

TRCC Reimbursement Process

Restrictions

1. Eligible Costs:
 - a. Only costs aligned to *Scope of Work* in approved **Application** will be reimbursed.
 - b. Approved **Application** is attached to the **Executed Agreement**.
 - c. *Scope of Work* outlined in response to the **Application** questions below.
 - i. Consulting, question #15
 - ii. Capital, question #19
 - iii. Tourism, question #26

Project Details

12. Please specify type of funding you are requesting
-answer not presented because of the answer to #12-

13. Type of consulting services
-answer not presented because of the answer to #12-

14. Goals and objectives of consulting services
-answer not presented because of the answer to #12-

15. Scope of Work, including expected deliverable and timeline
-answer not presented because of the answer to #12-

16. Payment schedule for the work and expenses.
-answer not presented because of the answer to #12-

17. What is the site location of your project?
-answer not presented because of the answer to #12-

18. Describe the current facility and specify if it is owned or leased.
-answer not presented because of the answer to #12-

19. Scope of Work, including expected deliverable and timeline
-answer not presented because of the answer to #12-

20. Describe in detail how you will fund future capital maintenance and operating expenses. Include a five-year expense forecast and a long term maintenance budget plan.
-answer not presented because of the answer to #12-

21. Provide project management information including key personnel and their experience.
-answer not presented because of the answer to #12-

22. OPTIONAL: Architectural information including site plan, space program, and schematic design.
-answer not presented because of the answer to #12-

23. Construction information including: construction cost estimate from a qualified professional, master construction budget, LEED planning (if applicable), and contingency plans for cost overruns.
-answer not presented because of the answer to #12-

24. Type of tourism promotion services
-answer not presented because of the answer to #12-

25. Goals and objectives of tourism promotion services
-answer not presented because of the answer to #12-

26. Scope of Work, including expected deliverable and timeline
-answer not presented because of the answer to #12-

27. Payment schedule for the promotional work and expenses

2. Ineligible Costs:

- a. Project ineligible if work started before June 16th of application year.
- b. Organization overhead is an ineligible project cost.
- c. Portable equipment is ineligible for reimbursement but may be applied toward matching funds.
- d. Organization salaries and benefits are ineligible for reimbursement but may be applied toward matching funds for personnel directly working on projects.

3. Matching Funds:

- a. Before funds are matched, a partial reimbursement of the TRCC grant is permitted.
- b. Full amount of the TRCC grant may be requested for reimbursement once *Matching Funds* have been expended. Additional documentation may be required.
- c. The required amount of *Matching Funds* is listed on the approved **Project Budget** spreadsheet attached to the **Executed Agreement**. See screenshots below.

Grants Prior to 2025:

| Funding Sources: | | Secured | Unsecured | Total | Detail |
|------------------------------|----------------------|---------------------|----------------------|--------------------------------------|---------------|
| Grant: State | \$ 10,000.00 | \$ - | \$ 10,000.00 | Utah Outdoor Recreation Grant (UORG) | |
| Grant: State | \$ - | \$ 65,000.00 | \$ 65,000.00 | Forestry, Fire, & State Lands Grant | |
| Other (Describe) | \$ 200,000.00 | \$ - | \$ 200,000.00 | UDOT Agreement | |
| Fund Balance | \$ 150,000.00 | \$ - | \$ 150,000.00 | Park Impact Fees | |
| Appropriated Funding | \$ 40,000.00 | \$ - | \$ 40,000.00 | General Fund | |
| | | | \$ - | | |
| Total Funding Sources | \$ 400,000.00 | \$ 65,000.00 | \$ 465,000.00 | | |

2025 Grants:

| Project Summary: | |
|-------------------------------|----------------------|
| Total Project Budget | \$ 930,000.00 |
| Total Funding Sources | \$ 465,000.00 |
| TRCC Funding Requested | \$ 465,000.00 |
| Projected Surplus/(Deficit) | \$ - |
| Match Amount | \$ 400,000.00 |

TRCC Reimbursement Form

1. Header:

- a. *Date Submitted*: Date request sent to Community Services
- b. *SLCO Contract #*: Contract number on top right-hand corner of page 5 of the **Executed Agreement**.

| |
|---|
| County Contract No. 000000#### DA Log No. 25CIV000237 |
| INTERLOCAL COOPERATION AGREEMENT <i>between</i> SALT LAKE COUNTY for its Department of Community Services <i>and</i> SCITY |

- c. *Organization Name*: Municipality or Non-Profit awarded TRCC grant.
- d. *Project Name*: Name of project on TRCC **Application**

| | |
|--|---|
|  SALT LAKE COUNTY <i>Powered by ZoomGrants™ and</i> Salt Lake County Community Services TRCC TRCC 2025 Support Program Application (2026 County Fiscal Year) Deadline: 6/16/2025 | Email This Preview Save a |
| City Trail Alignment | |

- e. *Contact Name*: Name of project manager or fiscal contact who can answer questions about the reimbursement request.
- f. *Phone Number*: Phone number of project manager or fiscal contact.
- g. *Contact E-Mail*: E-mail for project manager or fiscal contact.

Example:

| | |
|---------------------------|---|
| Date Submitted: | 07/16/2025 |
| SLCo Contract #: | 000000#### |
| Organization Name: | City |
| Project Name: | Trail Alignment |
| Contact Name: | Jake Jones |
| Phone Number: | (801) 999-9999 |
| Contact E-Mail: | JJones@city.gov |

2. Expenses Requested for Reimbursement:

- a. *Item #*: Unique number on **TRCC Reimbursement Form** for tracking submitted expenses.
- b. *Invoice Date*:
 - i. Invoiced purchase: Date on invoice.
 - ii. In-store purchase (i.e. Home Depot): Date on receipt.
 - iii. Payment application: Date or Period To on payment application.
- c. *Invoice #*:
 - i. Invoiced purchase: Unique number on invoice.
 - ii. In-store purchase (i.e. Home Depot): Transaction number on receipt.
 - iii. Payment application: Payment application number.
- d. *Vendor Name*: Name of vendor on invoice, receipt, or payment application.
- e. *Description*:
 - i. Invoiced purchase: Short description of service received, or goods purchased on invoice.
 - ii. In-store purchase (i.e. Home Depot): Short description of goods purchased on receipt.
 - iii. Payment application: Short description of service received on payment application Continuation Sheet. If scope of work cannot be identified for original contract or change order(s), a copy of the contract or change order(s) may be required.
- f. *Amount*: Eligible costs on invoice, receipt, or payment application.
 - i. Do not include expenses that were previously requested for reimbursement. This is not a running total for the project.
 - ii. Sales tax is ineligible for reimbursement and should be excluded on the **TRCC Reimbursement Form**.

Example:

| Item # | Invoice Date | Invoice # | Vendor Name | Description | Amount |
|--------|--------------|------------------|-------------------|---|--------------|
| 1 | 03/31/2025 | Pay App-001 | Parks & Play USA | demo/install tennis & pickleball courts | \$ 57,452.69 |
| 2 | 06/05/2025 | Pay App-05 | Green Landscaping | remove/replace sod & sprinklers | \$ 26,273.92 |
| 3 | 06/15/2025 | 4421-00001-57685 | Home Depot | keyed door hardware | \$ 31.47 |
| 4 | 06/23/2025 | F25-090 | Design, Inc. | construction admin & as-build docs | \$ 3,020.00 |

Payment Application with Continuation Sheet

| APPLICATION AND CERTIFICATE FOR PAYMENT | | | |
|--|--------------------------------|--|--------------------------|
| CITY | PROJECT: | Park Improvements | APPLICATION NO: 001 |
| | | | PERIOD TO: 2025-03-31 |
| | | | PROJECT NOS: PO# 25-1999 |
| | | | INVOICE NO: 000725752 |
| FROM CONTRACTOR: Parks & Play USA Inc. | PLEASE REMIT PAYMENTS TO: | WIRE INFORMATION | CONTRACT DATE: 1/2/2025 |
| CONTRACT FOR: | | Bank: Account Name: Account Number: Transfer routing (ABA): ACH routing (ABA): | |
| CONTRACTORS APPLICATION FOR PAYMENT Application is made for payment, as shown below, in connection with the contract | | | |
| 1. ORIGINAL CONTRACT SUM | \$ 420,438.00 | | |
| 2. Net change by change orders | \$ 4,100.00 | | |
| 3. CONTRACT SUM TO DATE (Line 1 & 2) | \$ 424,538.00 | | |
| 4. TOTAL COMPLETED & STORED TO DATE (Column g on Continuation Sheet) | \$ 60,476.52 | | |
| 5. RETAINAGE: | Subscribed and sworn to before | | |
| a. 5.00% of Complete Work (Columns D & E) | \$ 3,023.83 | | |
| b. % of Stored Material Column F | \$ | | |
| Total Retainage (Line 5a 5b or Total in Column I) | | | |
| 6. TOTAL EARNED LESS RETAINAGE (Line 4 Less Line 5 Total) | \$ 57,452.69 | | |
| 7. LESS PREVIOUS CERTIFICATE FOR PAYMENT (Line 6 from prior certificate) | \$ 0.00 | | |
| 8. CURRENT PAYMENT DUE | \$ 57,452.69 | | |
| 9. BALANCE TO FINISH, INCLUDING RETAINAGE (Line 3 less Line 8) | \$ 367,085.31 | | |
| AMOUNT CERTIFIED | | | |
| The undersigned Contractor certifies that to the best of the Contractors knowledge, information and belief the work covered by this application for payment has been completed in accordance with the contract documents, that all amounts have been paid by the Contractor for work for which previous Certificates for Payment where issued and payments received from the owner, and that current payment shown hereis is now due. CONTRACTOR: BY: _____ Date: 2025-03-26 | | | |
| Notary Public: My Commission expires: 2027-05-22 | | | |
| ARCHITECT'S CERTIFICATE FOR PAYMENT In accordance with the Contract Documents, based on on-site observations and the data comprising this application, the Architect certifies to the owner that to the best of the Architects knowledge, information and belief the Work has progressed as indicated, the quality of the Work is in accordance with the Contract Documents and the Contractor is entitled to payment of the AMOUNT CERTIFIED. | | | |

CONTINUATION SHEET

APPLICATION AND CERTIFICATE FOR PAYMENT containing Contractor's signed Certification, is attached. In tabulations below, amounts are stated to the nearest dollar. Use column i on contracts where variable retainage for the line items apply

APPLICATION NO: 001
APPLICATION DATE: 2025-03-26
PERIOD TO: 2025-03-31

| Park Improvements | | | Job: 123456 | | | PROJECT NUMBER: PO# 25-1999 | | | |
|-------------------|--|-----------------|---------------------------------|-------------|--|--|---------|-------------------------|------------------------------|
| A | B | C | D | E | F | G | | H | I |
| ITEM NO. | DESCRIPTION OF WORK | SCHEDULED VALUE | WORK COMPLETED | | MATERIALS PRESENTLY STORED (NOT IN D OR E) | TOTAL COMPLETED AND STORED TO DATE (D+E+F) | % (G/C) | BALANCE TO FINISH (C-G) | RETAINAGE (IF VARIABLE RATE) |
| | | | FROM PREVIOUS APPLICATION (D&E) | THIS PERIOD | | | | | |
| 1 | Bonds | 6,214.00 | 0.00 | 6,214.00 | 0.00 | 6,214.00 | 100.00 | 0.00 | 310.70 |
| 2 | Demo/Install (2) Tennis & (4) Pickleball | 414,224.00 | 0.00 | 50,162.52 | 0.00 | 50,162.52 | 12.11 | 364,061.48 | 2,508.13 |
| 3 | Change Order 1 | 4,100.00 | 0.00 | 4,100.00 | 0.00 | 4,100.00 | 100.00 | 0.00 | 205.00 |

- Copy of change order should be submitted with payment application.



Legend:

TRCC Source Document

Payment Application, No Continuation Sheet

APPLICATION FOR PAYMENT

APPLICATION FOR PAYMENT

| | | | |
|------------|-------------------|------------------|----------|
| Contractor | Green Landscaping | To Owner | City |
| | | Pay Request No.: | 05 |
| | | Date | 6/5/2025 |

CONTRACT FOR: Park Improvements Project

| Contract Change Order Summary | | | For work accomplished through the dates of | 5/1/2025 | through | 5/31/2025 |
|-------------------------------|---------------|-----------|--|----------|---------------|-----------|
| No. | Approval Date | Amount | Tabulation of Payment | | | |
| | | Additions | | | | |
| | | | 1. Original Contract Price..... | | \$ 105,000.00 | |
| | | | 2. Change Orders..... | | \$ 5,400.00 | |
| | | | 3. Revised Contract Price (1+2)..... | | \$ 110,400.00 | |
| | | | 4. Total Value of Work Completed to Date*..... | | \$ 67,273.92 | |
| | | | 5. Allowance for Materials Stored on this Date*..... | | \$ - | |
| | | | 6. Subtotal (4+5)..... | | \$ 67,273.92 | |
| | | | 7. Previously earned by Contractor (Prev. #6)..... | | \$ 41,000.00 | |
| | | | 8. Value of Work Completed this Period (6-7)..... | | \$ 26,273.92 | |
| | | | 9. Retainage Held Prior to this Payment (Prev. #11)..... | | \$ - | |
| | | | 10. Retainage to be Held from this Payment (0%)..... | | \$ - | |
| | | | 11. Total Retainage to be Held to Date (9+10)..... | | \$ - | |
| Totals | | \$ - | 12. Payment Due Contractor this Period (8-10)..... | | \$ | 26,273.92 |
| Net Change | | \$ - | | | | |

- Copy of contract and change order(s) should be submitted with payment application.

In-store Purchase



- Sales tax ineligible for reimbursement.

Invoiced Purchase


| Project Name: | Trail Alignment | Invoice No.: | F25-090 | | | |
|--------------------------------|----------------------------|--|------------------|--------------------|--------------|-------------------|
| Contract with: | Project Manager | Project No.: | 22-026 | | | |
| City | 111 Center Street | Invoice Date: | 23-Jun-25 | | | |
| | Salt Lake City, Utah 84111 | Contract Date: | 16-Mar-22 | | | |
| Attn: | Jake Jones | Contract Number: | | | | |
| Time Period for this invoice: | | January 27, 2025 through June 22, 2025 | | | | |
| Phase Description of Services | Contract Amount | Percent Complete | Paid to Date | Outstdg. Inv. Amt. | New Amt. Due | Total Amt. Due |
| 40 Design Development | | | | | | |
| Design, Inc. | \$12,460.00 | 100% | \$12,460.00 | \$0.00 | \$0.00 | \$0.00 |
| Special Consultant | \$14,000.00 | 100% | \$14,000.00 | \$0.00 | \$0.00 | \$0.00 |
| GIS | \$2,000.00 | 100% | \$2,000.00 | \$0.00 | \$0.00 | \$0.00 |
| Sub-total | \$28,460.00 | | \$28,460.00 | \$0.00 | \$0.00 | \$0.00 |
| 50 Construction Documents | | | | | | |
| Design, Inc. | \$22,000.00 | 100% | \$22,000.00 | \$0.00 | \$0.00 | \$0.00 |
| Sub-total | \$22,000.00 | | \$22,000.00 | \$0.00 | \$0.00 | \$0.00 |
| 60 Bidding | | | | | | |
| Design, Inc. | \$2,500.00 | 100% | \$2,500.00 | \$0.00 | \$0.00 | \$0.00 |
| Sub-total | \$2,500.00 | | \$2,500.00 | \$0.00 | \$0.00 | \$0.00 |
| 65 Construction Administration | | | | | | |
| Design, Inc. | \$7,530.00 | 100% | \$5,765.00 | \$0.00 | \$1,765.00 | \$1,765.00 |
| Sub-total | \$7,530.00 | | \$5,765.00 | \$0.00 | \$1,765.00 | \$1,765.00 |
| 66 As-Built Documents | | | | | | |
| Design, Inc. | \$2,510.00 | 100% | \$1,255.00 | \$0.00 | \$1,255.00 | \$1,255.00 |
| Sub-Total | \$2,510.00 | | \$1,255.00 | \$0.00 | \$1,255.00 | \$1,255.00 |
| 67 Additional Services | | | | | | |
| Design, Inc. | \$0.00 | 100% | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Sub-total | \$0.00 | | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Total | \$63,000.00 | | \$59,980.00 | \$0.00 | \$3,020.00 | \$3,020.00 |
| PLEASE PAY THIS AMOUNT | | | | | | \$3,020.00 |

3. Matching Contribution

- To report on *Matching Funds* on your **TRCC Reimbursement Form**, input the amount of Total Expenses Submitted to be applied in the Matching Contribution cell at the bottom of the spreadsheet. The amount should be *negative* to reduce the Total Reimbursement Request.

Example

| Item # | Invoice Date | Invoice # | Vendor Name | Description | Amount |
|-----------------------------|--------------|------------------|-------------------|---|----------------|
| 1 | 03/31/2025 | Pay App-001 | Parks & Play USA | demo/install tennis & pickleball courts | \$ 57,452.69 |
| 2 | 06/05/2025 | Pay App-05 | Green Landscaping | remove/replace sod & sprinklers | \$ 26,273.92 |
| 3 | 06/15/2025 | 4421-00001-57685 | Home Depot | keyed door hardware | \$ 31.47 |
| 4 | 06/23/2025 | F25-090 | Design, Inc. | construction admin & as-build docs | \$ 3,020.00 |
| 5 | | | | | \$ |
| 6 | | | | | \$ |
| 7 | | | | | \$ |
| Total Expenses Submitted | | | | | \$ 86,778.08 |
| Less: Matching Contribution | | | | | \$ (43,389.04) |
| Total Reimbursement Request | | | | | \$ 43,389.04 |

- In this example, City is making a 50% matching contribution. TRCC grant would reimburse the remaining \$43,389.04.

4. Back-up Documentation
a. Documentation:

- For each item listed on the **TRCC Reimbursement Form**, back-up documentation is required.
 - Invoices, detailed receipts, and payment applications with continuation sheet are required.
 - Sales orders, including Amazon purchases, are accepted with proof of payment only.
 - Quotes and bids will not be accepted.

b. Electronic Files:

- Each invoice, detailed receipt, and payment application should be saved as an individual file.
 - File naming convention – Vendor_Invoice #

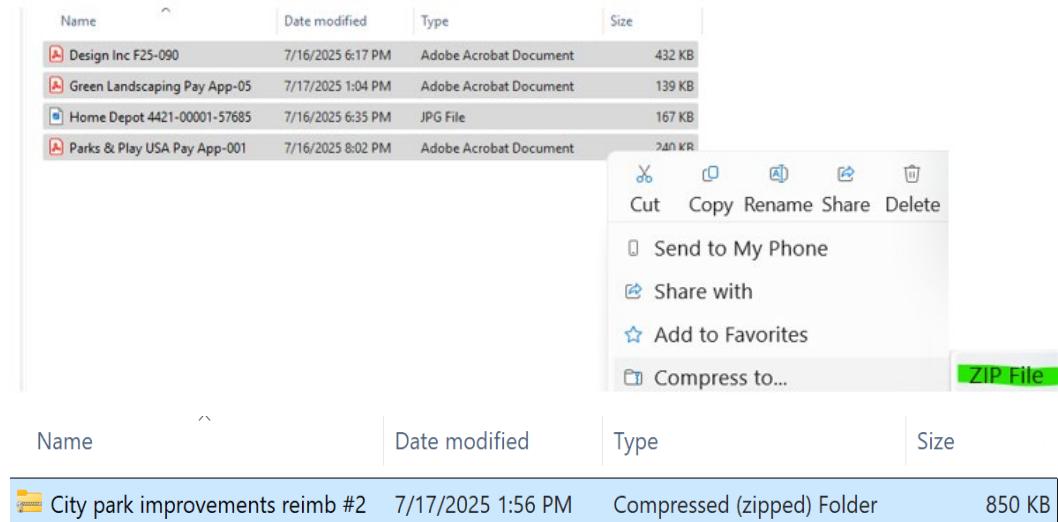
Example

| Name | Date modified | Type | Size |
|------------------------------|-------------------|-------------------|--------|
| Design Inc F25-090 | 7/16/2025 6:17 PM | Adobe Acrobat ... | 432 KB |
| Green Landscaping Pay App-05 | 7/17/2025 1:04 PM | Adobe Acrobat ... | 139 KB |
| Home Depot 4421-00001-57685 | 7/16/2025 6:35 PM | JPG File | 167 KB |
| Parks & Play USA Pay App-001 | 7/16/2025 8:02 PM | Adobe Acrobat ... | 240 KB |

ii. ZIP files

- If there are many files, zip them together to compress the file size.
- Highlight the files to be compressed, right click on the mouse, then select “Compress to” ZIP file.

Example



A screenshot of a Windows file explorer window. The top section shows a list of four files:

| Name | Date modified | Type | Size |
|------------------------------|-------------------|------------------------|--------|
| Design Inc F25-090 | 7/16/2025 6:17 PM | Adobe Acrobat Document | 432 KB |
| Green Landscaping Pay App-05 | 7/17/2025 1:04 PM | Adobe Acrobat Document | 139 KB |
| Home Depot 4421-00001-57685 | 7/16/2025 6:35 PM | JPG File | 167 KB |

The bottom section shows a single compressed folder:

| Name | Date modified | Type | Size |
|---------------------------------|-------------------|----------------------------|--------|
| City park improvements reimb #2 | 7/17/2025 1:56 PM | Compressed (zipped) Folder | 850 KB |

A context menu is open over the compressed folder, with the "ZIP File" option highlighted in green. The menu includes options: Cut, Copy, Rename, Share, Delete, Send to My Phone, Share with, Add to Favorites, and Compress to... (which is highlighted).

5. Submit

- Email the **TRCC Reimbursement Form** and required back-up documentation to CommunityServices@saltlakecounty.gov.