

MISSOURI DEPARTMENT OF TRANSPORTATION
 RIGHT OF WAY DIVISION
**NONPROFIT ORGANIZATION
 FIXED-PAYMENT CLAIM**

JOB NUMBER

COUNTY	ROUTE	PARCEL	FEDERAL NUMBER
--------	-------	--------	----------------

RELOCATEE (S)	DATE OF CLAIM
---------------	---------------

OFFICIAL NAME OF NONPROFIT ORGANIZATION

TYPE ORGANIZATION <input type="checkbox"/> RELIGIOUS <input type="checkbox"/> FRATERNAL <input type="checkbox"/> VETERANS <input type="checkbox"/> CIVIC <input type="checkbox"/> SOCIAL <input type="checkbox"/> OTHER (Specify)
--

Was this specific organization established more than 2 years prior to date of claim? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, show date organization was established:

DISPLACEMENT <input type="checkbox"/> TOTAL <input type="checkbox"/> PARTIAL	PREVIOUS ADDRESS OR LOCATION AT TIME OF DISPLACEMENT	DATE SITE OCCUPIED
---	--	--------------------

Was subject nonprofit organization located at another address during the calendar year prior to the year displacement occurred? If yes, give address and period of occupancy - address or location below: <input type="checkbox"/> YES <input type="checkbox"/> NO
--

PREVIOUS ADDRESS OR LOCATION	PERIOD OF OCCUPANCY FROM _____ TO _____
------------------------------	--

Nonprofit Organization <input type="checkbox"/> OWNED <input type="checkbox"/> RENTED real property from which displaced. If rented, give landlord's name and address below:
--

LANDLORD NAME	ADDRESS
---------------	---------

Nonprofit Organization is being <input type="checkbox"/> CONTINUED <input type="checkbox"/> TERMINATED after displacement. If continued, give new address or location below:
--

NEW ADDRESS OR LOCATION	MILES MOVED
-------------------------	-------------

NEW TELEPHONE NUMBER	DATE NEW SITE OCCUPIED	REPLACEMENT SITE <input type="checkbox"/> PURCHASED <input type="checkbox"/> RENTED
----------------------	------------------------	--

USE THIS SPACE IF FULL TWO-YEAR PERIOD WAS USED IN COMPUTING PAYMENT

Total Net Revenue for Year Immediately Preceding Year in Which Nonprofit Organization was Displaced (Full 12 Months) Calendar Year	FY	\$
Total Net Revenue for Second Year Prior to Year in Which Nonprofit Organization was Displaced (Full 12 Months) Calendar Year	FY	\$
Total Net Revenue for Two-Year Period		\$
Total Net Revenue for Two-Year Period =	divided by 2 = \$	Average Net Revenue
Amount Claimed is \$ _____ (Maximum \$20,000, Minimum \$1,000) Copies of Acceptable Documentation Must be Attached		

USE THIS SPACE IF LESS THAN TWO FULL YEAR PERIOD WAS USED IN COMPUTING PAYMENT

Total Net Revenue for	Months During Calendar Year	FY	\$
Total Net Revenue for	Months During Calendar Year	FY	\$
Total months involved	TOTAL NET REVENUE FOR THIS PERIOD		\$
Total Net Revenue \$	÷ Months in Operation	= \$	X 12 = \$ Average Net Revenue
Amount Claimed is \$ _____ (Maximum \$20,000, Minimum \$1,000) Copies of Acceptable Documentation Must be Attached			

DATE THAT NONPROFIT ORGANIZATION WAS REQUIRED TO VACATE BY STATE _____ IF R/W PARCEL VACATED PRIOR TO STATE'S VACANCY DEADLINE, SHOW ACTUAL DATE VACATED _____

The Undersigned Certifies:

1. The subject nonprofit organization cannot be relocated without a substantial loss of its membership or clientele that it was serving prior to being displaced by the Missouri Department of Transportation.
2. No moving cost claim has been or will be filed for the cost of moving any personal property, owned by the subject organization, which was relocated as a result of the above displacement.
3. Under the penalties of U.S.C. Title 18, Sec. 1001, and any other applicable law, this claim and information submitted herewith have been examined by us and are true, correct and complete, and we understand, apart from the penalties and provisions of U.S.C. Title 18, Section 1001, and any other applicable law, falsification of any item in this claim or submitted herewith may result in forfeiture of the entire claim.

The undersigned certifies to being a U.S. citizen or an alien that is lawfully present in the U.S.

SIGNATURE (S)	DATE
---------------	------

TO BE COMPLETED BY THE MISSOURI DEPARTMENT OF TRANSPORTATION

PAYABLE TO							AMOUNT \$
------------	--	--	--	--	--	--	--------------

TO BE COMPLETED BY THE DISTRICT RIGHT OF WAY UNIT							TO BE COMPLETED BY THE BBS DIVISION
LINE	FIXED ASSET	QUANTITY	FUND	AGENCY	ORG.	APPR. UNIT	
01							<input type="checkbox"/> Name of Payee is same as on document
02							<input type="checkbox"/> Distribution on code block is correct
LINE	OBJECT	SUB-OBJ	ACTIVITY	FUNCTION	AMOUNT		
01							<input type="checkbox"/> Document is certified
02							<input type="checkbox"/> Amount is same as on document
LINE	PROJECT/JOB NO. REPORTING CATEGORY			COMMODITY CODE			
01							CHECKED BY
02							

TO BE COMPLETED BY DISTRICT R/W UNIT

Explanation as to why organization cannot be relocated without substantial loss of "Patronage" in unit file.

Claim submitted within required eighteen month time limit.

Relocatee occupied subject at: initiation of negotiations time property was acquired both

Comments:

The total sum of \$ _____ is approved for payment under this claim.
 I certify the above information has been checked against this district's records and it is a just and correct payment. I further certify I have no direct or indirect present or contemplated personal interest in the transaction and I will not derive any benefit from the payment of the above claim.

SIGNATURE	TITLE	DATE
-----------	-------	------

THIS CLAIM IS NOT APPROVED FOR PAYMENT FOR THE FOLLOWING REASONS

SIGNATURE	TITLE	DATE
-----------	-------	------

I CONCUR	DISTRICT R/W MANAGER	DATE
----------	----------------------	------