

REIMBURSABLE AMOUNT RE-EVALUATION FORM

All rates are subject to 401 KAR 42:250 Contractor Cost Outline



**KENTUCKY
DEPARTMENT FOR
ENVIRONMENTAL
PROTECTION**

Mail completed form to:
**DIVISION OF WASTE MANAGEMENT
 UNDERGROUND STORAGE TANK BRANCH
 200 FAIR OAKS LANE, SECOND FLOOR
 FRANKFORT, KENTUCKY 40601
 (502) 564-5981
<http://waste.ky.gov/ust>**

FOR STATE USE ONLY

GENERAL INFORMATION

Name of Applicant:

PSTEAF Application#:

Agency Interest #:

Date of Directive:

Total Estimate Cost:

Professional Engineer or Professional Geologist Certification Of Cost Estimate Re-Evaluation

I certify that the foregoing cost estimate requested amount is true and accurate, and is effective until _____. I certify that the costs listed are reasonable and necessary to the performance of the written directive. I understand that the Underground Storage Tank Branch may request additional information to verify that the costs are reasonable and necessary for the completion of the written directive issued _____.

Signature of PE/PG

Date

GENERAL REQUIREMENTS

This request is for completion of the following activities and their expected costs per task directed in the scope of work for directed on _____. When determining the estimated costs, the following shall be used and submitted with the Reimbursable Amount Re-Evaluation Form DEP0062:

- a. The costs shall be calculated using the personnel and equipment rates established in the Contractor Cost Outline, Section 3;
- b. Include a cost itemization to complete the individual task if the task is being completed by the eligible company or partnership;
- c. Include three (3) itemized bids for each individual task if the task is being completed by a subcontractor on behalf of the eligible company or partnership from the area in which the facility is located, if applicable;
- d. If the "Cost Estimate Form" DEP6090 was completed for portions of the written directive those costs shall again be submitted with the "Reimbursable Amount Re-Evaluation Form" DEP0062.

ESTIMATED COSTS

Include a description of the task directed and the estimated costs (attach additional sheets if necessary). Attach to this form all required information as described in General Requirements.

1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
6.	\$

BIDS

For work completed by a subcontractor on behalf of the eligible company or partnership, three (3) itemized bids shall be submitted and the following shall be completed and submitted with this form.

BID #1

Subcontractor Name:

Description of work to be completed:

Bid Amount:

\$

BID #2

Subcontractor Name:

Description of work to be completed:

Bid Amount:

\$

BID #3

Subcontractor Name:

Description of work to be completed:

Bid Amount:

\$

NOTE: Bids shall be obtained only from persons qualified and able to perform the work being bid. Bids shall not be obtained from persons with whom the applicant or applicant's primary contractor has a financial interest. The lowest viable bid shall be the basis for final reimbursement.

"RETAIN A COPY OF THIS FORM FOR YOUR RECORDS"