

# REQUEST FOR ADVANCE OR REIMBURSEMENT

*(See instructions on back)*

OMB APPROVAL NO. **0348-0004** PAGE **1** OF **1** PAGES

1. TYPE OF PAYMENT REQUESTED

a. "X" one or both boxes  
 ADVANCE     REIMBURSEMENT

b. "X" the applicable box  
 FINAL     PARTIAL

2. BASIS OF REQUEST  
 CASH  
 ACCRUAL

3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED

**Delta Regional Authority**

4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY

**KY-10737 EC**

5. PARTIAL PAYMENT REQUEST NUMBER FOR THIS REQUEST

**10**

6. EMPLOYER IDENTIFICATION NUMBER

**61-6014175**

7. RECIPIENT'S ACCOUNT NUMBER OR IDENTIFYING NUMBER

8. PERIOD COVERED BY THIS REQUEST

FROM (month, day, year) **4/6/2017**

TO (month, day, year) **8/10/2017**

9. RECIPIENT ORGANIZATION

**Name: Marshall County Fiscal Court**

**Number and Street: 1101 Main Street**

**City, State and ZIP Code: Benton, Kentucky 42025**

10. PAYEE (Where check is to be sent if different than Item 9)

**Name:**

**Number and Street:**

**City, State and ZIP Code:**

**11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS/ADVANCES REQUESTED**

PROGRAMS/FUNCTIONS/ACTIVITIES	(a)	(b)	(c)	TOTAL
a. Total program outlays to date <i>(As of date)</i>	\$ 122,129.52	\$	\$	\$ 122,129.52
b. Less: Cumulative program income				0.00
c. Net program outlays <i>(Line a minus line b)</i>	122,129.52	0.00	0.00	122,129.52
d. Estimated net cash outlays for advance period				0.00
e. Total <i>(Sum of lines c &amp; d)</i>	122,129.52	0.00	0.00	122,129.52
f. Non-Federal share of amount on line e				0.00
g. Federal share of amount on line e	122,129.52			122,129.52
h. Federal payments previously requested	95,400.17			95,400.17
i. Federal share now requested <i>(Line g minus line h)</i>	26,729.35	0.00	0.00	26,729.35
j. Advances required by month, when requested by Federal grantor agency for use in making pre-scheduled advances	1st month			0.00
	2nd month			0.00
	3rd month			0.00

**12. ALTERNATE COMPUTATION FOR ADVANCES ONLY**

a. Estimated Federal cash outlays that will be made during period covered by the advance	\$
b. Less: Estimated balance of Federal cash on hand as of beginning of advance period	
c. Amount requested <i>(Line a minus line b)</i>	\$ 0.00

13.

**CERTIFICATION**

I certify that to the best of my knowledge and belief the data on the reverse are correct and that all outlays were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested.	SIGNATURE OR AUTHORIZED CERTIFYING OFFICIAL	DATE REQUEST SUBMITTED
	TYPED OR PRINTED NAME AND TITLE Kevin Neal, County Judge/Executive	August 14, 2017
		TELEPHONE (AREA CODE, NUMBER, EXTENSION) 270-527-4750

This space for agency use

Public reporting burden for this collection of information is estimated to average 60 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0004), Washington, DC 20503.

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.**

**INSTRUCTIONS**

Please type or print legibly. Items 1, 3, 5, 9, 10, 11e, 11f, 11g, 11i, 12 and 13 are self-explanatory; specific instructions for other items are as follows:

<i>Item</i>	<i>Entry</i>	<i>Item</i>	<i>Entry</i>
2	Indicate whether request is prepared on cash or accrued expenditure basis. All requests for advances shall be prepared on a cash basis.		
4	Enter the Federal grant number, or other identifying number assigned by the Federal sponsoring agency. If the advance or reimbursement is for more than one grant or other agreement, insert N/A; then, show the aggregate amounts. On a separate sheet, list each grant or agreement number and the Federal share of outlays made against the grant or agreement.		
6	Enter the employer identification number assigned by the U.S. Internal Revenue Service, or the FICE (Institution) code if requested by the Federal agency.		
7	This space is reserved for an account number or other identifying number that may be assigned by the recipient.		
8	Enter the month, day, and year for the beginning and ending of the period covered in this request. If the request is for an advance or for both an advance and reimbursement, show the period that the advance will cover. If the request is for reimbursement, show the period for which the reimbursement is requested.		
Note:	The Federal sponsoring agencies have the option of requiring recipients to complete items 11 or 12, but not both. Item 12 should be used when only a minimum amount of information is needed to make an advance and outlay information contained in item 11 can be obtained in a timely manner from other reports.		
11	The purpose of the vertical columns (a), (b), and (c) is to provide space for separate cost breakdowns when a project has been planned and budgeted by program, function, or		
		activity. If additional columns are needed, use as many additional forms as needed and indicate page number in space provided in upper right; however, the summary totals of all programs, functions, or activities should be shown in the "total" column on the first page.	
11a	Enter in "as of date," the month, day, and year of the ending of the accounting period to which this amount applies. Enter program outlays to date (net of refunds, rebates, and discounts), in the appropriate columns. For requests prepared on a cash basis, outlays are the sum of actual cash disbursements for goods and services, the amount of indirect expenses charged, the value of in-kind contributions applied, and the amount of cash advances and payments made to subcontractors and subrecipients. For requests prepared on an accrued expenditure basis, outlays are the sum of the actual cash disbursements, the amount of indirect expenses incurred, and the net increase (or decrease) in the amounts owed by the recipient for goods and other property received and for services performed by employees, contracts, subgrantees and other payees.		
11b	Enter the cumulative cash income received to date, if requests are prepared on a cash basis. For requests prepared on an accrued expenditure basis, enter the cumulative income earned to date. Under either basis, enter only the amount applicable to program income that was required to be used for the project or program by the terms of the grant or other agreement.		
11d	Only when making requests for advance payments, enter the total estimated amount of cash outlays that will be made during the period covered by the advance.		
13	Complete the certification before submitting this request.		

# DELTA REGIONAL AUTHORITY WORKSHEET FOR REIMBURSEMENT REQUEST

Project Title:        Marshall County SD 1 Wastewater Plant and Lift Station Rehab

DRA Grant/Project Number:        KY-10737 E.C.

Reimbursement Period/This Request. From        **4/6/2017** to **8/10/2017**

Approved Budget Category	Approved Budget	Match Non-DRA Expenses This Request	DRA Expenses This Request	Total Expenses This Period	Total Project Outlays To Date	Budget Balance Remaining
Per funding sources % of budget		43% share budget	57% share budget			
<b>Engineering Design</b>	106,500.00	0.00	26,729.35	26,729.35	77,291.35	29,208.65
<b>Engineering Inspect</b>	38,000.00	0.00	0.00	0.00	0.00	38,000.00
<b>Construction</b>	500,000.00	0.00	0.00	0.00	44,838.17	455,161.83
<b>Contingencies</b>	47,783.00	0.00	0.00	0.00	0.00	47,783.00
<b>SUBTOTALS</b>						
<b>Less cumulative Program Income</b>						
<b>TOTAL</b>	<b>692,283.00</b>	<b>0.00</b>	<b>26,729.35</b>	<b>26,729.35</b>	<b>122,129.52</b>	<b>570,153.48</b>



## Professional Services Invoice

**Service Provider:** Rivercrest Engineering Incorporated  
 3519 State Route 440  
 Hickory, KY 42051  
 Phone (270) 519-7675

**Invoice No.:** 3  
**Invoice Date:** May 9, 2017

**Client:** Marshall County Sanitation District #1  
 c/o Marshall County Fiscal Court  
 Attn: Kevin Neal, Judge/Executive  
 1101 Main Street  
 Benton, KY 42025

**REI Project No.:** 17004-01  
**Project Name:** MCS01 Lift Station Improvements

**Service Dates:** 4/1/2017 through 5/5/2017

**Professional Service Invoice Type:** Lump Sum & Hourly Services 99,500.00 Total Contracted Amount

Task Item No	Lump Sum Service Description	L.S. Amount	% Complete this Period	% Complete to Date	Amount subtotal
1	Preliminary Evaluation	2,000.00		100%	\$2,000.00
2	Preliminary Design & Surveying Coordination	9,700.00	5%	100%	\$9,700.00
3	Final Design & Permitting	15,500.00	95%	85%	\$13,175.00
4	Procurement	3,200.00	15%	15%	\$480.00
5	Utility Easement Development	2,700.00	50%	50%	\$1,350.00
<b>Subtotal - Lump Sum Tasks</b>		<b>33,100.00</b>		<b>81%</b>	<b>\$26,705.00</b>
<b>LS Direct Expense - Survey, Geo, Electrical, Mileage</b>		<b>15,000.00</b>	<b>25%</b>	<b>50%</b>	<b>\$7,500.00</b>
6 - Hourly	Construction Engineering & Closeout	13,400.00	115.00	0.0	\$0.00
7 - Hourly	Construction Observation (Est. 16 weeks)	38,000.00	75.00	0.0	\$0.00
<b>Amount Earned to Date</b>					<b>\$34,205.00</b>
<b>Less Amount Previously Invoiced</b>					<b>\$22,715.00</b>
<b>Amount Due this Invoice</b>					<b>\$11,490.00</b>

*Service fees due for professional services rendered in April 2017 = \$11,490.00*

  
 R. Brian Flynn, PE, President

Payment History

Invoice No.	Invoice Date	Amount Due	Amount Paid	Date Received	Invoice Age
1	March 7, 2017	\$6,205.00			63
2	April 5, 2017	\$16,510.00			34
3	May 9, 2017	\$11,490.00			0

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# Professional Services Invoice

**Service Provider:** Rivercrest Engineering Incorporated  
 3519 State Route 440  
 Hickory, KY 42053  
 Phone (270) 519-7675

**Invoice No.:** 4  
**Invoice Date:** June 5, 2017

**Client:** Marshall County Sanitation District #1  
 c/o Marshall County Fiscal Court  
 Attn: Kevin Neal, Judge/Executive  
 1101 Main Street  
 Borton, KY 42025

**BEI Project No.:** 17004-01  
**Project Name:** MCSD1 Lift Station Improvements

**Service Dates:** 5/9/2017 through 6/2/2017

**Professional Service Invoice Type:** Lump Sum & Hourly Services **99,500.00 Total Contracted Amount**

Task Item No	Lump Sum Service Description	U.S. Amount	% Complete this Period	% Complete to Date	Amount Subtotal	
1	Preliminary Evaluation	2,000.00		100%	\$2,000.00	
2	Preliminary Design & Surveying Coordination	9,700.00		100%	\$9,700.00	
3	Final Design & Permitting	15,500.00	15%	100%	\$15,500.00	
4	Procurement	3,200.00	15%	30%	\$960.00	
5	Utility Easement Development	2,700.00	50%	100%	\$2,700.00	
Subtotal - Lump Sum Tasks		33,100.00		93%	\$30,860.00	
LS Direct Expense - Survey, Geo, Electrical, Mileage		15,000.00	40%	90%	\$13,500.00	
6 - Hourly	Construction Engineering & Closeout	Hourly Rate: 13,400.00	Service Rate: 115.00	Units this Period: 0.0	Units to Date: 0.0	Amount Subtotal: \$0.00
7 - Hourly	Construction Observation (Est. 15 weeks)	38,000.00	75.00	0.0	0.0	\$0.00
Amount Earned to Date					\$44,360.00	
Less Amount Previously Invoiced					\$34,205.00	
Amount Due this Invoice					\$10,155.00	

*Service fees due for professional services rendered in May 2017 = \$10,155.00*

*R. Brian Flynn*  
 R. Brian Flynn, PE, President

**Payment History**

Invoice No.	Invoice Date	Amount Due	Amount Paid	Date Received	Invoice Age	Cumulative AR
1	March 7, 2017	\$6,205.00			91	\$6,205.00
2	April 5, 2017	\$16,510.00			62	\$22,715.00
3	May 9, 2017	\$31,490.00			28	\$34,205.00
4	June 5, 2017	\$10,155.00			0	\$44,360.00

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## Professional Services Invoice

**Service Provider:** Rivercrest Engineering Incorporated  
 3519 State Route 440  
 Hickory, KY 42051  
 Phone (270) 519-7675

**Invoice No.:** 5  
**Invoice Date:** July 12, 2017

**Client:** Marshall County Sanitation District #1  
 c/o Marshall County Fiscal Court  
 Attn: Kevin Neal, Judge/Executive  
 1101 Main Street  
 Benton, KY 42025

**REI Project No.:** 17004-01  
**Project Name:** MCSD1 Lift Station Improvements

**Service Dates:** 6/1/2017 through 6/30/2017

**Professional Service Invoice Type:** Lump Sum & Hourly Services 99,500.00 Total Contracted Amount

Task Item No	Lump Sum Service Description	L.S. Amount	% Complete this Period	% Complete to Date	Amount Subtotal
1	Preliminary Evaluation	2,000.00		100%	\$2,000.00
2	Preliminary Design & Surveying Coordination	9,700.00		100%	\$9,700.00
3	Final Design & Permitting	15,500.00		100%	\$15,500.00
4	Procurement	3,200.00	10%	40%	\$1,280.00
5	Utility Easement Development	2,700.00		100%	\$2,700.00
<b>Subtotal - Lump Sum Tasks</b>		<b>33,100.00</b>		<b>94%</b>	<b>\$31,180.00</b>
LS Direct Expense - Survey, Geo, Electrical, Mileage		15,000.00	10%	100%	\$15,000.00
6 - Hourly	Construction Engineering & Closeout	13,400.00		0.0	\$0.00
7 - Hourly	Construction Observation (Est. 16 weeks)	38,000.00		0.0	\$0.00
<b>Amount Earned to Date</b>					<b>\$46,180.00</b>
<b>Less Amount Previously Invoiced</b>					<b>\$44,360.00</b>
<b>Amount Due this Invoice</b>					<b>\$1,820.00</b>

*Service fees due for professional services rendered in June 2017 = \$1,820.00*

  
 R. Brian Flynn, PE, President

**Payment History**

Invoice No.	Invoice Date	Amount Due	Amount Paid	Date Received	Invoice Age	Cumulative AR
1	March 7, 2017	\$6,205.00			127	\$6,205.00
2	April 5, 2017	\$16,510.00			98	\$22,715.00
3	May 9, 2017	\$11,490.00			64	\$34,205.00
4	June 6, 2017	\$10,155.00			0	\$44,360.00
5	July 12, 2017	\$1,820.00			0	\$46,180.00

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## Professional Services Invoice

**Service Provider:** Rivercrest Engineering Incorporated  
 3519 State Route 440  
 Hickory, KY 42051  
 Phone (270) 519-7675

**Invoice No.** 1  
**Invoice Date:** July 12, 2017

**REI Project No.** 17004-02

**Client:** Marshall County Sanitation District #1  
 c/o Marshall County Fiscal Court  
 Attn: Kevin Neal, Judge/Executive  
 1101 Main Street  
 Benton, KY 42025

**Project Name:** MCSD1 - KPCGS Permit Application Assistance

**Service Dates:** 6/3/2017 through 6/30/2017

**Invoice Classifications:**

	Service Rate	Hrs this Period	Hrs to Date	Amount Subtotal
Principal Engineer	135		0	\$0.00
Sr Engineer / Project Manager	115	13	13	\$1,495.00
Project Engineer	100		0	\$0.00
Graduate Engineer / Designer	90		0	\$0.00
Construction Observer / Engineering Tech	65		0	\$0.00

Subtotal - Labor	13	13		\$1,495.00
Direct Expense				\$0.00
Amount Earned to Date				\$1,495.00
Less Amount Previously Invoiced				\$0.00
<b>Amount Due this Invoice</b>				<b>\$1,495.00</b>

*Service fees due for professional services rendered during June 2017 =*

**\$1,495.00**

  
 R. Brian Flynn, PE, President

**Payment History:**

Invoice No.	Invoice Date	Amount Due	Amount Paid	Date Received	Invoice Age
1	July 12, 2017	\$1,495.00			

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Paducah Sun  
 408 Kentucky Ave  
 Paducah, KY 42003

1-00000199

ADVERTISING INVOICE / STATEMENT 1/1

BILLING DATE	TERMS OF PAYMENT
07/30/2017	Standard Terms

BILLED ACCOUNT NO	AGENCY/CLIENT
20016353	20016353
NAME OF AGENCY/CLIENT	
MARSHALL CO FISCAL COURT	

\*\*\*\*\*AUTO\*\*ALL FOR AADC 476  
 MELONIE CHAMBERS  
 MARSHALL CO FISCAL COURT  
 1101 MAIN ST  
 BENTON KY 42025-1406

DATE	AD#	TRANS#	DESCRIPTION	INS	UNITS	AMOUNT	TOTAL
07/30/2017	20251482	300657108	Balance Forward SECTION 00020 INVITATION TO - 20PS The Paducah Sun - SECTION	1	14.26in	0.00 439.35	0.00 439.35

*MSP #1  
 1st Station improvements  
 invitation to bid*  
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PERIOD 07 2017	Period 06	Period 05	Period 04	Period 03
\$ 439.35	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

**TOTAL NET AMOUNT DUE**  
**\$ 439.35**

PLEASE RETURN THIS PORTION  
 WITH YOUR REMITTANCE

If you desire to charge this amount to your credit card, please complete the following information and return to the address below:  Visa  MasterCard  Discover  American Express  
 Acct# \_\_\_\_\_ Exp Date: \_\_\_\_\_  
 Signature: \_\_\_\_\_

BILLED ACCOUNT NO	BILLED ACCOUNT NAME	AMOUNT DUE
110 20016353	MARSHALL CO FISCAL COURT	\$ 439.35

REMIT TO  
 Paducah Sun  
 c/o Paxton Media Group  
 PO Box 1350  
 Paducah, KY 42002-1350  
 Phone: 270-575-3731  
 Fax: 270-575-3726

Payment is due 30 days upon receipt of the statement. A service charge on all balances over 30 days will be computed by a periodic rate of 1.42% per month, which is an ANNUAL PERCENTAGE RATE OF 17%. This applies to the previous balance after deducting current payments and credits appearing on your statement. Refunds less than \$10.00 will be credited automatically. Payment to N/A. It collected as cash at the newspaper.

Remittance Advice

200163530000000000043935

Billing Date  
 07/30/2017

HM  
 EOC  
 BOC  
 SAF







# Professional Services Invoice

**Service Provider:** Rivercrest Engineering Incorporated  
 3519 State Route 440  
 Hickory, KY 42051  
 Phone (270) 519-7675

**Invoice No.:** 6  
**Invoice Date:** August 9, 2017

**Client:** Marshall County Sanitation District #1  
 c/o Marshall County Fiscal Court  
 Attn: Kevin Neal, Judge/Executive  
 1101 Main Street  
 Benton, KY 42025

**REI Project No.:** 17004-01  
**Project Name:** MCSD1 Lift Station Improvements

**Service Dates:** 7/1/2017 through 8/1/2017

**Professional Service Invoice Type:** Lump Sum & Hourly Services **99,500.00 Total Contracted Amount**

Task Item No	Lump Sum Service Description	L.S. Amount	% Complete this Period	% Complete to Date	Amount Subtotal
1	Preliminary Evaluation	2,000.00		100%	\$2,000.00
2	Preliminary Design & Surveying Coordination	9,700.00		100%	\$9,700.00
3	Final Design & Permitting	15,500.00		100%	\$15,500.00
4	Procurement	3,200.00	20%	60%	\$1,920.00
5	Utility Easement Development	2,700.00		100%	\$2,700.00
Subtotal - Lump Sum Tasks		33,100.00		96%	\$31,820.00
LS Direct Expense - Survey, Geo, Electrical, Mileage		15,000.00		100%	\$15,000.00
6 - Hourly	Construction Engineering & Closeout	13,400.00	Units this Period	Units to Date	Amount Subtotal
7 - Hourly	Construction Observation (Est. 16 weeks)	38,000.00	115.00	0.0	\$0.00
			75.00	0.0	\$0.00
Amount Earned to Date					\$46,820.00
Less Amount Previously Invoiced					\$46,180.00
Amount Due this Invoice					\$640.00

Service fees due for professional services rendered in July 2017 =

\$640.00

R. Brian Flynn, PE, President

**Payment History**

Invoice No.	Invoice Date	Amount Due	Amount Paid	Date Received	Invoice Age	Cumulative AR
1	March 7, 2017	\$6,205.00			155	\$6,205.00
2	April 5, 2017	\$16,510.00			126	\$22,715.00
3	May 9, 2017	\$11,490.00			92	\$34,205.00
4	June 6, 2017	\$10,155.00			64	\$44,360.00
5	July 12, 2017	\$1,820.00			28	\$46,180.00
6	August 9, 2017	\$640.00			0	\$46,820.00

RECEIVED  
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# Professional Services Invoice

**Service Provider:** Rivercrest Engineering Incorporated  
 3519 State Route 440  
 Hickory, KY 42051  
 Phone (270) 519-7675

**Invoice No.:** 5  
**Invoice Date:** August 9, 2017

**Client:** Marshall County Fiscal Court  
 Attn: Kevin Neal, Judge/Executive  
 1101 Main Street  
 Benton, KY 42025

**REI Project No.:** 16005-1  
 General Consulting

**Project Name:** Task 1  
 MC SD1 - Lift Sta & WWTP  
 Evaluation, Report &  
 NOV Response Assistance

**Service Dates:** 3/4/2017 through 8/1/2017

**Invoice Classification:** Hourly - Est 8,000

	Service Rate	Mileage Period	Mile to Rate	Amount Subtotal
Principal Engineer	135	0	0	\$0.00
Sr Engineer / Project Manager	115	6	45.5	\$5,232.50
Project Engineer	100	0	0	\$0.00
Graduate Engineer / Designer	90	0	6	\$540.00
Construction Observer / Engineering Tech	75	0	23	\$1,725.00

Subtotal - Labor	6	74.5	\$7,497.50
Direct Expense - Mileage @ \$0.585/mi	0.585	0	\$0.00
Direct Expense - Printing			\$0.00
Amount Earned to Date			\$7,497.50
Less Amount Previously Invoiced			\$6,807.50
Amount Due this Invoice			\$690.00

Service fees due for professional services rendered during April - July 2017 = \$690.00

R. Brian Flynn, PE, President

**Payment History**

Invoice No.	Invoice Date	Amount Due	Amount Paid	Date Received	Invoice Age
1	April 15, 2016	\$2,960.00	\$2,960.00	June 10, 2016	0
2	May 23, 2016	\$2,870.00	\$2,870.00	June 10, 2016	0
3	June 13, 2016	\$517.50	\$517.50	July 1, 2016	0
4	March 7, 2017	\$460.00			155
5	August 9, 2017	\$690.00			0

RECEIVED

AUG 11 2017

MARSHALL CO. JUDGE'S OFFICE