TEXAS DEPARTMENT OF TRANSPORTATION - DIVISION OF AVIATION

Airport Rescue Grant Request for Reimbursement Form

(ARPA)

NOTE: ATTACH SUPPORTING DOCUMENTATION TO THIS REQUEST

Itemize your supporting documentation in the table below

Date of Invoice	Expense Type	Amount
	Total	

CERTIFICATION OF SPONSOR

I,_____, do hereby certify that I am_____ (Title of person certifying) and that I am duly authorized to make this certification for and on behalf of the City/County of _____. All expenses requested for reimbursement were incurred in accordance with the FAA's Revenue Use Policy and the Coronavirus Relief and Response Supplemental Appropriations Act, and 2 CFR Part 200. I further certify that the attached invoice/s is correct and understand funding made available under this request may only be used to reimburse for airport expenses for operational, maintenance and debt service payments.

SIGNATURE _____Date:_____