

**El Dorado County Transportation Commission**

2828 Easy St. Suite 1  
Placerville, CA 95667

DISTRICT Use Only  
Date Received:

**AGENCY INVOICE / REQUEST for REIMBURSEMENT (RFR) - FEDERAL**

Agency Invoice #: FTA2425-2 MFTA: 74A1631 Fiscal Year: 2024/25

Period of Reimbursement: Start Date: 10/1/2024 End Date: 12/31/2024

I certify that I am a duly authorized representative of the above referenced Regional Transportation Planning Agency (RTPA) and the request for reimbursement is consistent with the terms of the Master Fund Transfer Agreement (MFTA) expiring December 31, 2034, entered into between the RTPA and the State of California, Department of Transportation. The reimbursement request is for eligible work completed in accordance with the above mentioned FY's approved Overall Work Program (OWP). **By signing this RFR, the RTPA certifies that all State and Federal matching requirements have been met.**

**LOCAL AGENCY Use Only**

Current Fiscal Year Reimbursement Breakdown. This portion must be completed by local agency to receive reimbursement.

Funding Source	Minimum Required Match %	Federal OWP/A Approved Amount	Federal Reimbursable Amount	Match Amount	Federal Amount Previously Invoiced	Federal Balance
FTA 5304	11.47%	\$ 178,198.17	\$ 24,230.48	\$ 4,777.64	\$ 45,237.00	\$ 108,730.69
FHWA SPR	20.00%					\$ -
Total Approved Amt per Amend #		\$ 178,198.17				
<b>Current Invoice Amount</b>			<b>\$ 24,230.48</b>	\$ 4,777.64	\$ 45,237.00	\$ 108,730.69

Woodrow Deloria, Executive Director  
LOCAL AGENCY Name & Title (please print)

  
Signature

1/23/25  
Date

**Caltrans DISTRICT Use Only**

I certify that I am duly authorized by the Department of Transportation to approve payment to the RTPA. The RTPA has an approved Overall Work Program and the request for reimbursement is consistent with the Master Fund Transfer Agreement between the State of California, Department of Transportation and the RTPA. This authorization to pay acknowledges receipt of services billed.

District Name & Title (please print)

Signature

Date

**Caltrans HQs Use Only**

Acct Line #      Amount:      Project ID#:      Encumbered Contract #:      R

**EL DORADO COUNTY TRANSPORTATION COMMISSION**

FY 2024-25

Overall Work Plan (OWP) INVOICE DETAILS  
**FTA 5304 Strategic Partnerships - Transit**

Invoice # **2**

1 Work Element #	2 OWP Work Element Info		3 FTA 5304 Federal Reimbursement Info (88.53% Max)						4 Local Match Info (11.47% Min)				12 Total Local Match
	WE Title/Grant Title		5 Total Project Cost	6 Grant Award Budget	7 Spent to Date	8 Current Amount Billed	9 Grant Award Balance	10 Cash	11 Source	12 3rd Party/ In-kind	13 Source		
263	Next Generation Transportation Investments Strategy		\$213,333.99	\$178,198.17	\$45,237.00	\$24,230.48	\$108,730.69	\$4,777.64	STBG Exchange EDCTC Share				\$4,777.64
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			\$213,333.99	\$178,198.17	\$45,237.00	\$24,230.48	\$108,730.69	\$4,777.64					\$0.00

Total 5304 matched with Local funds \$24,230.48

**Instructions for Completing this Form - Refer to reimbursement percentage above**

1	Enter the work element number from the approved OWP.	5	Enter the total federal grant award amount spent/invoiced to date. Do not include the current invoice amount or local match.	9	Name the non-federal cash match eligible source.
2	Enter the work element title/Grant title from the approved OWP.	6	Enter the current grant award amount being invoiced. This amount should equal the amount of eligible activities on the support documentation the agency is seeking reimbursement for.	10	Enter the amount of the 3rd party or in-kind match being used.
3	Enter the total project cost for 5304 grants. This amount includes the federal award amount plus the agency's local match amount.	7	Enter the federal award balance, which is calculated by taking the grant award budget, minus the spent to date and the current amount billed (D-E-F-G). The balance cannot exceed the grant award budget amount.	11	Name the non-federal in-kind or 3rd party eligible source.
4	Enter the federal award budget. This amount should equal the amount on the award letter/the amount on the approved OWP revenue budget summary.	8	Enter the amount of eligible local cash match incurred.	12	Enter the total local match amount. This field calculates automatically.

**EL DORADO COUNTY TRANSPORTATION COMMISSION**  
 FY 2024-25

Overall Work Plan (OWP) INVOICE DETAILS

Indirect Costs

Approved ICAP **66.96%**

Invoice # 2

Work Element #	WE Title	OWP WE Budget	WE Spent to Date	WE Current Amount Billed	Current Billing Indirect Costs						Billed To Date Indirect Costs							
					Direct Labor	Fringe Benefits	Indirect Costs Applied	Other Direct	Consultants/Vendors	Sub-Recipients	Total Billed	Labor (A)	Fringe (B)	Total Labor + Fringe (C)	Total Indirect Costs Billed (Approved ICAP Rate x C)			
263	Next Generation Transportation Investments Strategy	\$213,333.99	\$83,164.79	\$29,008.12	\$4,499.28	\$3,069.72	\$5,068.20	\$0.00	\$16,370.92	\$0.00	\$29,008.12	\$4,499.28	\$3,069.72	\$7,569.00	\$5,068.20			
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														\$0.00	\$0.00			
														\$0.00	\$0.00			
														\$0.00	\$0.00			
<b>Total</b>					\$213,333.99	\$83,164.79	\$29,008.12	\$4,499.28	\$3,069.72	\$5,068.20	\$0.00	\$16,370.92	\$0.00	\$29,008.12	\$4,499.28	\$3,069.72	\$7,569.00	\$5,068.20