

Claim for Non-residential Actual Reasonable Moving and Related Expenses

INSTRUCTIONS AND PRIVACY NOTICE: This claim form is for the use of displaced businesses, nonprofit organizations, and farms that wish to claim a payment for Actual Reasonable Moving and Related Expenses, including Reestablishment Expenses, rather than claim a Fixed Payment. An OPC representative of the Displacing Agency will help you complete the form and will explain the different payment types, the information that you must provide in support of this claim, eligibility requirements, and time limits to file a claim. If the full amount of your claim is not approved, the Agency will provide you with a written explanation of the reason. If you are not satisfied with the Agency's determination, you may appeal that determination. This information is being collected under the authority of the Uniform Relocation Assistance and Real Property Acquisition Act (URA) and/or California Relocation Assistance Act. Attach receipts, invoices or other documentation to identify expenses claimed.

Claim Type:	Business Relocation Expenses
Agency:	City of Sparks
Project:	North Truckee Drain Realignment Project
OPC Case#:	SPA-002-0290-002 -C
OPC Claim#:	2
Program:	State/Local

1. Legal Business Name Soil Tech	2. Name, Title, Address of Claimant or Claimant's Agent Lukas Solem, Senior Project Manager 2090 Kleppe Lane, Unit C, Sparks, NV 89431	3. Claimant's or Agent's Phone 775-276-0524
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Site	Displacement and Replacement Address	Date move started / date move completed
4. You Moved FROM	2090 Kleppe Lane, Unit C, Sparks, NV 89431	9/1/2016
5. You Moved TO	UNR Farms, Reno, NV.	2/28/2017

6. Type of operation: Business Farm Operation Nonprofit Organization

7. Type of ownership: Sole Prop. Partnership Corporation Nonprofit Organization

8. Moving Payment Determination	Amount
(a) Moving Expenses from Section A	\$62,631.61
(b) Storage Expenses from Section B	\$0.00
(c) Re-establishment Expenses from Section C (not to exceed \$10,000)	\$0.00
(d) Searching Expenses from Section D (not to exceed \$1,000)	\$0.00
(e) Actual Direct Loss of Personal Property from Section E	\$0.00
(f) Substitute Personal Property from Section F	\$0.00
(g) Total Expenses Claimed (lines (a) through (f))	\$0.00
(h) Total amount of payments previously received for expenses claimed here (from Section G)	\$0.00
(i) Offset amount for rents due to the Agency	\$0.00
(j) Amount Requested this Claim (Line 8(g) minus line 8(h) and line 8(i) or describe in Notes)	\$62,631.61

9. Certification by Claimant(s): **I CERTIFY that this claim and supporting information are true and complete, that I have not submitted any other claim for the expenses listed and that I have not been paid for the expenses by any other source.**

Signature(s) of Claimant(s) or Authorized Agent 	Date 7/6/17
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FOR AGENCY AND/OR AGENCY REPRESENTATIVES USE ONLY

10. Is this an advance claim based on prelim. info?: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				11. Is this a final claim for this benefit type?: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
12. Recommended Benefit Payment(s):				13. Benefit Payment(s) Actions:			
Chk #	Payable To	In The Amount	Check Disposition	Action	Name & Title	Initial	Date
# 1	Soil Tech	\$62,631.61	Hold for pick-up by claimant	OPC Recommended:	Steven Harris		6/15/2017
# 2		\$0.00		OPC Reviewed:			
# 3		\$0.00		Agency Approved:			

#	Expense Type	Previously paid (Y/N)	Vendor/Contractor and description (attach invoices/receipts unless previously claimed)	Amount
(1)	Moving of pers. prop.	No	Actual moving expenses for specialty move to relocate	\$62,631.61
(2)			Approximately 736 trees and shrubs form Kleppe Lane site to UNR	\$0.00
(3)			Property. Cost includes materials for site prep, equipment rentals and	\$
(4)			labor to relocate nursery operations. Supporting documentation	\$0.00
(5)			attached.	
(6)				\$0.00
(7)				\$0.00
(8)				\$0.00
(9)				\$0.00
(10)				\$0.00
(11)	TOTAL ACTUAL MOVING EXPENSES (include in line (a) of item 8):			\$62,631.61

Section B: Storage Expenses Claimed

Date moved to storage:	00/00/00	Description of property stored:
Date expected/moved from storage:	00/00/00	

#	Expense Type	Previously paid (Y/N)	Vendor/Contractor and description (attach invoices/receipts unless previously claimed)	Amount
(1)				\$0.00
(2)				\$0.00
(3)				\$0.00
(4)				\$0.00
(5)				\$0.00
(6)	TOTAL STORAGE EXPENSES (include in line (b) of item 8):			\$0.00

Section C: Reestablishment Expenses Claimed

#	Expense Type	Previously paid (Y/N)	Vendor/Contractor and description (attach invoices/receipts unless previously claimed)	Amount
(1)				\$0.00
(2)				\$0.00
(3)				\$0.00
(4)				\$0.00
(5)				\$0.00
(6)				\$0.00
(7)				\$0.00
(8)				\$0.00
(9)				\$0.00

(10)	Estimated increased cost of operation during the first 2 years (lease/rent, taxes, insurance, utilities):			
	List items included in increased cost:			
	Monthly cost of operation at the displacement site:	\$0.00	Monthly cost differential:	\$0.00
	Monthly cost of operation at the replacement site:	\$0.00	\$0.00 x 24 months =	\$0.00
(11)	TOTAL REESTABLISHMENT EXPENSES (include in line (c) of item 8, not to exceed \$10,000):			\$0.00

#	Searching Expenses Item	Amount
(1)	Searching time from diary: hours: 0.00 x hourly earnings rate \$0.00 =	\$0.00
(4)	Transportation expense: miles: 0 x allowable mileage rate \$0.00 =	\$0.00
(5)	Expenses for Lodging and Meals (attach dated receipts)	\$0.00
(6)	Fees paid to real estate Brokers or Agents (attach contract or other evidence)	\$0.00
(8)	TOTAL SEARCHING EXPENSES (Include in line (d) of item 8, not to exceed \$1,000):	\$0.00

Section E: Actual Direct Loss of Personal Property

#	(a) Identify personal property for which payment for actual direct loss is requested (Agency will advise on acceptable methods of listing items)	(b) Fair market value for continued use at present location	(c) Proceeds from sale of property	(d) Value not recovered by sale (Column b minus c)	(e) Estim. cost of moving old property (provided by Agency)	(f) Amount claimed (lesser of col (d) or (e))
(1)		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
(2)		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
(3)		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
(4)		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
(5)		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
(6)	Cost of effort to sell property (for example advertising)					\$0.00
(7)	TOTAL ACTUAL DIRECT LOSS OF PERSONAL PROPERTY (include in line (e) of item 8):					\$0.00

Claimant's release of personal property: I release to the Agency ownership of all personal property listed above that remains on the real property.

Signature(s) of Claimant(s) or Authorized Agent: _____ Date: _____

Section F: Substitute Personal Property

#	(a) Identify substitute property for which payment requested (Agency will advise on acceptable methods of listing items)	(b) Actual Cost of Substitute Property Delivered and Installed at New Locat.	(c) Proceeds from sale or trade-in of replaced property	(d) Net cost of substitute personal property (Column b minus c)	(e) Estim. cost of moving and reinst. property (provided by Agency)	(f) Amount claimed (lesser of col (d) or (e))
(1)		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
(2)		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
(3)		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
(4)		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
(5)		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
(6)	Cost of effort to sell property (for example advertising)					\$0.00
(7)	TOTAL SUBSTITUTE PERSONAL PROPERTY (include in line (f) of item 8):					\$0.00

Claimant's release of personal property: I release to the Agency ownership of all personal property listed above that remains on the real property.

Signature(s) of Claimant(s) or Authorized Agent: _____ Date: _____

G. Previous Moving Payments		Notes
(a) Date	(b) Amount	
(1) 00/00/00	\$0.00	Soil Tech currently leases property located at 2090 Kleppe Lane. The North Trckee Drain Realignment Project has impacted Soil Tech's nursery and operations area located at the site. Approximatelt 736 trees and shrubs requiring special handling were required to be relocated to a secured space two miles away from current location on Kleppe Lane. Claimant has submitted documents supporting costs associated with move, replacement site prep and labor to relocate nursery operations.
(2) 00/00/00	\$0.00	
(3) 00/00/00	\$0.00	
(4) 00/00/00	\$0.00	
(5) 00/00/00	\$0.00	
(6) 00/00/00	\$0.00	
TOTAL	\$0.00	