

**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.