

LOCAL AGENCY INVOICE

LAPM 5-A (REV 08/2020)

Reset Form

Print Invoice

Billing No: 1

SECTION 1: INVOICE

Local Agency Name City of Redwood City		Remittance Address City of Redwood City 1017 Middlefield Road Redwood City, CA 94063			Tax ID XXXXXXXX	
Date	Caltrans District D4 Oakland	Federal/State Proj. No. PLBPL-5029(040)	Advantage Project ID 0422000465	Invoice No. 1	Billing No. 1	Final Invoice <input type="checkbox"/> Inactive Project <input type="checkbox"/>
Project Description The Redwood City Ferry Terminal Project will design and build a new ferry terminal with associated first-last mile connections, at the end of Seaport Boulevard, in Redwood City, to receive future ferry service.						
Fund Type(s): <input type="checkbox"/> Federal <input checked="" type="checkbox"/> State		Authorized Phase(s): <input type="checkbox"/> PA&ED <input type="checkbox"/> R/W <input type="checkbox"/> CE <input checked="" type="checkbox"/> NI <input type="checkbox"/> PE <input type="checkbox"/> R/W Util <input type="checkbox"/> CON <input type="checkbox"/> FA <input type="checkbox"/> E&P <input type="checkbox"/> R/W Eng <input type="checkbox"/> PS&E <input type="checkbox"/> R/W Acq				

	Non-Infrastructure	Total
State Allocation Date	06/24/22	
Participating Cost From:	06/24/22	
Participating Cost To:	06/24/22	
Total Indirect Cost to Date:	\$	\$ 0.00
Total Direct Cost to Date:	\$ 5,000,000.00	\$ 5,000,000.00
Total Cost to Date:	\$ 5,000,000.00	\$ 5,000,000.00
Less: Non-Participating Cost	\$	\$ 0.00
: Other _____	\$	\$ 0.00
: Other _____	\$	\$ 0.00
: Other _____	\$	\$ 0.00
Total Participating Cost to Date:	\$ 5,000,000.00	\$ 5,000,000.00
Less: Participating Cost not Reimbursed (Local Funds)	\$	\$ 0.00
Total Participating Cost:	\$ 5,000,000.00	\$ 5,000,000.00
State Reimbursement Ratio:	100%	
Reimbursable Amount to Date:	\$ 5,000,000.00	\$ 5,000,000.00
Less: Cumulative Amount Paid on All Previous Invoices	\$	\$ 0.00
Reimbursable Participating Cost:	\$ 5,000,000.00	\$ 5,000,000.00
Less: State Withheld Retention	\$	\$ 0.00
: Amount Exceeding Authorized Fund	\$	\$ 0.00
: Other _____	\$	\$ 0.00
Amount of This Claim:	\$ 5,000,000.00	\$ 5,000,000.00
TOTAL INVOICE AMOUNT:		\$ 5,000,000.00

Refer to your **Finance Letter**

Authorized Fund Amount	\$ 5,000,000.00	\$ 5,000,000.00
Less: Cumulative Amount Paid on All Previous Invoices	\$	\$ 0.00
Funds Remaining Prior to this Claim	\$ 5,000,000.00	\$ 5,000,000.00

ADA Notice

For individuals with sensory disabilities, this document is available in alternate formats. For alternate format information, contact the Forms Management Unit at (916) 445-1233, TTY 711, or write to Records and Forms Management, 1120 N Street, MS-89, Sacramento, CA 95814.

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SECTION 2: INDIRECT COST CALCULATION**Indirect Cost:**

Phase	FY	Office/Department	Direct Cost Base Expense	Approved Indirect Cost Rate	Subtotal
			\$	%	\$ 0.00

Phase	PE	PA&ED	E&P	PS&E	R/W	CE	NI	FA
Total Indirect Cost to Date	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

CERTIFICATION

By signing this invoice, all local agency signatories certify to the best of my/our knowledge and belief that the invoice is true, complete, and accurate. The expenditures, disbursement, and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal/State award. I/we are aware of any false, fictitious, fraudulent information, or the omission of any material fact may subject me/us to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Section 3729-3730 and 3801-3812). I/we certify that the cost claimed follow pertinent and applicable guidelines and all Federal/State regulations. All consultant and contractor agreements have been reviewed and approved in accordance with LAPM Chapter 10 Consultant Selection and Chapter 16 Administer Construction Contracts. I/we understand that Caltrans may review this invoice and support documentation for reasonableness at this time and that all invoices related documentation is subject to future detailed review by the Federal Highway Administration and/or Caltrans.

Signature of Local Agency Representative		Date
Print Name	Title	

For questions regarding this invoice, please contact:

Contact Name	Title	Phone Number	E-mail
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Comments

This invoice is for the State General Funds appropriated under Section 19.569, subdivision (X)(X) of AB 102 (2023) of the Budget Act of 2023 (the Act).

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SECTION 3: BILLING SUMMARYFederal/State Project No. PLBPL-5029(040)

Non-Infrastructure						
Description (e.g., Direct Labor, Direct Equipment, Direct Materials & Supplies)	Work Performed (Dates)		Vendor Receipt/ Invoice Number (if applicable)	Total Direct Cost (current invoice period only)	Less Non- Participating Cost (current invoice period only)	Total Participating Cost (current invoice period only)
	From	To				
						\$0.00
				\$0.00	\$0.00	\$0.00

Comments

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SECTION 4: CHECKLISTLocal Agency Name: City of Redwood CityBilling No: 1 Federal / State Project No: PLBPL-5029(040)

	Frequency	Local Agency		Caltrans
		Confirm	N/A	Concur
1 Executed Program Supplement Agreement (PSA) on file with Local Agency.	All Invoices	<input type="checkbox"/>		
2 Submittal of one signed original and one copy of completed Local Agency Invoice (LAPM 5-A) which includes Section 1: Invoice, Section 2: Indirect Cost Calculation, Section 3: Billing Summary (submit contractor pay estimate for construction invoices), and Section 4: Checklist.	All Invoices	<input type="checkbox"/>		<input type="checkbox"/>
3 Reimbursable work claimed is after E-76 (Federal Authorization to Proceed) date and/or California Transportation Commission (CTC) State Allocation date.	All Invoices	<input type="checkbox"/>		<input type="checkbox"/>
4 Work performed is prior to any lapsing / expiring funds. <ul style="list-style-type: none"> Check Finance Letter Reversion Date (Federal) Verify Cooperative Work Agreement Approval (Federal / State) CTC State Allocation Letter Fund Expiration Deadline (State) 	All Invoices	<input type="checkbox"/>		<input type="checkbox"/>
5 Invoice is consistent with current approved Finance Letter. <ul style="list-style-type: none"> Phases of Work Fund Types (e.g., CMAQ, RSTP, etc.) Reimbursement Ratios Available Balance of Federal / State Funds Cost incurred prior to authorized Agreement End Date (AED) 	All Invoices	<input type="checkbox"/>		<input type="checkbox"/>
6 Invoiced amount shall be greater than 2% of the total Federal and/or State funds or \$1,000, whichever is greater, unless authorized by District Local Assistance Engineer (DLAE) to prevent inactivity.	All Invoices	<input type="checkbox"/>		<input type="checkbox"/>
7 Percentage of work complete is consistent with total Federal / State funds invoiced (i.e., project should not be 80% expended if only 20% complete).	All Invoices	<input type="checkbox"/>		<input type="checkbox"/>
8 Remaining balance should not be less than Caltrans required retention (\$40,000 or 2% of the Federal / State funds, whichever is greater).	All Invoices prior to Final Invoice	<input type="checkbox"/>		<input type="checkbox"/>
9A All consultant agreements / amendments must follow the Caltrans procurement and oversight processes outlined in Local Assistance Procedures Manual Chapter 10. The following Exhibits must be sent to and received by the appropriate entities <u>prior to invoicing</u> :	All Invoices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Submit Exhibit 10-C to Division of Local Assistance HQ – Office of Guidance and Oversight	All First Consultant Invoices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Submit Exhibits 10-O1 and 10-O2 to DLAE	First Federal Consultant Contracts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Submit Exhibit 10-K to Independent Office of Audits and Investigations	All Consultant Contracts > \$150K	<input type="checkbox"/>	<input type="checkbox"/>	
9B • Submit copy of executed contract to the DLAE within 30 days of contract award or concurrently with first invoice, whichever is earlier.	All First Consultant Invoices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• For on-call contracts, submit copy of issued task order and Exhibit 10-O2 for the task order.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Verification of Project Award: Attach LAPM Exhibit 15-L (Federal projects), LAPG Exhibit 22-A (State ATP projects), and/or LAPM Exhibit 23-A (STIP projects).	First Construction Invoice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Submit contractor pay estimate with Billing Summary.	Construction Invoices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature of Local Agency Representative

Date

Print Name and Title

Signature of Caltrans District Reviewer

Date

Print Name/Title/Phone Number

Comments