

MONROE COUNTY TOURIST DEVELOPMENT COUNCIL

REIMBURSEMENT PACKET

CAPITAL PROJECT FUNDING

City of Key West

Smathers Beach Restroom Facility

\$225,000.00



2016

REIMBURSEMENT REQUEST COVER SHEET

Mail or deliver completed reimbursement requests to the following address:

Monroe County Tourist Development Council

1201 White Street (Suite 102)

Key West, FL 33040

Name of Organization: City of Key West

Name of Project: Smathers Beach Restroom Facility

\$225,000.00

Contract ID: 1651

Project Expiration Date: September 30, 2017

Line Item Number: 117 77040 530340 TK67595 X 530340

Check # or Name of Credit Card Used	Check or Credit Card Date	Payee	Reason	Amount Paid
			Total of Above Submissions:	
			A) Total of Prior Payments:	
			B) Total Requested and Paid (A+B):	
			C) Total Contract Amount:	
			D) Balance of Contract (D-C):	

Extra expenditure listing sheets are available for your use at the back of this packet – please insert behind page 1 if needed.

ATTACHMENTS AND CHECK LIST
(Complete and Submit with Reimbursement Request)

- ☐ I am the President of the Organization or the Project Manager listed within the signed Agreement (If this has changed please contact the TDC office immediately (305-296-1552 and ask for Ammie Machan or Maxine Pacini).
- ☐ I have reviewed Exhibit A of the Agreement and there are no changes (Contact the TDC office immediately if there are differences between Exhibit A and the work you have completed (305-296-1552 and ask for Ammie Machan or Maxine Pacini).
- ☐ I am submitting for Segment # ____ of ____ (Refer to Exhibit A).
- ☐ I understand that I will only be reimbursed for costs directly related to items listed in Exhibit A. The TDC does not pay for telephone charges; mailing or postage costs; travel expenses such as airline tickets, gas, rental cars, etc. I will contact the TDC office ahead of reimbursement if I have any questions regarding my submission.
- ☐ I have paid 100% of the segment or project cost up front to the entity completing work and have enclosed invoices and proof of payment to that entity in the form of a copy of the check with bank statement showing check has cleared; or credit card statement showing payment made – credit card used must be in the name of the organization who the agreement is entered into.
- ☐ My project amount exceeded \$50,000 and I am including backup to show that I followed the bidding/procurement guidelines of Monroe County or a notarized statement as to why this was unobtainable. (TDC Capital Project Competitive Solicitation Guidelines can be viewed at www.monroecounty-fl.gov/tdc).
- ☐ My project cost was under \$50,000 and I am submitting 2 quotes which I received for the work completed or a notarized statement as to why this was unobtainable.
- ☐ I have attached copies of all contracts with contractors and sub-contractors.
- ☐ I have enclosed before and after pictures of the completed project.
- ☐ I will permanently display and maintain at my organizations own expense, public acknowledgement of the support of the Monroe County Tourist Development Council in a publicly prominent area of the facility in the following form: "This project was made possible with the financial support of the Monroe County Tourist Development Council." A photograph of said acknowledgment is attached.
- ☐ I have completed the Reimbursement Request Cover Sheet and have securely attached all of the above mentioned documents.
- ☐ I have contacted the Monroe County Engineering Department at the number listed in my Agreement and they have inspected my project and signed off approval. I have attached the signed approval as part of my reimbursement packet.
- ☐ I have attached a notarized verification statement to this request for reimbursement.

REVIEW AND APPROVAL BY MONROE COUNTY ENGINEERING DEPARTMENT

(Must be completed before submitting for reimbursement)

I certify that as a representative of the Monroe County Engineering Department, I have reviewed and inspected the segment(s) of the project outlined under this request for reimbursement and it is my determination that the scope of services outlined in Exhibit A have been met.

Authorized Signature Representing Monroe County Engineering Department

Printed Name

Date of Inspection

VERIFICATION

(To be completed by the President of the Organization or Project Manager; notarized and returned with submission for reimbursement)

I swear and certify that the information contained within this submission for reimbursement is true and correct, and that I am the duly authorized representative of this capital project submission.

President or Project Managers Name (Printed)

Signature of President or Project Manager

Sworn to and subscribed before me this ____ day of _____, 20__ by
_____ who is personal known to me _____ or produced a form of
Identification_____.

Notary Public

My Commission Expires: _____

Notary Stamp:

Additional reimbursement request page.....

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