

| OUTLAY REPORT AND REQUEST FOR REIMBURSEMENT FOR CONSTRUCTION PROGRAMS | | OMB APPROVAL NO. 0348-0002 | | PAGE 1 OF 1 PAGES | | |
|--|---|--|---|---|------------|---------------|
| (See instructions on back) | | 1. TYPE OF REQUEST <input type="checkbox"/> FINAL <input checked="" type="checkbox"/> PARTIAL | | 2. BASIS OF REQUEST <input checked="" type="checkbox"/> CASH <input type="checkbox"/> ACCRUAL | | |
| 3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED Office of Economic Adjustment | | 4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY SP1208-14-01 | | 5. PARTIAL PAYMENT REQUEST NO. #12-3150 | | |
| 6. EMPLOYER IDENTIFICATION NUMBER 85-6000101 | 7. RECIPIENT'S ACCOUNT NUMBER OR IDENTIFYING NUMBER Company 3150 | PERIOD COVERED BY THIS REQUEST | | | | |
| | | FROM (Month, day, year) 09/01/2016 | | TO (Month, day, year) 12/31/2016 | | |
| 9. RECIPIENT ORGANIZATION Name: Albuquerque Public Schools No. and Street: 6400 Uptown Blvd NE City, State and ZIP Code: Albuquerque, NM 87125-0704 | | | 10. PAYEE (Where check is to be sent if different than item 9) Name: Albuquerque Public Schools No. and Street: PO Box 25704 (Ste 310E) City, State and ZIP Code: Albuquerque, NM 87125-0704 | | | |
| 11. STATUS OF FUNDS | | | | | | |
| CLASSIFICATION | PROGRAMS -- | | FUNCTIONS -- | | ACTIVITIES | TOTAL |
| | (a) | (b) | (c) | (d) | | |
| a. Administrative expense | \$ | \$ | | | | \$ 0.00 |
| b. Preliminary expense | | | | | | 0.00 |
| c. Land, structures, right-of-way | | | | | | 0.00 |
| d. Architectural engineering basic fees | | 704,304.00 | | | | 704,304.00 |
| e. Other architectural engineering fee | | | | | | 0.00 |
| f. Project inspection fees | | 71,872.00 | | | | 71,872.00 |
| g. Land development | | | | | | 0.00 |
| h. Relocation expense | | 310,639.00 | | | | 310,639.00 |
| i. Relocation payments to individuals and businesses | | | | | | 0.00 |
| j. Demolition and removal | | 48,778.00 | | | | 48,778.00 |
| k. Construction and project improvement cost | | 8,662,431.00 | | | | 8,662,431.00 |
| l. Equipment | | 531,188.00 | | | | 531,188.00 |
| m. Miscellaneous cost | | 170,747.00 | | | | 170,747.00 |
| n. Total cumulative to date (sum of lines a thru m) | | 10,499,959.00 | | 0.00 | 0.00 | 10,499,959.00 |
| o. Deductions for program income | | | | | | 0.00 |
| p. Net cumulative to date (line n minus line o) | | 10,499,959.00 | | 0.00 | 0.00 | 10,499,959.00 |
| q. Federal share to date | | 10,499,959.00 | | | | 10,499,959.00 |
| r. Rehabilitation grants (100% reimbursement) | | | | | | 0.00 |
| s. Total Federal share (sum of lines q and r) | | 10,499,959.00 | | 0.00 | 0.00 | 10,499,959.00 |
| t. Federal payments previously requested | | 9,340,210.00 | | | | 9,340,210.00 |
| u. Amount requested for reimbursement | \$ | 1,159,749.00 | \$ | | \$ | 1,159,749.00 |
| v. Percentage of physical completion of project | | % | | % | | % |
| 12. CERTIFICATION | | a. RECIPIENT | | SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL <i>Tami Coleman</i> TAMI COLEMAN, CFO DATE REPORT SUBMITTED 1-23-2017 | | |
| I certify that to the best of my knowledge and belief the billed costs or disbursements are in accordance with the terms of the project and that the reimbursement represents the Federal share due which has not been previously requested and that an inspection has been performed and all work is in accordance with the terms of the award. | | b. REPRESENTATIVE CERTIFYING TO LINE 11V | | SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL <i>Tami Coleman</i> TAMI COLEMAN, CFO DATE SIGNED 1-23-2017 | | |
| | | | | TELEPHONE (Area code, number, and extension) 505-880-3762 | | |
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