




OUTLAY REPORT AND REQUEST FOR REIMBURSEMENT FOR CONSTRUCTION PROGRAMS		OMB APPROVAL NO. 0348-0002		PAGE 1 OF 1 PAGES			
(See instructions on back)		1. TYPE OF REQUEST <input type="checkbox"/> FINAL <input checked="" type="checkbox"/> PARTIAL		2. BASIS OF REQUEST <input checked="" type="checkbox"/> CASH <input type="checkbox"/> ACCRUAL			
3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED Federal Aviation Administration Airport Division		4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY AIP 3-30-0037-014-2017		5. PARTIAL PAYMENT REQUEST NO. Annual			
6. EMPLOYER IDENTIFICATION NUMBER 81-6001417		7. RECIPIENT'S ACCOUNT NUMBER OR IDENTIFYING NUMBER DOT-FA17NM-2070		PERIOD COVERED BY THIS REQUEST FROM (Month, day, year) 08/30/2017 TO (Month, day, year) 09/30/2017			
9. RECIPIENT ORGANIZATION Name: Ravalli County, Montana No. and Street: 215 South 4th Street, Suite A City, State and ZIP Code: Hamilton, Montana 59840		10. PAYEE (Where check is to be sent if different than item 9) Name: No. and Street: City, State and ZIP Code:					
11. STATUS OF FUNDS							
CLASSIFICATION	PROGRAMS --		FUNCTIONS --		ACTIVITIES	TOTAL	
	(a)	(b)	(c)	(d)			
a. Administrative expense	\$ 0.00	\$	\$	\$	\$	0.00	
b. Preliminary expense						0.00	
c. Land, structures, right-of-way						0.00	
d. Architectural engineering basic fees	0.00					0.00	
e. Other architectural engineering fee						0.00	
f. Project inspection fees	0.00					0.00	
g. Land development						0.00	
h. Relocation expense						0.00	
i. Relocation payments to individuals and businesses						0.00	
j. Demolition and removal						0.00	
k. Construction and project improvement cost	0.00					0.00	
l. Equipment						0.00	
m. Miscellaneous cost						0.00	
n. Total cumulative to date (sum of lines a thru m)	0.00		0.00		0.00	0.00	
o. Deductions for program income						0.00	
p. Net cumulative to date (line n minus line o)	0.00		0.00		0.00	0.00	
q. Federal share to date	0.00					0.00	
r. Rehabilitation grants (100% reimbursement)						0.00	
s. Total Federal share (sum of lines q and r)	0.00		0.00		0.00	0.00	
t. Federal payments previously requested	0.00					0.00	
u. Amount requested for reimbursement	\$ 0.00	\$	\$	\$	\$	0.00	
v. Percentage of physical completion of project	0 %	%	%	%	%	0 %	
12. CERTIFICATION		a. RECIPIENT		SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL		DATE REPORT SUBMITTED	
I certify that to the best of my knowledge and belief the billed costs or disbursements are in accordance with the terms of the project and that the reimbursement represents the Federal share due which has not been previously requested and that an inspection has been performed and all work is in accordance with the terms of the award.		b. REPRESENTATIVE CERTIFYING TO LINE 11V		 TYPED OR PRINTED NAME AND TITLE Greg Chilcott, Chairman		10/31/17	
				 TYPED OR PRINTED NAME AND TITLE Rick Donaldson, Vice President - RPA		10/25/17	
				SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL		DATE SIGNED	
				 TYPED OR PRINTED NAME AND TITLE Rick Donaldson, Vice President - RPA		10/25/17	

## INSTRUCTIONS

Public reporting burden for this collection of information is estimated to average 60 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0004), Washington, DC 20503.

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.**

Please type or print legibly. Items 3, 4, 5, 8, 9, 10, 11s and 11v are self explanatory; specific instructions for other items are as follows:

<i>Item</i>	<i>Entry</i>	<i>Item</i>	<i>Entry</i>
1	Mark the appropriate box. If the request is final, the amounts billed should represent the final cost of the project.	11j	Enter gross salaries and wages of employees of the recipient and payments to third party contractors directly engaged in performing demolition or removal of structures from developed land. All proceeds from the sale of salvage or the removal of structures should be credited to this account; thereby reflecting net amounts if required by the Federal agency.
2	Show whether amounts are computed on an accrued expenditure or cash disbursement basis.	11k	Enter those amounts associated with the actual construction of, addition to, or restoration of a facility. Also, include in this category, the amounts for project improvements such as sewers, streets, landscaping, and lighting.
6	Enter the Employer Identification Number (EIN) assigned by the U.S. Internal Revenue Service or FICE (institution) code if requested by the Federal agency.	11l	Enter amounts for all equipment, both fixed and movable, exclusive of equipment used for construction. For example, permanently attached laboratory tables, built-in audio visual systems, movable desks, chairs, and laboratory equipment.
7	This space is reserved for an account number or other identifying number that may be assigned by the recipient.	11m	Enter the amounts of all items not specifically mentioned above.
11	The purpose of vertical columns (a) through (c) is to provide space for separate cost breakdowns when a large project has been planned and budgeted by program, function or activity. If additional columns are needed, use as many additional forms as needed and indicate page number in space provided in upper right; however, the summary totals of all programs, functions, or activities should be shown in the "total" column on the first page. All amounts are reported on a cumulative basis.	11n	Enter the total cumulative amount to date which should be the sum of lines a through m.
11a	Enter amounts expended for such items as travel, legal fees, rental of vehicles and any other administrative expenses. Include the amount of interest expense when authorized by program legislation. Also show the amount of interest expense on a separate sheet.	11o	Enter the total amount of program income applied to the grant or contract agreement except income included on line j. Identify on a separate sheet of paper the sources and types of the income.
11b	Enter amounts pertaining to the work of locating and designing, making surveys and maps, sinking test holes, and all other work required prior to actual construction.	11p	Enter the net cumulative amount to date which should be the amount shown on line n minus the amount on line o.
11c	Enter all amounts directly associated with the acquisition of land, existing structures and related right-of-way.	11q	Enter the Federal share of the amount shown on line p.
11d	Enter basic fees for services of architectural engineers.	11r	Enter the amount of rehabilitation grant payments made to individuals when program legislation provides 100 percent payment by the Federal agency.
11e	Enter other architectural engineering services. Do not include any amounts shown on line d.	11t	Enter the total amount of Federal payments previously requested, if this form is used for requesting reimbursement.
11f	Enter inspection and audit fees of construction and related programs.	11u	Enter the amount now being requested for reimbursement. This amount should be the difference between the amounts shown on lines s and t. If different, explain on a separate sheet.
11g	Enter all amounts associated with the development of land where the primary purpose of the grant is land improvement. The amount pertaining to land development normally associated with major construction should be excluded from this category and entered on line k.	12a	To be completed by the official recipient official who is responsible for the operation of the program. The date should be the actual date the form is submitted to the Federal agency.
11h	Enter the dollar amounts used to provide relocation advisory assistance and net costs of replacement housing (last resort). Do not include amounts needed for relocation administrative expenses; these amounts should be included in amounts shown on line a.	12b	To be completed by the official representative who is certifying to the percent of project completion as provided for in the terms of the grant or agreement.
11i	Enter the amount of relocation payments made by the recipient to displaced persons, farms, business concerns, and nonprofit organizations.		

**FEDERAL FINANCIAL REPORT**

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted  Federal Aviation Administration Airport Division	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment)  3-30-0037-014-2017	Page of 1 2 pages
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3. Recipient Organization (Name and complete address including Zip code)  
 Ravalli County, Montana  
 215 South 4th Street, Suite A, Hamilton, MT 59840-2853

4a. DUNS Number  060272770	4b. EIN  82-6001417	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)  DOT-FA17NM-2070	6. Report Type <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Final	7. Basis of Accounting <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual
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8. Project/Grant Period (Month, Day, Year) From: August 30, 2017	To: September 30, 2017	9. Reporting Period End Date (Month, Day, Year) September, 30, 2017
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10. Transactions Cumulative

*(Use lines a-c for single or combined multiple grant reporting)*

**Federal Cash (To report multiple grants separately, also use FFR Attachment):**

a. Cash Receipts	\$0.00
b. Cash Disbursements	\$0.00
c. Cash on Hand (line a minus b)	\$0.00

*(Use lines d-o for single grant reporting)*

**Federal Expenditures and Unobligated Balance:**

d. Total Federal funds authorized	\$205,124.00
e. Federal share of expenditures	\$0.00
f. Federal share of unliquidated obligations	\$0.00
g. Total Federal share (sum of lines e and f)	\$0.00
h. Unobligated balance of Federal funds (line d minus g)	\$205,124.00

**Recipient Share:**

i. Total recipient share required	\$0.00
j. Recipient share of expenditures	\$0.00
k. Remaining recipient share to be provided (line i minus j)	\$0.00

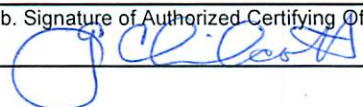
**Program Income:**

l. Total Federal share of program income earned	\$0.00
m. Program income expended in accordance with the deduction alternative	\$0.00
n. Program income expended in accordance with the addition alternative	\$0.00
o. Unexpended program income (line l minus line m or line n)	\$0.00

11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
					g. Totals:	0	0

12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:

13. Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and intent set forth in the award documents. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

a. Typed or Printed Name and Title of Authorized Certifying Official  Greg Chilcott, Chairman Ravalli County Commissioners	c. Telephone (Area code, number, and extension) (406)-375-6500  d. Email Address commissioners@rc.mt.gov
b. Signature of Authorized Certifying Official  	e. Date Report Submitted (Month, Day, Year) 10/31/2017  14. Agency use only:

Standard Form 425 - Revised 10/11/2011  
 OMB Approval Number: 0348-0061  
 Expiration Date: 2/28/2015

**Paperwork Burden Statement**  
 According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0061), Washington, DC 20503.

