

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**

 <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 <div style="text-align: right;"> City Trail Alignment </div>	Email This Preview Save a
--	---

- 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: <u>Park Improvements</u> _____ _____ _____	APPLICATION NO: <u>001</u> PERIOD TO: <u>2025-03-31</u> PROJECT NOS: <u>PO# 25-1999</u> INVOICE NO: <u>000725752</u>	
FROM CONTRACTOR: <u>Parks & Play USA Inc.</u>		PLEASE REMIT PAYMENTS TO: _____ WIRE INFORMATION Bank: _____ Account Name: _____ Account Number: _____ Transfer routing (ABA): _____ ACH routing (ABA): _____	
CONTRACT FOR: _____		CONTRACT DATE: <u>1/2/2025</u>	

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:	
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 6)	\$ 367,085.31

The undersigned Contractor certifies that to the best of the Contractor's 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 were issued and payments received from the owner, and that current payment shown hereis is now due.

CONTRACTOR: _____

BY: _____ Date: 2025-03-26

Subscribed and sworn to before

me this 26 day of March 2025

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.	
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.

Payment Application, No Continuation Sheet

APPLICATION FOR PAYMENT

APPLICATION FOR PAYMENT

Contractor:	Green Landscaping	To Owner:	City
		Pay Request No.:	05
		Date:	6/5/20 25
CONTRACT FOR: Park Improvements Project			

For work accomplished through the dates of 5/1/2025 through 5/31/2025

Contract Change Order Summary				Tabulation of Payment	
No.	Approval Date	Amount			
		Additions	Deductions		
				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).....	\$ -
				12. Payment Due Contractor this Period (8-10).....	\$ 26,273.92
Totals		\$ -	\$ -		
Net Change		\$ -			

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

In-store Purchase

THE HOME DEPOT

How does get more done.

9570 S HIGHLAND DR 801-619 6261
STORE MANAGER ANNA BOJORQUEZ

4421 00001 57685 06/15/25 11:00 AM
SALE CASHIER AVANA

883351813853 405BL VB SMT <A> 31.47
KS SEC BALBOA VB KEYED ENTRY SMT

ineligible ← SUBTOTAL 31.47
SALES TAX 2.28
TOTAL \$33.75
XXXXXXXXXX [REDACTED] VISA

AUTH CODE 23781G/5014299 USD\$ 33.75
Chip Read TA
AID A00000000031010 VISA CREDIT

P.O.#/JOB NAME: 0

4421 06/15/25 11:00 AM



4421 01 57685 06/15/2025 4589

RETURN POLICY DEFINITIONS

POLICY ID	DAYS	POLICY EXPIRES ON
A 1	90	09/13/2025

- Sales tax ineligible for reimbursement.

Legend:
TRCC Source Document
Invoiced Purchase
Design, Inc

Project Name: **Trail Alignment**
 Contract with: Project Manager
 City
 111 Center Street
 Salt Lake City, Utah 84111

Invoice No.: **F25-090**
 Project No.: 22-026
 Invoice Date: **23-Jun-25**
 Contract Date: 16-Mar-22
 Contract Number:

Attn: Jake Jones

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.


Legend:

TRCC Source Document

Example

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
 Parks & Play USA Pay App-001	7/16/2025 8:02 PM	Adobe Acrobat Document	240 KB

<div>      </div> <div> Cut Copy Rename Share Delete </div> <div>  Send to My Phone </div> <div>  Share with </div> <div>  Add to Favorites </div> <div>  Compress to... </div>	ZIP File
--	----------

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

5. Submit

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