



CLAIM FOR RELOCATION PAYMENTS – NONRESIDENTIAL
(Public Law 91-646, as amended)

AGENCY:	PROJECT/TRACT: ADDRESS:
DATE OF INITIATION OF NEGOTIATIONS:	

Section 1 – To Be Completed By Claimant

INSTRUCTIONS: This form is for use in applying for payment of moving, storage, actual direct loss of property, search, and reestablishment expenses or a payment in lieu of these expenses (42 USC 4622). The representative will explain the differences between types of payments and, if you wish, will help you complete the forms. No payments will be made unless the forms are properly executed and received. If your claim is disapproved and/or adjusted from the amounts claimed you will be provided a written explanation for the reason and steps that you may take to have your claim reviewed, in accordance with regulations and procedures. NOTE: Actual expenses must be supported by receipts, vouchers, closing statements or other documentation, or similar evidence remitted with the appropriate forms.

1. NAME: (claimant) MAILING ADDRESS: TAX ID NO. OR SOCIAL SECURITY NO.: TELEPHONE NUMBER: ()	2. NAME/TITLE: (person filing claim for claimant) MAILING ADDRESS: TELEPHONE NUMBER: ()
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3. TYPE OF CONCERN: BUSINESS FARM OPERATION NONPROFIT ORGANIZATION

4. TYPE OF OWNERSHIP: SOLE PROPRIETORSHIP CORPORATION PARTNERSHIP NONPROFIT ORGANIZATION

Please address only the category that describes your citizenship status. For item (2), please fill in the correct number of partners (49CFR24.208(a)). **Your signature on this claim form constitutes certification.**

(1) Sole Proprietorship – I certify that I am (check one) ____ a citizen or national of the United States; ____ an alien lawfully present in the United States.

(2) Partnership – I certify that there are ____ partners in the partnership and that ____ are citizens or nationals of the United States and ____ are aliens lawfully present in the United States.

(3) Corporation – I certify that (Name of Corporation) _____ is established pursuant to State law and is authorized to conduct business in the United States.

5. DATES YOU OCCUPIED THE PROPERTY: FROM _____ TO _____

6. DID CONCERN DISCONTINUE OPERATION? _____

7. DOES CONCERN PLAN TO REESTABLISH? _____

8. DATE YOU OCCUPIED THE REPLACEMENT: _____

9. ADDRESS OF REPLACEMENT: _____

10. TYPE OF CLAIM: INITIAL SUPPLEMENTARY FINAL

11. TYPE OF PAYMENT: ACTUAL FIXED PAYMENT (complete item 13 on reverse)

12. CLAIM:	AMOUNT	FOR AGENCY USE ONLY
MOVING AND STORAGE EXPENSES (Attach completed schedule A)	\$	\$
ACTUAL DIRECT LOSSES OF PROPERTY (Attach completed schedule B)	\$	\$
REASONABLE SEARCH EXPENSES (Attach completed schedule C)	\$	\$
REESTABLISHMENT EXPENSES (Attach completed schedule D)	\$	\$
FIXED PAYMENT	\$	\$

<p>13. FIXED PAYMENT IN LIEU OF ACTUAL EXPENSES: FOR BUSINESS OR FARM OPERATION</p> <p>What were the annual net earnings, including compensation to owner, the owner's spouse and dependents, before Federal, State, and local income taxes for the two taxable years immediately prior to the taxable year of displacement. (Proof of net earnings shall be furnished through income tax returns, certified financial statements or other evidence.)</p> <p>TAX YEAR: _____ TAX YEAR: _____</p> <p>NET EARNINGS: NET EARNINGS: AVERAGE AMOUNT</p> <p>\$ _____ \$ _____ \$ _____</p> <p>Name(s) used on income tax return(s) or other acceptable proof of income:</p> <p>Employer identification number(s) shown on tax return(s) (if tax returns used as proof of income):</p>	<p style="text-align: center;">FOR NONPROFIT ORGANIZATION</p> <p>What were the annual gross revenues, less administrative expenses for the two 12-month periods prior to acquisition? (Certified financial statements or financial documents must be provided for any payment in excess of \$1000.)</p> <p>PERIOD: _____ PERIOD: _____</p> <p>AMOUNT AMOUNT AVERAGE AMOUNT</p> <p>\$ _____ \$ _____ \$ _____</p> <p>Is organization incorporated under applicable laws of a State as a nonprofit organization? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Is organization exempt from paying Federal income taxes under section 501 of the Internal Revenue Code (26 U.S.C. 501)? YES <input type="checkbox"/> NO <input type="checkbox"/></p>
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14. NAME AND ADDRESS OF PERSON(S) TO WHOM PAYMENTS ARE TO BE MADE:

15. CERTIFICATION: I (We) CERTIFY under the penalties and provisions of U.S.C. Title 18, Sections 286, 287, 1001, and any other applicable law, that this claim and information submitted herewith have been examined by me (us) and are true, correct, and complete. I (We) further certify that I (We) have not submitted any other claim for, or received reimbursement or compensation from any other source for any item of this claim; and that any receipts submitted herewith accurately reflect costs actually incurred. I (We) further certify that my (our) choice of type of payment was made on the basis of a full explanation by the displacing agency representative of the differences between the types of payments available.

SIGNATURE: _____ SIGNATURE: _____
(claimant or agent)

DATE: _____ DATE: _____

PRIVACY ACT STATEMENT: 42 U.S.C. 4601 et seq. authorizes collection of this information. The primary use of the information is to determine whether the claimant is eligible for and entitled to relocation benefits. Furnishing the information is required in order to process your claim. The information may also be provided to appropriate Federal, State, local or foreign agencies responsible for investigating or prosecuting a violation of law; to the Department of Justice when relevant to litigation or anticipated litigation.

PAPERWORK REDUCTION ACT STATEMENT: The Paperwork Reduction Act of 1995 (44 U.S.C. 3501 et. seq.) requires the public to be informed that this Information is being collected in order to assess claims for relocation expenses. Completion of this form, including gathering of needed information, is estimated to take 50 minutes. Public comments on this estimate or suggestions for reducing this information collection burden should be directed to the Office of Acquisition and Property Management, U.S. Department of the Interior, MS 4262-MIB, Washington DC 20240. Submission of this form is necessary to obtain a government benefit. A federal agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

PENALTY FOR FALSE OR FRAUDULENT STATEMENT: U.S.C. Title 18, 1001, provides: 'Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies . . . or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years or both.'

RECORDS RETENTION. TEMPORARY. Destroy 7 years after final action, but longer retention is authorized if required for business use. (DAA-0048-2013-0001-0011)

Section 2 – To Be Completed By Agency

AMOUNT PREVIOUSLY PAID (if any).... \$ _____

PAYMENT	AMOUNT	SIGNATURE	TITLE	DATE
RECOMMENDED:	_____	_____	_____	_____
APPROVED:	_____	_____	_____	_____
FBMS INVOICE NO.:	_____			

Schedule A
Moving And Related Costs – Nonresidential
 (Under Sec. 202, P.L. 91-646, as amended)

Section 1 – To Be Completed By Claimant

1. NAME:

2. PROJECT/TRACT:

3. TYPE OF MOVE: SELF COMMERCIAL SELF AND COMMERCIAL

4. MOVING COSTS: (See reverse for allowable/non-allowable expenses)

ITEM	CONTRACTOR/ADDRESS/PHONE NUMBER	AMOUNT CLAIMED	FOR AGENCY USE ONLY
MOVING:		\$	\$
ELECTRICAL:		\$	\$
MECHANICAL:		\$	\$
PLUMBING:		\$	\$
CARPENTRY:		\$	\$
OTHER: (list)		\$	\$
_____		\$	\$
_____		\$	\$
_____		\$	\$
	TOTAL	\$	\$

5. STORAGE COSTS:

TYPE OF CLAIM: INITIAL SUPPLEMENTARY FINAL

NAME AND ADDRESS OF STORAGE COMPANY:

STORAGE PERIOD: NUMBER OF MONTHS _____, ARE THE NUMBER OF MONTHS ACTUAL OR ESTIMATED

DATE PROPERTY WAS MOVED: TO STORAGE _____; FROM STORAGE _____

STORAGE COSTS: \$ _____

DESCRIPTION OF PROPERTY STORED: (List each major item separately or attach a Bill of Lading from the moving company showing the items stored.)

6. REMARKS:

7. SIGNATURE: _____ SIGNATURE: _____
 DATE: _____ DATE: _____

Section 2 – To Be Completed By Agency

MOVING ESTIMATE OBTAINED BY THE AGENCY: \$ _____
 MOVING COSTS: \$ _____
 STORAGE COSTS: \$ _____
 ADVANCE RECEIVED (if any): \$ _____

PAYMENT	AMOUNT	SIGNATURE	TITLE	DATE
RECOMMENDED:	_____	_____	_____	_____
APPROVED:	_____	_____	_____	_____
FBMS INVOICE NO.:	_____			

- ALLOWABLE MOVING EXPENSES**
1. Transportation of personal property not to exceed 50 miles except where the Agency determines that relocation beyond the 50-mile Area is justified.
 2. Packing, crating, unpacking and uncrating personal property.
 3. Disconnecting, dismantling, removing, reassembling and reinstalling relocated machinery, equipment and other personal property, including substitute personal property.
 4. Storage of the personal property for a period not to exceed 12 months, unless the Agency determines that a longer period is necessary.
 5. Insurance for the replacement value of the personal property in connection with the move and necessary storage.
 6. Any license, permit, or certification required of the displaced person at the replacement location. However, the payment may be based on the remaining useful life of the existing license, permit, fees or certification.
 7. The replacement value of property lost, stolen, or damaged in the process of moving (not through the fault or negligence of the displaced person, his or her agent or employee) where insurance covering such loss, theft, or damage is not reasonably available.
 8. Professional services determined to be actual, reasonable and necessary for planning, moving and installing relocated personal property at the replacement location.
 9. Relettering signs and replacing stationery on hand at the time of displacement and making updates to other media that are made obsolete as a result of the move.
 10. Purchase of substitute personal property.
 11. Payment for low value/high bulk personal property.
 12. Connection to available nearby utilities from the right-of-way to improvements at the replacement site.
 13. Professional services performed prior to the purchase or lease of a replacement site to determine its suitability for the displaced person's business operation including but not limited to, soil testing, feasibility and marketing studies (excluding any fees or commissions directly related to the purchase or lease of such site). At the discretion of the Agency a reasonable pre-approved hourly rate may be established. (See appendix A, § 24.303(b).)
 14. Impact fees or one time assessments for anticipated heavy utility usage, as determined necessary by the Agency.
 15. Other moving-related expenses that are not listed as ineligible under Non-allowable Moving Expenses as the Agency determines to be reasonable and necessary.

- NON-ALLOWABLE MOVING EXPENSES**
1. Cost of moving any structures of other real property improvement in which the displaced person reserved ownership.
 2. Interest on loan to cover moving expenses.
 3. Loss of goodwill.
 4. Loss of profits.
 5. Loss of trained employees.
 6. Additional operating expenses incurred because of operating in a new location except as specifically provided for.
 7. Personal injury.
 8. Any legal fee or other cost for preparing a claim for a relocation payment or for representing the claimant before the Agency.
 9. Physical changes to the real property at the replacement location except as specifically provided for.
 10. Costs for storage of personal property on real property already owned or leased by the displaced person.
 11. Refundable security and utility deposits.


Schedule B
Direct Loss Of Personal Property – Nonresidential
 (Under Sec. 202, P.L. 91-646, as amended)

Section 1 – To Be Completed By Claimant

1. NAME:

2. PROJECT/TRACT:

3. TANGIBLE PERSONAL PROPERTY:

ITEM (list)	FAIR MARKET VALUE FOR CONTINUED USE AT PRESENT LOCATION	-	NET PROCEEDS FROM SALE	=	VALUE NOT RECOVERED BY SALE	FOR AGENCY USE ONLY
1.	\$		\$		\$	\$
2.	\$		\$		\$	\$
3.	\$		\$		\$	\$
4.	\$		\$		\$	\$
5.	\$		\$		\$	\$
6.	\$		\$		\$	\$
7.	\$		\$		\$	\$
8.	\$		\$		\$	\$
COST OF SALE:					\$	\$
TOTAL:					\$	\$

Actual direct loss of tangible personal property incurred as a result of moving or discontinuing the business or farm operation. The payment shall consist of the lesser of: (i) The fair market value in place of the item, as is for continued use, less the proceeds from its sale. (To be eligible for payment, the claimant must make a good faith effort to sell the personal property, unless the Agency determines that such effort is not necessary. When payment for property loss is claimed for goods held for sale, the market value shall be based on the cost of the goods to the business, not the potential selling prices.); or (ii) The estimated cost of moving the item as is, but not including any allowance for storage; or for reconnecting a piece of equipment if the equipment is in storage or not being used at the acquired site. If the business or farm operation is discontinued, the estimated cost of moving the item shall be based on a moving distance of 50 miles. The reasonable cost incurred in attempting to sell an item that is not to be relocated.

4. REMARKS: (Use other side if necessary)

5. RELEASE: I (We) hereby release to the displacing agency ownership and title to all personal property remaining on the acquired site, for which the claimant has received or will receive a payment for direct loss of property.

SIGNATURE: _____ SIGNATURE: _____

DATE: _____ DATE: _____

Section 2 – To Be Completed By Agency

TOTAL COSTS \$ _____

ESTIMATED COSTS OF MOVING PROPERTY \$ _____

PAYMENT	AMOUNT	SIGNATURE	TITLE	DATE
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RECOMMENDED: _____

APPROVED: _____

FBMS INVOICE NO.: _____

Schedule C
Search Expenses – Nonresidential
(Under Sec. 202, P.L. 91-646, as amended)

Section 1 – To Be Completed By Claimant

1. NAME:

2. PROJECT/TRACT:

3. ACTUAL EXPENSES:	AMOUNT CLAIMED	FOR AGENCY USE ONLY
SEARCHING TIME _____ (hours) at _____ (rate)	\$	\$
TRANSPORTATION _____ (miles) at _____ (rate)	\$	\$
LODGING _____ (nights) at _____ (rate)	\$	\$
COST OF MEALS	\$	\$
TIME SPENT IN OBTAINING PERMITS AND ATTENDING ZONING HEARINGS: _____ (hours) at _____ (rate)	\$	\$
TIME SPENT NEGOTIATING THE PURCHASE OF A REPLACEMENT SITE _____ (hours) at _____ (rate)	\$	\$
FEEES PAID TO REAL ESTATE AGENTS OR BROKERS (excluding commissions) .	\$	\$
OTHER (list)	\$	\$
.....	\$	\$
TOTAL	\$	\$

4. REMARKS:

5. SIGNATURE:

SIGNATURE:

DATE: _____

DATE: _____

Section 2 – To Be Completed By Agency

PAYMENT	AMOUNT	SIGNATURE	TITLE	DATE
RECOMMENDED:	_____	_____	_____	_____
APPROVED:	_____	_____	_____	_____
FBMS INVOICE NO.:	_____			

Schedule D
Reestablishment Expenses – Nonresidential
 (Under Sec. 202. P.L. 91-646, as amended)

Section 1 – To Be Completed By Claimant

1. NAME:

2. PROJECT/TRACT:

3. REESTABLISHMENT EXPENSES: (See reverse for allowable/non-allowable expenses)

ITEM (list)	AMOUNT CLAIMED	FOR AGENCY USE ONLY
1.	\$	\$
2.	\$	\$
3.	\$	\$
4.	\$	\$
5.	\$	\$
6.	\$	\$
7.	\$	\$
8.	\$	\$
9.	\$	\$
10.	\$	\$
11.	\$	\$
12.	\$	\$
13.	\$	\$
14.	\$	\$
TOTAL.	\$	\$

4. REMARKS:

5. SIGNATURE:

SIGNATURE:

DATE:

DATE:

Section 2 – To Be Completed By Agency

REESTABLISHMENT EXPENSES \$ _____

ADVANCE RECEIVED (if any) \$ _____

PAYMENT	AMOUNT	SIGNATURE	TITLE	DATE
RECOMMENDED:	_____	_____	_____	_____
APPROVED:	_____	_____	_____	_____
FBMS INVOICE NO.: _____				

REMARKS:

REESTABLISHMENT EXPENSES CAN ONLY BE PAID TO A BUSINESS HAVING NOT MORE THAN 500 EMPLOYEES WORKING AT THE SITE ACQUIRED OR DISPLACED BY A PROGRAM OR PROJECT, WHICH SITE IS THE LOCATION OF ECONOMIC ACTIVITY OR A FARM OR NONPROFIT ORGANIZATION. 49CFR24.2(a)(24)

ELIGIBLE EXPENSES

1. Repairs or Improvements to the replacement property as required by Federal, State, or local law, code or ordinance.
2. Modifications to the replacement property to accommodate the business operation or make replacement structures suitable for conducting the business.
3. Construction and installation costs for exterior signing to advertise the business.
4. Redecoration or replacement of soiled or worn surfaces, such as paint, paneling, or carpeting.
5. Licenses, fees and permits when not paid as part of moving expenses.
6. Advertisement of replacement location.
7. Estimated increased costs of operation during the first two years at the replacement site for such items as lease or rental charges, personal or real property taxes, insurance premiums and utility charges (excluding impact fees).
8. For businesses, farms or nonprofit organizations this includes machinery, equipment, substitute personal property, and connections to utilities available within the building; it also includes modifications to the personal property, including those mandated by Federal, State or local law, code or ordinance, necessary to adapt it to the replacement structure, the replacement site, or the utilities at the replacement site, and modifications necessary to adapt the utilities at the replacement site to the personal property.
9. Other items that the Agency considers essential to the reestablishment of the business.

INELIGIBLE EXPENSES

1. Purchase capital assets, such as office furniture, filing cabinets, machinery, or trade fixtures.
2. Purchase of manufacturing materials, production supplies, product inventory, or other items used in the normal course of the business operation.
3. Interest on money borrowed to make the move or purchase the replacement property.
4. Payment to a part time business in the home which does not contribute materially to the household income.