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| LOGO2LIN | | | | | | | | | | | | **Claim for Relocation Payments - Nonresidential** | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sponsor: | | |  | | | | | | | | | | | County: | | | | | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Airport: | | |  | | | | | | | | | | | Parcel No.: | | | | | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Initiation of Negotiations: | | | | | | | |  | | | | | | Project/Tract: | | | | | | |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Section I** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Claimant: | | |  | | | | | | | | | | | 1. Preparer *(If different than Claimant)* | | | | | | | | | | | | | | | | | | | | |
| Address: | | |  | | | | | | | | | | | Name: | |  | | | | | | | | | | Title: | | |  | | | | | |
| City: | |  | | | | | | | | | | | | Address: | | | | | |  | | | | | | | | | | | | | | |
| State: | |  | | | | Zip: | |  | | | | | | City: | | |  | | | | | | | | | | | | | | | | | |
| Phone No.: | | | | | (   ) | | | | | | | | | State: | | |  | | | | | | | | | Zip: | |  | | | | | | |
|  | | | | | | | | | | | | | | Phone No.: | | | | | | | | | (   ) | | | | | | | | | | | |
|  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| 1. Type of Concern: | | | | | | | | | | | | | | 1. Type of Ownership: | | | | | | | | | | | | | | | | | | | | |
| Business  Farm  Nonprofit Organization | | | | | | | | | | | | | | Sole Proprietorship  Corporation  Partnership | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| 1. Dates You Occupied Property: | | | | | | | | | | | | | | 1. Did Concern Discontinue Operations? | | | | | | | | | | | | | | | | | | | | |
| From |  | | | | | | To | |  | | | | | Yes  No | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| 1. Does Concern Plan to Reestablish? | | | | | | | | | | | | | | 1. Date you relocated to the replacement site? | | | | | | | | | | | | | | | | | | | | |
| Yes  No | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | |  | | | |
|  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| 9. Address of Replacement Site: | | | | | | | | | | | | | | 10. Claim Status: | | | | | | | | | | | | | | | | | | | | |
| Street: | |  | | | | | | | | | | | | Interim/Supplementary | | | | | | | | | | | | | | | | | | | | |
| City: | |  | | | | | | | | | | | | **Final** ( of | | | | | | | | | |  | prior claims) | | | | | | | | | |
| State: | |  | | | | Zip: | |  | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Phone No.: | | | | | (   ) | | | | | | | | | 11. Type of Payment Claim: | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | Actual Cost (Commercial and/or Self) | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | Fixed Payment (Item 13) | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12. **CLAIM** | | | | | | | | | | | | | | | | | | **Amount** | | | | | | | | | | | |  | | For Agency Use Only | | |
| Moving and Storage Expense *(Attach completed Schedule A)* | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | |  | | |
| Actual Direct Losses of Personal Property *(Attach completed Schedule B)* | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | |  | | |
| Search Expense (NTE $2500) *(Attach completed Schedule C)* | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | |  | | |
| Reestablishment Expense (NTE $25,000) *(Attach completed Schedule D)* | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | |  | | |
| Related Nonresidential Expenses *(Attach completed Schedule E)* | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13. Fixed payment In Lieu of Actual Expenses: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Business or Farm Operation/49 CFR 24.305(a)(b)(c)(e)  What were the annual net earnings, including compensation to the owner and the owner's spouse and dependents, before Federal, state, and local income taxes for the two taxable years immediately prior to the taxable year of displacement? **Copy of income tax returns or certified financial statements shall be provided with payment claim.** | | | | | | | | | | | | | | Nonprofit Organizations/49 CFR 24.305(d)  What were the annual gross revenues, less administrative expenses for the two 12 month periods prior to the airport acquisition? **Certified financial statements or financial documents shall be provided with payment claim.**  Eligible if confirmed that:  The organization is incorporated as a NPO under state  law.  The organization is exempt under Section 501 of the IRS  Code (26 USC 501). | | | | | | | | | | | | | | | | | | | | |
| Year 1 | | | |  | | | Year 2 | | | |  | | | Year 1 | | | | | | | |  | | | | | Year 2 | | | | | | |  |
|  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Amount Claimed (*Year 1$ + Year 2$)/2* = | | | | | | | | | |  | | | | Amount Claimed (*Year 1$ + Year 2$)/2* = | | | | | | | | | | | | | | | | | | |  | |

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| Displacee: |  | | | | | | | Property Street Address: | | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| 14. Certification: | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| I/We certify that I/we occupied | | | | |  | | | | | | | from | | | |  | | | to |  | | | . I/We have |
| moved all business property to the address shown above and that I/we now qualify for a payment of | | | | | | | | | | | | | | | | | | | | |  | | |
| for moving and other eligible related expenses as supported by the attached documentation. No previous reimbursement or compensation has been received for this or any portion of this claim. | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| I/We grant permission to the | | | |  | | | | | | | | | (Sponsor) to dispose of any or all personal property | | | | | | | | | | |
| abandoned by me/us or others on the subject property on and after this date. I/We absolve the Sponsor of any and all responsibility or liability for damages in connection with the disposition of the abandoned property. I/We also agree that any or all items of property which have been moved are personalty and release and absolve the Sponsor from any and all liability for payment for such items as realty.  I/WE CERTIFY under the penalties and provisions of U.S.C Title 18 and/or any other applicable law, that this claim and information submitted herewith has been examined and is true, correct, and complete. I/We have not submitted any other claim for, or received reimbursement or compensation from any other source for any item of this claim; and that any receipts submitted herewith accurately reflect costs actually incurred. I/We certify that the choice of payment was made on the basis of a full explanation by the displacing agency representative of the differences between the types of payment available. | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| IF UNINCORPORATED BUSINESS, FARM, OR NON-PROFIT ORGANIZATION I CERTIFY:   * I am either a citizen or national of the United States, or an alien who is lawfully present in the United States; and as applicable  * On behalf of all owners or persons with an ownership interest in the displaced business, farm or non-profit organization, that each owner is either a citizen or national of the United States, or an alien who is lawfully in the United States.   IF INCORPORATED BUSINESS, FARM, OR NON-PROFIT ORGANIZATION   * That the corporation is authorized to conduct business within the United States. | | | | | | | | | | | | | | | | | | | | | | | |
| I understand that falsification of any kind in connection with this claim may result in prosecution under state and or federal laws and forfeiture of the claim in its entirety. | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| Signature: | | |  | | | | | | | Signature: | | | |  | | | | | | | | | |
| Date: | | |  | | | | | | | Date: | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| **Section II** | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| Amount Previously Paid (if any): | | | | | | |  | | Date: | |  | | | |  | |  | | | | | | |
|  | | | | | | | | | | | | | | | | | Relocation Representative | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| **Section III – Division of Aeronautics** | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| Approved | |  | | | |  | | | | | | | | | | | |  | | | |  | |
|  | | Claim Amount | | | | Signature | | | | | | | | | | | | Title | | | | Date | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | Signature | | | | | | | | | | | | Title | | | | Date | |

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| **SCHEDULE A**  **Payment of Moving Costs – Nonresidential (49 CFR 24.301 (g) (1-7, 11, 13))** | | | | | | | | | | | | | | | | |
| 1. Claimant Name: |  | | | | | | 2. Project/Parcel: | | | | | / | | | | |
|  | | | | | | | | | | | | | | | | |
| 3. Type of Payment claimed: | | | Self | | | Commercial | | | | | Self & Commercial | | | | | |
|  | | | | | | | | | | | | | | | | |
| 4. Actual Moving Expenses (See below for Eligible and Ineligible Expenses) | | | | | | | | | | | | | | | | |
| Item | | Contractor/Address/Phone (or SELF ) | | | | | | | | | | | | Amount Claimed | | For Agency Use Only |
| Moving and Rigging | | Name: | |  | | | | | | (SELF MOVE ) | | | |  | |  |
|  | | Address: | |  | | | | City: | |  | | | |  | |  |
|  | | Phone: | | (   ) | | | | Zip: | |  | | | |  | |  |
|  | | | | | | | | | | | | | | | | |
| Electrical | | Name: | |  | | | | | |  | | | |  | |  |
|  | | Address: | |  | | | | City: | |  | | | |  | |  |
|  | | Phone: | | (   ) | | | | Zip: | |  | | | |  | |  |
|  | | | | | | | | | | | | | | | | |
| Mechanical | | Name: | |  | | | | | |  | | | |  | |  |
|  | | Address: | |  | | | | City: | |  | | | |  | |  |
|  | | Phone: | | (   ) | | | | Zip: | |  | | | |  | |  |
|  | | | | | | | | | | | | | | | | |
| Plumbing | | Name: | |  | | | | | |  | | | |  | |  |
|  | | Address: | |  | | | | City: | |  | | | |  | |  |
|  | | Phone: | | (   ) | | | | Zip: | |  | | | |  | |  |
|  | | | | | | | | | | | | | | | | |
| Carpentry | | Name: | |  | | | | | |  | | | |  | |  |
|  | | Address: | |  | | | | City: | |  | | | |  | |  |
|  | | Phone: | | (   ) | | | | Zip: | |  | | | |  | |  |
|  | | | | | | | | | | | | | | | | |
| Communications | | Name: | |  | | | | | |  | | | |  | |  |
|  | | Address: | |  | | | | City: | |  | | | |  | |  |
|  | | Phone: | | (   ) | | | | Zip: | |  | | | |  | |  |
|  | | | | | | | | | | | | | | | | |
| Printing | | Name: | |  | | | | | |  | | | |  | |  |
|  | | Address: | |  | | | | City: | |  | | | |  | |  |
|  | | Phone: | | (   ) | | | | Zip: | |  | | | |  | |  |
|  | | | | | | | | | | | | | | | | |
| Computer/Electronics | | Name: | |  | | | | | |  | | | |  | |  |
|  | | Address: | |  | | | | City: | |  | | | |  | |  |
|  | | Phone: | | (   ) | | | | Zip: | |  | | | |  | |  |
|  | | | | | | | | | | | | | | | | |
| Other | | Name: | |  | | | | | | (SELF MOVE ) | | | |  | |  |
|  | | Address: | |  | | | | City: | |  | | | |  | |  |
|  | | Phone: | | (   ) | | | | Zip: | |  | | | |  | |  |
|  | | | | | | | | | | | | | | | | |
| Other | | Name: | |  | | | | | | (SELF MOVE ) | | | |  | |  |
|  | | Address: | |  | | | | City: | |  | | | |  | |  |
|  | | Phone: | | (   ) | | | | Zip: | |  | | | |  | |  |
|  | | | | | | | | | | | | | | | | |
| Other | | Name: | |  | | | | | | (SELF MOVE ) | | | |  | |  |
|  | | Address: | |  | | | | City: | |  | | | |  | |  |
|  | | Phone: | | (   ) | | | | Zip: | |  | | | |  | |  |
|  | | | | | | | | | | | | | | | | |
| Other | | Name: | |  | | | | | | (SELF MOVE ) | | | |  | |  |
|  | | Address: | |  | | | | City: | |  | | | |  | |  |
|  | | Phone: | | (   ) | | | | Zip: | |  | | | |  | |  |
|  | | | | | | | | | | | | | | | | |
| Total Moving Expense to Date | | | | | | | | | | | | | | $0.00 | | $0.00 |
| Less Prior Amounts Paid | | | | | | | | | | | | | | | |  |
| Total Amount This Claim | | | | | | | | | | | | | | | | $0.00 |
| **SCHEDULE A, continued**  **Payment of Moving Costs – Nonresidential (49 CFR 24.301 (g) (1-7, 11, 13))** | | | | | | | | | | | | | | | | |
| 5. Storage Cost: (Attach Bill of Lading listing items moved to and from storage.) | | | | | | | | | | | |  | | | | |
| Type of Claim:  Initial  Supplemental  Final | | | | | Date Property Moved  TO Storage | | | | Date Property Moved  FROM Storage | | | | | | Storage Location:  with Mover  other location | |
|  | | | | |  |  | | |  | | | |  | |  | |

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| 6. Comments | | | | | | | | | | | | | | | | | | | | | | |
| 1. Signature of Claimant(s) | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | |  | |  | | |  | |  | | | | | | |  |  | | |
| Signature | | | | |  | | Date | | |  | | Signature | | | | | | |  | Date | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Moving Estimate Bid Accepted: | | | | | | | |  | | | | | | | | As of Date: | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Moving Cost Claims Accepted: | | | | | | | |  | | | | | | | | As of Date: | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Storage Cost Claims Accepted: | | | | | | | |  | | | | | | | | As of Date: | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Advanced Payments: (*see Approved Justification)* | | | | | | | |  | | | | | | | | As of Date: | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Recommended  THIS  CLAIM | Amount | | | Name - Signature | | | | | | | | | | | | Title | | | | | Date | |
|  |  | | |  | | | | | | | | | | | |  | | | | |  | |
|  |  | | | Relocation Specialist | | | | | | | | | | | |  | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Approved |  | | |  | | | | | | | | | | | |  | | | | |  | |
|  |  | | | Division of Aeronautics / Land Acquisition | | | | | | | | | | | |  | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Eligible Moving Expenses/49 CFR 24.301(g)  The actual, reasonable, and necessary expense for:   1. Transportation of personal property from the acquired site to the replacement site not to exceed a distance of 50 miles, (unless the 50-mile limit is waived for cause by the agency). 2. Packing and unpacking, crating and uncrating of personal property. 3. Disconnecting, dismantling, removing, reassembling, and reinstalling relocated machinery, equipment, and other personal property including substitute personal property. 4. Storage of personal property as necessary intransit up to 12 months, (unless extended by the agency if necessary). 5. Insurance for the replacement value of the property moved and/or stored. 6. The replacement value of property lost, stolen, or damaged in the move, not through the fault or negligence of the displaced person, or his/her agent or employee; where insurance coverage for such items is not available at reasonable cost. 7. Any license, permit, or certification required of the displaced person at the replacement site. 8. Professional services necessary for planning, moving, and installing relocated personal property at the replacement site. 9. Relettering signs and replacing stationary on hand at the time of displacement that are obsolete as result of the move. | | | | | | | | | | | | | | Ineligible Expenses/49 CFR 24.301(h)   1. Cost of moving structures or other real property improvements. 2. Interest on a loan of funds for moving costs. 3. Loss of goodwill. 4. Loss of profits. 5. Loss of trained employees. 6. Additional operating expense incurred at the replacement site, (*except as specifically provided at 49 CFR 24.304)*. 7. Personal injury. 8. Any legal fee or other cost for preparing a claim for a relocation payment or for representing the claimant before the agency. 9. Expense for physical changes to the replacement real property. (*except as specifically provided at 49 CFR 24.304)*. 10. Cost of storage on owned or leased real property. | | | | | | | | |
| Remarks: | | | | | | | | | | | | | | | | | | | | | | |
| **SCHEDULE B**  **Direct Loss of or Purchase of Substitute Personal Property (49 CFR 24.301 (g)(14)(15)(16))** | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| 1. Claimant Name: | | |  | | | | | | | | | 2. Project/Parcel: | | | | / | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| 3. Claim of Direct Loss of Tangible Personal Property:  *LESSER OF: Direct Loss (i.e. Value-in-Use/Cost of Goods Inventory/Substitute Cost less Sales proceeds)*  *or*  *Agency's Accepted Estimated Moving Cost to Relocate Item(s)* | | | | | | | | | | | | | | | | | | | | | | |
| Item not moved or replaced, or item replaced by substitute item at replacement site. | | | Value for Continued Use/ Cost of Goods/  Substitute Cost of Item  Installed | | | Proceeds from Sale of Item  *(As Is Sold On-site for Removal )* | | | Net Loss | | | | Estimated Moving Cost  (Provided by Agency) | | | | Amount Claimed | | | For Agency Use Only | | |
| 1. | | |  | | |  | | |  | | | |  | | | |  | | |  | | |
| 2. | | |  | | |  | | |  | | | |  | | | |  | | |  | | |
| 3. | | |  | | |  | | |  | | | |  | | | |  | | |  | | |
| 4. | | |  | | |  | | |  | | | |  | | | |  | | |  | | |
| 5. | | |  | | |  | | |  | | | |  | | | |  | | |  | | |
| 6. | | |  | | |  | | |  | | | |  | | | |  | | |  | | |
| 7. | | |  | | |  | | |  | | | |  | | | |  | | |  | | |
| 8. | | |  | | |  | | |  | | | |  | | | |  | | |  | | |
| 9. | | |  | | |  | | |  | | | |  | | | |  | | |  | | |
| Plus Cost of Sale (advertising, display, etc.) | | | | | | | | | | | | | | | | |  | | |  | | |
| Total Amount Claimed | | | | | | | | | | | | | | | | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Comments | | | | | | | | | | | | | | | | | | | | | | |
| RELEASE: I/We hereby release any and all interest, ownership and title to personal property remaining on the acquired site for which eligible payment for direct loss of or substitute of personal property not relocated is or will be claimed. | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | |  | |  | | |  | |  | | | | | | |  |  | | |
| Signature | | | | |  | | Date | | |  | | Signature | | | | | | |  | Date | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Recommended  THIS  CLAIM | Amount | | | Name - Signature | | | | | | | | | | | | Title | | | | | Date | |
|  |  | | |  | | | | | | | | | | | |  | | | | |  | |
|  |  | | | Relocation Specialist | | | | | | | | | | | |  | | | | |  | |
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| Approved |  | | |  | | | | | | | | | | | |  | | | | |  | |
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| **SCHEDULE C**  **Search Expenses – Nonresidential (49 CFR 24.301(g)(17))** | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| 1. Claimant Name: | | |  | | | | | | | | 2. Project/Parcel: | | | | | / | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| 3. Actual Expenses: A displaced business or farm operation is entitled to reimbursement for actual expenses, not to exceed $2500, which the agency determines reasonable and incurred in searching for a replacement location, including the following: | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | |  | | | | | |  | | | | Amount Claimed | |  | For Agency  Use Only | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| 1. Searching Time | | | | | | |  | | hours | | | | @ |  | rate | | $0.00 | |  |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| 2. Transportation | | | | | | |  | | miles | | | | @ |  | rate | | $0.00 | |  |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| 3. Lodging | | | | | | |  | | nights | | | | @ |  | rate | | $0.00 | |  |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| 4. Cost of Meals | | | | | | | | | | | | | | | | |  | |  |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| 5. Fees paid to Realtor (excluding commissions) | | | | | | | | | | | | | | | | |  | |  |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| 6. Other |  | | | | | | |  | | | | | | | | |  | |  |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| 7. Other |  | | | | | | |  | | | | | | | | |  | |  |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL (*Not to Exceed $2500)* | | | | | | | | | | | | | | | | | | | |  | | |
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| Comments | | | | | | | | | | | | | | | | | | | | | | |
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| Signature | | | | |  | Date | | | |  | | Signature | | | | | | |  | Date | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Recommended  THIS  CLAIM | | Amount | | Name - Signature | | | | | | | | | | | | | | Title | | | Date | |
|  | |  | |  | | | | | | | | | | | | | |  | | |  | |
|  | |  | | Relocation Specialist | | | | | | | | | | | | | |  | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Approved | |  | |  | | | | | | | | | | | | | |  | | |  | |
|  | |  | | Division of Aeronautics / Land Acquisition | | | | | | | | | | | | | |  | | |  | |

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| **SCHEDULE D**  **Reestablishment Expenses – Nonresidential (49 CFR 24.304)** | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| 1. Claimant Name: | | | | |  | | | | | 2. Project/Parcel: | | / | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| 3. Actual Expenses: A displaced small business (less than 500 employees), farm, or non-profit organization is entitled to receive a payment, not to exceed $25,000, for eligible expenses actually incurred in relocating and reestablishing such small business, farm, or non-profit organization at a replacement site. See the following page for a listing of the eligible and ineligible reestablishment expenses. | | | | | | | | | | | | | | | | | |
| ITEM -Brief Description | | | | | | | | | | | | | Amount Claimed |  | For Agency  Use Only | | |
| 1. |  | | | | | | | | | |  | |  |  |  | | |
| 2. |  | | | | | | | | | |  | |  |  |  | | |
| 3. |  | | | | | | | | | |  | |  |  |  | | |
| 4. |  | | | | | | | | | |  | |  |  |  | | |
| 5. |  | | | | | | | | | |  | |  |  |  | | |
| 6. |  | | | | | | | | | |  | |  |  |  | | |
| 7. |  | | | | | | | | | |  | |  |  |  | | |
| 8. |  | | | | | | | | | |  | |  |  |  | | |
| 9. |  | | | | | | | | | |  | |  |  |  | | |
| 10. |  | | | | | | | | | |  | |  |  |  | | |
| 11. |  | | | | | | | | | |  | |  |  |  | | |
| 12. |  | | | | | | | | | |  | |  |  |  | | |
| 13. |  | | | | | | | | | |  | |  |  |  | | |
| 14. |  | | | | | | | | | |  | |  |  |  | | |
| TOTAL (*Not to Exceed $25,000)* | | | | | | | | | | | | | | |  | | |
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| Comments | | | | | | | | | | | | | | | | | |
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| Signature | | | | | |  | Date |  | | Signature | | | | |  | Date | | |
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| Recommended  THIS  CLAIM | | | Amount | | Name - Signature | | | | | | | | Title | | | | Date | |
|  | | |  | |  | | | | | | | |  | | | |  | |
|  | | |  | | Relocation Specialist | | | | | | | |  | | | |  | |
|  | | | | | | | | | | | | | | | | | | |
| Approved | | |  | |  | | | | | | | |  | | | |  | |
|  | | |  | | Division of Aeronautics / Land Acquisition | | | | | | | |  | | | |  | |

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| **SCHEDULE D, continued**  **Reestablishment Expenses – Nonresidential (49 CFR 24.304)** | | | | | | |
| **Eligible Reestablishment** | | | | | | |
|  | | | | | | |
| 1. | Repairs or improvements to the replacement real property if required by federal, state or local law, code or ordinance. | | | | | |
|  | (Identify) | |  | | | |
|  | | | | | | |
| 2. | Modifications to the replacement real property to accommodate the business operation or to make replacement structures suitable for conducting the business. | | | | | |
|  | (Identify) | |  | | | |
|  | | | | | | |
| 3. | Construction and installation costs for exterior signing to advertise the business. | | | | | |
|  | (Identify) | |  | | | |
|  | | | | | | |
| 4. | Redecoration or replacement of soiled or worn surfaces at the replacement site, such as paint, paneling or carpeting. | | | | | |
|  | (Identify) | |  | | | |
|  | | | | | | |
| 5. | License, fees and permits when not paid as a moving expense. | | | | | |
|  | (Identify) | |  | | | |
|  | | | | | | |
| 6. | Advertisement of replacement location, if not paid as part of moving expenses. | | | | | |
|  | (Identify) | |  | | | |
|  | | | | | | |
| 7. | Professional services in connection with the purchase or lease of a replacement site. | | | | | |
|  | (Identify) | |  | | | |
|  | | | | | | |
| 8. | Increased costs of operation during the first two years at the replacement site for such items as: | | | | | |
|  | | Lease or Rental charges | | $ |  |  |
|  | | Personal or Real Property tax | | $ |  |  |
|  | | Insurance Premiums | | $ |  |  |
|  | | Utility charges, excluding impact fees | | $ |  |  |
|  | | Total Increase Cost of Operations | | $ |  |  |
|  | | | | | | |
| 9. | Other expenses that the department determines to be eligible and essential to the reestablishment of the business. | | | | | |
|  | (Identify) | |  | | | |
|  | | | | | | |
| Ineligible Expenses  (Nonexclusive Listing of Ineligible Expense) | | | | | | |
| 1. Purchase of capital assets, such as office furniture, filing cabinets, machinery, or trade fixtures. 2. Purchase of manufacturing materials, production supplies, product inventory, or other items used in the normal course of business operation. 3. Interior or exterior refurbishment at the site which are solely for aesthetic purposes. 4. Interest on money borrowed to make the move or purchase the replacement property. 5. Expense claimed for a part time in-home business that does not contribute materially to the household income. | | | | | | |

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| **SCHEDULE E**  **Related Nonresidential Expenses (49 CFR 24.303)** | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| 1. Claimant Name: | | | |  | | | | | 2. Project/Parcel: | | / | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| In addition to those provided in 24:301, if they are Actual, Reasonable and Necessary expense for:  1. Connection to available nearby utilities from the right-of-way to improvements at the replacement site.  2. Professional services performed prior to the purchase or lease of a replacement site to determine its suitability for the displaced person’s business operation including but not limited to, soil testing, feasibility and marketing studies (excluding any fees or commissions directly related to the purchase or lease of such site.)  3. Impact fees or one-time assessments for anticipated heavy utility usage, as determined necessary by the Agency. | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| ITEM -Brief Description | | | | | | | | | | | | | Amount Claimed |  | For Agency  Use Only | | | |
| 1. |  | | | | | | | | | |  | |  |  |  | | | |
| 2. |  | | | | | | | | | |  | |  |  |  | | | |
| 3. |  | | | | | | | | | |  | |  |  |  | | | |
| 4. |  | | | | | | | | | |  | |  |  |  | | | |
| 5. |  | | | | | | | | | |  | |  |  |  | | | |
| 6. |  | | | | | | | | | |  | |  |  |  | | | |
| 7. |  | | | | | | | | | |  | |  |  |  | | | |
| TOTAL | | | | | | | | | | | | | | |  | | | |
| Eligible Expenses | | | | | | | | | | | | | | | |  | | |
| Less Prior Amounts Paid (if any) | | | | | | | | | | | | | | | |  | | |
| Amount This Claim | | | | | | | | | | | | | | | |  | | |
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| Comments | | | | | | | | | | | | | | | | | | |
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| Signature | | | | |  | Date |  | | Signature | | | | |  | Date | | | |
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| Recommended  THIS  CLAIM | | Amount | | Name - Signature | | | | | | | | Title | | | | Date | | |
|  | |  | |  | | | | | | | |  | | | |  | | |
|  | |  | | Relocation Specialist | | | | | | | |  | | | |  | | |
|  | | | | | | | | | | | | | | | | | | |
| Approved | |  | |  | | | | | | | |  | | | |  | | |
|  | |  | | Division of Aeronautics / Land Acquisition | | | | | | | |  | | | |  | | |