	STATE OF ALASKA DEPARTMENT OF TRANSPORTATION & PUBLIC FACILITIES **BENEFIT LETTER** **(Business)**	**PROJECT NAME:** **STATE PROJECT #:** _____ **PARCEL #:** _____ **UNIT #:** _____

Date:

Name:
Address:
City, AK

RE: Project Name: _____
Project No.: _____
Parcel No.: _____
Business Relocation Benefits - (name of business) _____

Dear Relocatee,

The Business Benefit Statement and the pamphlet "Relocation Services for Businesses, Farms &

Non-Profit Organizations" were presented to you on _____. The pamphlet summarizes there location benefits and services available to you. This letter is further explains the program as it applies to the relocation of your business.

The estimates we obtained from various commercial movers were reviewed and determined to be

reasonable and necessary. All estimates were quoted for work to be performed by (date)_____. By regulation we select the lower of two estimates for the cost of moving your personal property. The approved estimated costs to relocate your business are as follows:

PERSONAL PROPERTY MOVE: **$**_____ for moving your inventory from:

_____,
This amount is based on the lower of two moving estimates, for a complete carrier packed and unpacked relocation based on the inventory in your building, including limited carrier liability insurance. The lower of two estimates was provided by _____.

MOVE OPTIONS: The Relocation program offers you several options for moving. You may accomplish the move by hiring commercial contractors. If you use a commercial contractor, DOT&PF will reimburse you up to the approved amounts shown above and your claim must be supported by paid receipts. You may elect to take full responsibility for all or part of the move of the business personal property yourself. In such case you will not be required to support the actual costs to move those items; you will be paid based on the approved estimates shown above.

DISCONNECT, RECONNECT AND SETUP: $_____ to disconnect, move, and

reconnect your computers, copiers, printers, and run diagnostics @ $_____ per hour, plus any necessary parts and cable.

STATIONERY: Replacing business checks, stationery and business cards on hand at the time of displacement that is made obsolete by the move is reimbursable based on receipted bills.

STORAGE: Up to a year of storage can be requested; justification must be submitted to and approved by the Alaska Department of Transportation & Public Facilities (DOT&PF). Upon their approval, this payment would be added to an updated benefit letter.

SEARCHING: $5,000 maximum potential entitlement. In addition to the costs to move your personal property to a new location and to re-establish your business, you are entitled to reimbursement for actual hours spent and expenses incurred in searching for a new location, *not to exceed $5,000 as DOT&PF deems reasonable* [(49 CFR 24.301 (g)(17)]. The Alaska Right-of-Way Manual sets this rate at $25 per hour. Please note that to be eligible, hours would have to be on or after _____. This is the date upon which you became eligible to receive relocation benefits as noted on the Notice of Eligibility that you received on _____. To validate this expense, please provide a brief letter with dates, addresses of properties inspected, and estimated hours that you spent on these activities.

RE-ESTABLISHMENT: $53,200 maximum potential entitlement. There may be reimbursable costs incurred to re-establish your business at the new location. These includes items such as: construction and installation costs for exterior signing to advertise the new business, advertising the replacement location, estimated increased costs of operation during the first two years at the replacement location (such as a higher lease rate, higher property taxes, higher insurance, greater electricity costs), redecorating and replacing soiled or worn surfaces, repairs or improvements to the replacement real property as required by code, and modifications to the replacement real property for it to accommodate the business operation or make it suitable to conduct the business.

OTHER ELIGIBLE EXPENSES: There may be additional costs under normal moving (not under In Lieu of Moving) associated with your move that are covered expenses. DOT&PF will make determinations on these costs as they become known. It will be very important for us to work closely together so that we may recover as many of the costs as possible. I will need to monitor the moving activities throughout the whole process in order to accomplish this. I will assist you in preparing the claim forms to request reimbursement for eligible expenses.

See next page for worksheet.

The **APPROVED REIMBURSABLE EXPENSES** for your move, as explained above are:

Personal Property Move	$_____
Disconnect, Reconnect and Set-up	$_____
Stationery	$_____
Storage	$_____
Searching	$_____
Other Eligible Expenses	$_____
Re-establishment	$_____
TOTAL MOVE COSTS ESTIMATED AT THIS TIME:	**$**_____

OR

FIXED PAYMENT (In Lieu): This payment option can be chosen in lieu of all of the moving expenses outlined above. This payment may not be less than $1,000 and not more than $53,200, based on the average of the annual net earnings of the business for the two previous years. (years 20_____ and 20_____ for this relocation) To request approval for this benefit you will need to provide copies of the following tax forms:

1) signature page showing both yours and your tax preparer's signatures;
2) IRS Form 1040; and
3) typically IRS Form 1040 Schedule C. If you don't use Schedule C, the form needed is one that shows the business net income. Claim and payment for this benefit would occur AFTER you have completed your move.

If you are not satisfied with the relocation assistance, benefits, or reimbursement payments offered to you, you may file a written appeal within 60 days from the date of receipt of this letter. I can furnish you a copy of the appeals process if requested. If you have any questions, or if I can be of additional assistance, please do not hesitate to contact me at 907._____.

Very Truly Yours,

_____
Right-of-Way Agent

AMOUNT OF BUSINESS RELOCATION BENEFIT SUBMITTED:

Date: _____ Submitted by: _____
Right-of-Way Agent

Date: _____ Approved by: _____
Right-of-Way Project Agent

Date: _____ Approved by: _____
_____Region Right-of-Way Chief