**REESTABLISHMENT EXPENSES DETERMINATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Business Name | DISPLACEE(S) NAME |  | Project | PROJECT # |
|  |
| Subject Address | ADDRESS IN RIGHT OF WAY |
|  |
| Contact Address | DISPLACEE(S) ADDRESS |  | Code | CODE | Parcel | PARCEL # |
|  |
| **Eligibility Determination:** |
|  |
| Does the business have 500 or fewer employees working at the displacement site? [ ] Yes [ ] No  |
|  |
| Were the reestablishment costs claimed actually incurred by the business in relocating and reestablishing at a replacement site? |
|  |  |  [ ] Yes [ ] No  |
|  |
| IF THE ANSWER TO EITHER OF THE PRECEDING QUESTIONS IS “**NO**”, THE BUSINESS IS NOT ELIGIBLE FOR A BUSINESS REESTABLISHMENT EXPENSES PAYMENT. |
|  |
| **Eligible Expenses (must be reasonable and necessary):** |
|  |
| 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 the |  |  |
|  | replacement structure suitable for conducting business. |  |       |
|  |  |  |  |
| 3. | Construction and installation costs for exterior signing to advertise the business. (Ensure there is |  |  |
|  | no duplication of cost-to-cure in appraisal or of moving cost.) |  |       |
|  |  |  |  |
| 4. | Redecoration or replacement of soiled or worn surfaces at the replacement site such as paint,  |  |  |
|  | paneling, or carpet. |  |       |
|  |  |  |  |
| 5. | Advertisement of replacement location. |  |       |
|  |  |  |  |
| 6. | Estimated increased cost of operation during the first 2 years at the replacement site. |  |  |
|  |  |  |  |
|  | A. | Increase in lease or rental charges |  |       |  |  |
|  |  |  |  |  |  |  |
|  | B. | Increase in personal or real property taxes |  |       |  |  |
|  |  |  |  |  |  |  |
|  | C. | Increase in insurance premiums |  |       |  |  |
|  |  |  |  |  |  |  |
|  | D. | Increase in utility charges (excluding impact fees) |  |       |  |  |
|  |  |  |  | Total Items A-D |  | $ 0.00 |
|  |  |  |  |  |  |  |
| 7. | Other items approved as eligible by the INDOT Relocation Supervisor. |  |       |
|  |  |  |  |
| **REESTABLISHMENT EXPENSES: (TOTAL ITEMS 1-7)** |  | $ 0.00 |
|  |  | **MAX** |
|  |  |  |  |  |  |  |
|  | F. | MAXIMUM Reimbursement for Reestablishment |  | $25,000.00 |  |  |
|  |  |  |  |  |  |  |
|  | G. | Less Previously Paid Reimbursements | - |       |  |  |
|  |  |  |  |  |  |  |
|  | I. | Remaining Balance Available NOW for Reimbursement |  | $25,000.00 |  |  |
|  |  |  |  |  |  |
|  | J. | Current Claim – **$25,000.00 MAXIMUM** **Not to Exceed Remaining Balance Available (Line I)** | - | $ 0.00 |  |  |
|  |  |  |  |  |  |
|  | K. | Remaining Balance Available for FUTURE Reimbursement |  | $25,000.00 |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |
| Based on the foregoing, this business **IS** eligible to receive a Reestablishment Expense Payment in the amount of  | $ 0.00 |
|  |  |  |
|  |  |  |
| Date |  |      , Right of Way Agent |