# **Winter Recovery Assistance Program**

# **Reimbursement Request**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| City/Town: |  | Project Name: |  |  |

|  |
| --- |
| Contract # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  The municipality was apportioned $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in Winter Recovery Assistance Program (WRAP) funding  of which $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is requested for reimbursement now. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1) | Attached are forms which document payment of approved expenditures totaling | | | $ |  |
|  | for which we are requesting $ |  | at the approved reimbursement rate of 100%. | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 2) | The total WRAP funding expended to date is | $ |  | including this payment. |

|  |  |  |
| --- | --- | --- |
| 3) | Has the [WRAP Project Report](https://forms.office.com/g/YYa6KZ3rg2) been submitted for this reimbursement? | Yes  No |

**If no:** complete the [WRAP Project Report online](https://www.mass.gov/forms/project-report-form-winter-recovery-assistance-program-wrap)[[1]](#footnote-1) before submitting this request.

|  |  |
| --- | --- |
| 4) | Remarks: |
|  |  |

**CERTIFICATION**

1. **I hereby certify under penalties of perjury that the charges for labor, materials, equipment, and services itemized and summarized on the attached forms are true and correct, and were incurred on this project in conformance with the MassDOT Highway Division Policies and established Municipal Standards that were approved for this project.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| **(Signed)** |  | **(Municipal Highway Official Title)** |  | **(Date)** |

1. **I/we certify under penalties of perjury that the items as listed or summarized on the attached forms were examined; that they are in conformity with our existing wage schedule, equipment rates, and all applicable statutes and regulations; that they are properly chargeable to the appropriation(s) designated for this work; and that Executive Order No. 195, dated April 27, 1981 and Chapter 11, Section 12 is acknowledged as applicable.**

**REVIEWED AND APPROVED FOR TRANSMITTAL**

|  |  |  |  |
| --- | --- | --- | --- |
| **by** |  | **Signed:** |  |
|  |  |  |  |
|  |  |  |  |
|  | (Accounting Officer’s Title) |  |  |
|  | DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | (Duly Authorized) |

Submit this form to the District State Aid Engineer and Highway Director.

1. https://www.mass.gov/forms/project-report-form-winter-recovery-assistance-program-wrap [↑](#footnote-ref-1)