

Utility Relocation Reimbursement Grant Program Application

Instructions

Please complete all sections of this form. An incomplete application will result in processing delays. All submitted costs must be prudent, reasonable, and directly attributable to the physical relocation of facilities as required by a county or municipal authority. Submit the completed and signed form, along with all required documentation, to the Department of Commerce via the program's web portal or by email to URRGP@commerce.fl.gov.

Account Creation

1. Legal Name of Communications Service Provider as it appears in SunBiz.org:

2. Federal Employer Identification Number (FEIN):

3. Unique Entity Identifier (UEI):

4. Entity Primary Contact:

Name: _____

Title: _____

Phone: _____ Email: _____

Section 1: Project Information

1. County or Municipal Authority Requiring Relocation:

2. Who initiated the relocation request?

☐ Municipality or County Government

☐ Professional Engineer on behalf of the Municipality or County Government

3. Legal Name of Contracting Firm (if applicable):

4. Professional Engineer License Number (if applicable):

5. Professional Engineer Contact Information (if applicable):

Name: _____

Phone: _____ Email: _____

6. FEIN of Municipal Authority Requiring Relocation:

7. Name or ID of the Public Road Improvement Project:

8. Date of Written Notice from County/Municipal Authority:

Section 2: Summary of Relocation Costs

A. Third-Party Costs (Vendors, Contractors, Engineering, etc.)

(Please list all third-party invoices below. Attach all corresponding itemized invoices and proofs of payment.)

Vendor Name	Invoice #	Invoice Date	Amount
			\$
			\$
			\$
			\$
Total Third-Party Costs:			\$

B. Internal Costs (Direct Labor and Equipment)

(Please summarize internal costs below. Attach a detailed ledger supporting these figures.)

Internal Labor/Equipment Description	Hours	Rate	Total Cost
<i>Example: Lead Technician</i>	<i>40</i>	<i>\$75/hr</i>	<i>\$3,000.00</i>
			\$
			\$
			\$
Total Internal Costs:			\$

C. Total Reimbursement Requested (A + B): \$_____

Section 5: Required Documentation Checklist

Please ensure all of the following documents are included with your submission. Check each box to confirm.

- ☐ This completed and signed Application Form (COM-73C-URRGP-001)
- ☐ A copy of the written notice from the county or municipal authority requiring the relocation.
- ☐ Detailed, itemized invoices from all third-party vendors, contractors, and engineers involved in the physical relocation of the facility.
- ☐ Legible proof of payment for all submitted invoices, such as cancelled checks or bank transaction statements.
- ☐ A detailed ledger of internal costs, including labor and equipment usage, directly attributable to the physical relocation of the facility, if applicable.
- ☐ A signed certification from an officer or authorized agent of the Provider attesting that the costs submitted are Eligible Costs.
- ☐ A sworn affidavit, executed under penalty of perjury, attesting that the Provider is not a “foreign

entity” as defined in section 288.0071, F.S. The affidavit must be submitted using Form COM-73C-URRGP-002, Foreign Entity Compliance.

[] A signed application certification statement submitted using Form COM-73C-URRGP-003, Application Certification Statement.

Printed Name of Authorized Officer/Agent: _____

Title: _____

Signature: _____ **Date:** _____