

## Request for Reimbursement Development Projects

Shall LAP revert any remaining funds? Yes ☐ No ☐

Phone, Fax, Email:

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## SECTION II – Force Account/In-Kind Services/In-House Labor and Equipment:

If work has been accomplished using in-house labor and equipment, submit the following documentation and fill in totals below:

1. A list or computer printout of individuals working on this project to include; job function, dates and hours each individual worked, hourly rate and total paid.
2. A list or computer printout of equipment used, dates and hours operated on this project. Usage rates should be based on current schedules within the County or Town. Indicate the source for rates used.

Total Labor Cost	\$	_____
Total Equipment Cost	\$	_____
<b>Section II Total</b>	<b>\$</b>	_____

### Summary of Costs

<b>Total Section I. plus Section II.</b>	<b>\$</b>	_____
State Percentage Approved		_____ %
<b>Total Reimbursement Requested</b>	<b>\$</b>	_____

**Note:** Any support documents for costs submitted on this project, such as contracts, change orders, bid tabulations, labor and equipment records, must be retained by the grant recipient for three years after final reimbursement.

**Payment Certification:** I hereby certify that the costs submitted for reimbursement are true and correct, and that all payments have been made to all persons, vendors and contractors engaged in this project in accordance with local government procurement procedures, all applicable Local, State and Federal statutes and regulations, and the Local Parks and Playgrounds Infrastructure Grant Application and Project Agreement and attachments.

(Signature of Local Government Fiscal Authority or of Local Project Coordinator)	(Typed or Printed Name)	(Title)	(Date)
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Please email a copy of the completed form with the requisite attachments to the program administrator for your county.

Program Administrator Approval	_____	_____
	(Signature)	(Date)
Fiscal Administrator Approval	_____	_____
	(Signature)	(Date)