

Transportation Infrastructure Investment Fund (TIIF)

REIMBURSEMENT REQUEST FORM

Detailed instructions, including how to submit, are on the back of this form.

Please complete this form in its entirety and include all supporting documentation prior to submitting.

Incomplete submissions will not be accepted for review.

Questions? Email DelDOT TIIF Coordinator, DelDOT_TIIF@delaware.gov

Grantee Name (Business Entity): _____
 Name of Contact Person: _____
 Contact Person Phone: _____
 Contact Person Email: _____

Please include the following items with this completed form:	Document Name	Document Date	Included? (Y/N)	Explanation or Comments
	Detailed Expenditure Report			
	Acceptance Letter from Approving Agency (DelDOT, County or Municipality)			
	Recorded Easement Agreement(s)			
	Proof of Bond Release			
	Photos of Completed Work			

Amount of Reimbursement Requested	Category	Amount Spent	Amount Requested	Difference (Spent minus Requested)
	Design			
	Construction			
	Other (please specify):			
	TOTALS:			

Notarized Statement

I certify that, in accordance with the executed TIIF Agreement, the Project has been completed to the satisfaction of the public approving agency (DelDOT, County or Municipality), and that the reimbursement requested is solely for the work as described in the TIIF Application and as approved by the TIIF Council. I further acknowledge that the Grantee shall only be reimbursed for actual amounts expended, subject to audit per Section 8 of the TIIF Agreement, and not to exceed the amount stipulated in the executed TIIF Agreement.

I attest to the accuracy of the information provided on this form and included with this form and further attest that the Grantee has paid in full for the full amount requested and indicated on this form, and that this is the final request for reimbursement under the terms of the TIIF Agreement. I further attest that the Grantee's circumstances have not changed adversely since the date of final TIIF Grant Approval, nor did the TIIF Grant Application contain a statement that was materially false and included information necessary to prevent the Application from being materially false.

_____ *Authorized Representative of Grantee*

Notary _____ County _____ Commission _____
 Expiration Date _____

For Office Use Only:									
Ok to Process:	YES (initial & date)	NO (initial & date)	Issue?	Why?	Contact made: (Circle, initial & date each)				
Audited by:									
Reviewed by:					Phone	Email	Voicemail		
Contact Confirmed?		Yes No			Phone	Email	Voicemail		
PO Number:			Comment?						

HOW TO COMPLETE AND SUBMIT YOUR REIMBURSEMENT REQUEST FORM

1. **Fill in the information on the one-page form completely, including signatures and dates.** If an item is Not Applicable, please indicate N/A, do not leave the space blank.
2. **Attach Supporting Documentation.**
 - a. Detailed Expenditure Report should mimic the Cost Estimate provided with the Grant Application and should reference contractor/vendor names, actual invoice numbers for each line item, and proof of payment (e.g., check numbers).
 - b. Acceptance Letter must have been issued after all permitted work has been completed and the bonding company(ies)/surety(ies) has been released by the permitting agency. The Acceptance Letter should be one or more of the following:
 - ii. DelDOT Acceptance of Streets for Maintenance;
 - iii. DelDOT Commercial Entrance Permit;
 - iv. DelDOT Commercial Permit Security Release Letter; AND/OR
 - v. Permitting Agency Letter of Satisfaction of Completion of Work
 - c. Recorded Easement Agreement(s) with recordation stamp and date, for any easement(s) in which pedestrian facilities have been constructed and Grant reimbursement of the pedestrian facilities construction is being requested.
 - d. Proof of Bond/Surety Release (if not included in the Acceptance Letter).
 - e. Dated Photos with written descriptions showing elements of the completed construction. Videos or drone flight-captured images are also acceptable.
3. **Amount of Reimbursement Requested**
 - a. Fill in the cost breakdowns for **Design, Construction** and **Other, IF KNOWN**, otherwise, fill in **TOTALS** under each column (**Amount Spent, Amount Requested** and **Difference**).
4. **Complete Notarized Statement** on the reimbursement form.
 - a. *Authorized Representative of Grantee* is the same individual who signed the TIIF Grant Agreement.
5. **Submit** the Completed Reimbursement Request Form and All Supporting Documentation via delivery service, email, or fax to the below:

Mail/Delivery: DelDOT Planning
 ATTN: TIIF Coordinator
 PO Box 778, 800 Bay Road
 Dover, DE 19901

Email: DelDOT_TIIF@delaware.gov

Fax: 302-760-2569