MONROE COUNTY TOURIST DEVELOPMENT COUNCIL

REIMBURSEMENT PACKET

CAPITAL PROJECT FUNDING

Florida Keys Wild Bird Rehabilitation Center, Inc.

Fla Keys Wild Bird Parking Pavers

$21,900

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: Florida Keys Wild Bird Rehabilitation Center, Inc.
Name of Project: Fla Keys Wild Bird Parking Pavers
$21,900   Contract ID: 5010 **Project Expiration Date**: Friday, September 30, 2016
Line Item Number: 121 71040 530340 ??????? X 530340

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

ID#: 5010

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.

ID#: 5010

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:

ID#: 5010

Additional reimbursement request page…………….

Check # or Name of Credit Card Used	Check or Credit Card Date	Payee	Reason	Amount Paid

ID#: 5010