Commonwealth of Virginia Department of Conservation and Recreation Recreational Trails Program Reimbursement Certification Form

RTP Project Agreement Number:	
RTP Funding Source:	
Project Name:	
RTP Award Amount:	
Reimbursement Request Number:	
Reporting Period:	
Total Reimbursement Amount to Date:	
RTP Recipient:	
Federal ID Number:	
Contact Person:	
Contact Person Email:	
Remittance Payable to:	
Remittance Mailing Address:	

Reimbursement Request Summary

Current Expeditures, Donations, and		
Volunteer Labor Items	A	Nataa
(must be approved RTP budget items)	Amount	Notes
Item 1:		
Item 2:		
Item 3:		
Item 4:		
Item 5:		
Item 6:		
Item 7:		
Total Cash Value:		
Total Donated Value:		
Total Volunteer Value:		
Total Current Expenditures:		
Recipient Share (20% of total plus donations and volunteer labor in excess of 20%) :		
Federal Share (NTE 80% of total) :		

Reimbursement Amount Requested:

I certify, to the best of knowledge and belief, the billed costs for this reimbursement request are in accordance with the terms of the RTP project agreement and that the reimbursement represents the reimbursement 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 grant. In addition, I certify compliance with applicable federal and state regulations including, but not limited to, 2, 23, and 49 CFR, Federal, State and Local Laws and Regulations, the RTP DBE policy, Virginia SWaM requirements, the construction provisions for federal-aid projects as outlined in FHWA1273, the Buy America and Build America, Buy America Acts, and the IIJA.

Signature:	If using Adobe Sign or Digital Signature ID, it is
Printed/Typed Name:	recommended to first save an unsigned version of the
Date:	form to allow for future revisions, if needed.