



## FHWA-Eligible Emergency Relief Program: Municipal Invoicing Cover Memo

Please attach: Photographs of work completed

Please attach: Copies of invoices and receipts for all expenses documented below

MUNICIPALITY: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

NAME OF ROAD DAMAGED: \_\_\_\_\_

EMAIL: \_\_\_\_\_

GRANT AGREEMENT NUMBER: ER \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

GRANT AWARD: \$ \_\_\_\_\_

DATE OF EVENT: \_\_\_\_\_

DDIR#: \_\_\_\_\_

UEI#: \_\_\_\_\_

Fill out sections below which apply to your project, use additional pages if needed.

LABOR (Employee Name)	Rate	# Hours	Total (Hourly Rate x Hours)
<b>LABOR TOTAL</b>			

EQUIPMENT	Rate	# Hours (or Days)	Total (Rate x Hours)
<b>EQUIPMENT TOTAL</b>			

MATERIALS	Rate	Amount	Total (Rate x Amount)
MATERIALS TOTAL			

MISCELLANEOUS	Rate	Amount	Total (Rate x Amount)
MISCELLANEOUS TOTAL			

GRAND TOTAL \$ \_\_\_\_\_

(see note below) LOCAL MATCH \$ \_\_\_\_\_

**LOCAL MATCH:**

**Emergency Repairs** (work within 270 days after the declared event) only:  
 LOCAL MATCH is left blank due to GRANT TOTAL being 100% reimbursable.

**Permanent Repairs** (work identified by FHWA and VTrans after a site visit) only:  
 LOCAL MATCH is the GRAND TOTAL minus GRANT AWARD. LOCAL MATCH must be at least 10% of the GRAND TOTAL to receive full amount of GRANT AWARD. If LOCAL MATCH is less than 10% of GRAND TOTAL, your grant reimbursement will be returned for correction.

By signing this reimbursement request #\_\_\_\_\_, I certify to the best of my knowledge and belief that the request 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 Federal award. 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).

I also certify that the required local match has not been provided by contributions from other federally assisted projects or programs.

**Please check one:** Progress payment \_\_\_\_\_ Final payment \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_  
 (Must be **Selectboard Chair, Town Clerk, or Administrator**)

**Required attachments: Completed work photos, and copies of invoices and receipts for all documented expenses**

**Please submit to:**

**MAS Project Supervisor**  
**Vermont Agency of Transportation**  
**219 North Main Street**  
**Barre, VT 05641**