

STATE TRANSIT ASSISTANCE (STA)

Program/Reimbursement
Overview
FY2027

Agenda

- Program Information
- Eligible Expenses
- Required Documentation
- Reimbursement Form
- Reminders/Next Step
- InTransit Newsletter
- MoDOT Contact Information

Program Information

- Program provides operating assistance
- Program funds are appropriated by the Missouri General Assembly
 - Capital Commission Fund and State Transportation funds
- Defined by State Statute RSMo 208.250
- Distribution pursuant to Missouri Code of Regulations, 7 CSR 10-7.030
- FY27 Program Funds: \$4.2M
 - Rural Public Transit Agencies = 18
 - Urban Public Transit Agencies = 11

Eligible Expenses

- **Direct Transportation Expense**
 - Gross salaries of Transit related employees
 - Employee Benefits
 - Vehicle fuel
 - Vehicle cost (ex. tires, lubricants, etc.)
 - Vehicle maintenance
 - Vehicle insurance
 - Vehicle licenses and registration
 - Phone/cellular expenses (transportation related only)
 - Purchase/contracted services
- **Indirect Cost Expense**

***** Aligns with 5311/5307 eligible cost *****

Required Documentation

Completed Reimbursement Form
(signed and dated)

- You will complete **areas highlighted in blue *ONLY***

Required Backup Documentation

- Accounting system General Ledger/Profit and Loss Statement

If there are any questions about your submission, you will be notified

Reimbursement Form

Missouri Department of Transportation			
Request for Payment			
State Operating Assistance			
Rural /Urban	Payment Request # (1, 2, etc.)		
Vendor No. 1234567890-0			Date:
ABC Company 105 West Capitol Ave. Jefferson City, MO 65109	Interval Invoice #		
Operating Assistance Requested Amount			\$ -
Grant Information	Agreement Number		
STA FY27 (July 1, 2026 - June 30, 2027)	State Grant Award		\$ -
Expense Reporting Period			
	From:	To:	

Any fields highlighted in blue – entered by Agency

Reimbursement Form - Expense Section

Expenses			
A. 100% of Total Operating Expense for Reporting Period			\$ -
B. Less Ineligible Operating Expenses			\$ -
C. Less Fares			\$ -
D. Total Eligible Operating Expenses (Line A minus Line B and C)			\$ -
E. Applicant's Share - 50%			\$ -

Any fields highlighted in blue – entered by Agency

Reimbursement Form – Agency Signature Section

Please attach supporting documentation that verifies operating expenses for the period.	
Certification	
I certify that to the best of my knowledge and belief the data above is correct and that all outlays were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested and or paid.	
Print or Type Name and Title	Date Request Submitted
Signature of Authorized Official	Telephone No. with Area Code

- Print/Type Name and Title – **entered by agency**
- Date Submitted – **entered by agency**
- Signature of Authorized Official – **entered by agency**

Things to Remember

Reimbursement Request Submissions

- Send via email to Angie Otto
- Subject line: **STA Reimbursement – Agency Name / Payment Number**
 - **Agency Name** = “as it appears on reimbursement form”

Payment of funds

- Monthly or Quarterly
- Based on actual expense for the period seeking reimbursement

Audit Requirements

- STA awarded funds must be included in regular audits; submit to MoDOT with application
- Receipt of federal funds greater than \$1M triggers single audit; submit copy to MoDOT

Next Steps

FY27 Reimbursement Forms will be sent out via email from Angie Otto

- Received once Agreement is fully executed

If you have questions on expenses or form – please ask before submitting reimbursement

MoDOT's InTransit Newsletter



Subscribe to InTransit Newsletter



or visit:

<https://www.modot.org/intransit-newsletter>

Contact Information

Program/Reimbursement Questions

Angie Otto

Phone: (573) 526-5305

Email: Angelia.Otto@modot.mo.gov

Christy Evers

Phone: (573) 751-2523

Email: Christy.Evers@modot.mo.gov



Questions