/> ACCRUAL	
3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED U.S. Economic Development Administration		4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY 08-79-05379		5. PARTIAL PAYMENT REQUEST NO. 11	
6. EMPLOYER IDENTIFICATION NUMBER 75-6000502	7. RECIPIENT'S ACCOUNT NUMBER OR IDENTIFYING NUMBER	PERIOD COVERED BY THIS REQUEST			
		FROM (Month, day, year) 02/18/2023 TO (Month, day, year) 10/02/2024			
9. RECIPIENT ORGANIZATION Name: City of Crockett No. and Street: 200 N. 5th Street City, State and ZIP Code: Crockett, Texas 75835		10. PAYEE (Where check is to be sent if different than item 9) Name: N/A No. and Street: N/A City, State and ZIP Code: N/A			
11. STATUS OF FUNDS					
CLASSIFICATION	PROGRAMS	FUNCTIONS	ACTIVITIES	TOTAL Expenditures To Date	
	(a) Budget Approved per Grant Offer or as Amended	(b) Latest Revised Budget	(c) Expenditures This Period		
a. Administrative expense	\$ 50,000.00	\$ 50,000.00	\$ 50,000.00	\$ 50,000.00	
b. Preliminary expense	0.00	0.00	0.00	0.00	
c. Land, structures, right-of-way	0.00	0.00	0.00	0.00	
d. Architectural engineering basic fees	351,996.00	351,996.00	6,391.86	306,576.59	
e. Other architectural engineering fee	0.00	0.00	3,240.00	11,597.17	
f. Project inspection fees	0.00	0.00	0.00	0.00	
g. Land development	0.00	0.00	0.00	0.00	
h. Relocation expense	0.00	0.00	0.00	0.00	
i. Relocation payments to individuals and businesses	0.00	0.00	0.00	0.00	
j. Demolition and removal	0.00	0.00	0.00	0.00	
k. Construction and project improvement cost	1,824,351.00	1,824,351.00	239,906.01	2,246,346.24	
l. Equipment	0.00	0.00	0.00	0.00	
m. Miscellaneous cost	273,653.00	273,653.00	0.00	0.00	
n. Total cumulative to date (sum of lines a thru m)	2,500,000.00	2,500,000.00	299,537.87	2,614,520.00	
o. Deductions for program income	0.00	0.00	0.00	0.00	
p. Net cumulative to date (line n minus line o)	2,500,000.00	2,500,000.00	299,537.87	2,614,520.00	
q. Federal share to date	0.00	0.00	331,782.17	2,183,767.87	
r. Rehabilitation grants (100% reimbursement)	0.00	0.00	0.00	0.00	
s. Total Federal share (sum of lines q and r)	0.00	0.00	331,782.17	2,183,767.87	
t. Federal payments previously requested	0.00	0.00	8,016.99	1,851,985.70	
u. Amount requested for reimbursement	\$ 0.00	\$ 0.00	\$ 148,014.30	\$ 2,000,000.00	
v. Percentage of physical completion of project	0 %	0 %	6 %	100 %	
12. CERTIFICATION I certify that to the best of my knowledge and belief the billed costs or disbursements are in accordance with the terms of the project and that the reimbursement represents the Federal share due which has not been previously requested and that an inspection has been performed and all work is in accordance with the terms of the award.		a. RECIPIENT		SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	
				TYPED OR PRINTED NAME AND TITLE	
				Dr. Ianthia Fisher, Mayor	
				TELEPHONE (Area code, number, and extension) 936-544-5156	
		b. REPRESENTATIVE CERTIFYING TO LINE 11V		SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	
				DATE SIGNED	
				December 19, 2024	
		TYPED OR PRINTED NAME AND TITLE		TELEPHONE (Area code, number, and extension)	
		Bob Bashaw, Grant Administrator		936-634-2247 x 5302	