OPPORTUNITY FUND PROJECT REIMBURSEMENT REQUEST

INSTRUCTIONS: Please fill out one Project Reimbursement Request form for each project your jurisdiction is implementing. If you have any questions, please contact District Administrator Brandon Smith at 253-798-2159 or pcfczd@piercecountywa.gov

Please save your form and title it using the follow convention:
YYYY_MMDD_JURISIDICTION_PROJECT.docx
(e.g., 2023_0601_PierceCounty_leveemaintenance.docx)

Once completed, email your form to:
Pierce County FCZD Administrator
pcfczd@piercecountywa.gov

DATE	ENTER DATE
JURISDICTION	ENTER JURISDICTION NAME
CONTACT NAME	ENTER CONTACT NAME
CONTACT PHONE	XXX-XXX-XXXX
CONTACT EMAIL	ENTER EMAIL ADDRESS
ADDRESS	ADDRESS CITY, STATE ZIPCODE
REQUEST TIME PERIOD	ENTER BEGINNING DATE *to* ENTER END DATE

PROJECT NAME ENTER PROJECT NAME **CALENDAR YEAR OF** ENTER CALENDAR YEAR

TOTAL PROJECT COSTS ENTER TOTAL PROJECT COST **REQUESTED FUNDS** ENTER REQUESTED PROJECT FUNDS

Fill out the below table with the following information.

FCZD Approved Project	Total FCZD Opp. Funds Approved	Requested FCZD Opp. Funds this period	Total FCZD Opp. Funds requested to date	Total FCZD Opp. Funds remaining
Totals				

This certification statement must be signed by the individual/jurisdiction requesting reimbursement.

By signing and submitting this request for reimbursement, I hereby certify that:

1. The information presented and attached hereto is true, complete, and accurate to the best of my knowledge and understanding.
2. The expenditures, disbursements, and receipts outlined herein and attached hereto have been incurred and are eligible for reimbursement for the intended purposes specified in the approved scope of work and applicable terms and conditions as outlined by the Interlocal Agreement with FCZD in accordance with the laws of the State of Washington.
3. All related studies, reports, plans, documents, and other deliverables due have been received and provided to the FCZD Administrator, or any construction-related activities included in this reimbursement request have been completed, prior to the date of this reimbursement request.

_____	_____	_____
Signature	Title	Date

Approved By:

Brandon Smith, P.E., District Administrator	**Date**