

EXHIBIT Q

COLORADO DEPARTMENT OF TRANSPORTATION RELOCATION DETERMINATION		Project Code:	Sheet 1
		Parcel No.	
		Project No.	
		Location:	
Name of displaced person(s)			
Address of subject property			
City		Zip	
Displacement Type:			
<input type="checkbox"/> Business <input type="checkbox"/> Farm <input type="checkbox"/> Non-profit organization		<input type="checkbox"/> Owner <input type="checkbox"/> Tenant	
<input type="checkbox"/> Dwelling <input type="checkbox"/> Mobile home		<input type="checkbox"/> Owner <input type="checkbox"/> Tenant	
<input type="checkbox"/> Personal Property Move Only		<input type="checkbox"/> Owner <input type="checkbox"/> Tenant	
PAYMENT FOR ACTUAL REASONABLE MOVING AND RELATED EXPENSES:			
Moves from a Dwelling/Mobile Home (based on one or a combination of the following options):			
1) Commercial Move			\$
2) Self Move			
a) Fixed Residential Moving Cost Schedule.....			\$
Rooms in dwelling + rooms in storage = rooms			
Rooms in storage include:			
b) Actual Cost Move (receipted bills for labor and equipment; hourly rates should not exceed those paid by commercial movers for labor and equipment rental)			\$
Note: A self-move based on the lower of two bids or estimates is not eligible			
Moves from a business, farm or nonprofit organization (based on one or a combination of the following methods):			
1) Commercial Move (based on the lower of two bids or estimates)			\$
2) Self Move (based on one or a combination of the following):			
a) Lower of two bids			\$
b) Supported by receipted bills for labor and equipment. Hourly rates should not exceed those paid by commercial movers for labor and equipment rental			\$
Personal Property Move Only (eligible expenses for a person who is required to move personal property from real property but is not required to move from a dwelling, business, farm or nonprofit organization) 49 CFR Part 24.301 (g)(1) – (g)(7) and (g)(18).....			
			\$
Eligible Actual Moving Expenses for a Business, Farm, or Nonprofit Organization:			
Searching for a replacement location (not to exceed \$2,500)			\$
Storage of the personal property for a period not to exceed 12 months			\$
			\$
			\$
			\$
			\$
			\$
			\$
Related Non-residential Eligible Expenses:			
Connection to available nearby utilities from the right of way to improvements at the replacement site.			\$
Professional Services performed prior to the purchase or lease of a replacement site.			\$
Impact fees or one time assessments for anticipated heavy utility usage.			\$
Re-establishment expenses – Non-residential Moves (not to exceed \$50,000)			\$
Fixed Payment for Moving Expenses – Non-residential Moves (Not less than \$1,000 nor more than \$40,000):			
Fixed payment in lieu of the payments for actual moving and related expenses and actual reasonable re-establishment expenses.			\$
REPLACEMENT HOUSING PAYMENTS			
90-Day Homeowner Occupant (may not exceed \$31,000):			
Price Differential (Comparable replacement less the acquisition cost of the displacement)			\$
Increased mortgage interest costs			\$
Incidental expenses			\$
-or-			
Rental Assistance Payment for 90-Day Homeowner (not to exceed price differential)			\$
90-Day Tenant Occupant (may not exceed \$7,200):			
The payment will be computed using the lesser of the three:			
<input type="checkbox"/> Rent and estimated average monthly utility costs;			
<input type="checkbox"/> 30% of the total monthly gross household income for a qualified low income tenant; or			
<input type="checkbox"/> The total amount designated for shelter and utilities for a tenant receiving government assistance.			
Rent Differential (Comparable rent and estimated average monthly utility cost less the above scenario)			\$
-or-			
Downpayment assistance (including incidental closing costs)			\$
Replacement Housing of Last Resort (not including Replacement Housing Payments specified above)			
			\$
<input type="checkbox"/> 90-Day Occupant (Owner or Tenant)			
<input type="checkbox"/> Less than 90-Day Occupant			
I certify that to the best of my knowledge and belief the statements contained in the determination are true, and the information upon which the determination is based is correct, subject to any limiting conditions herein set forth. Determination has been made in conformity with state laws, regulations, policies and procedures applicable to the Uniform Act. I have no direct or indirect, present, or contemplated future personal interest in such determination or in any benefit from the value herein set forth.			
Determination date:		Real Estate Specialist signature	
I approve the above determination: (ROW Program-Acquisition/Relocation Supervisor)			Date: