

**SAMPLE**

FOSC  
123 Main Street  
Anywhere, USA 12345

RE: ABC Oil Spill - Agency Cost Certification  
FPN: 123456

Dear FOSC:

This is a request by the *AGENCY NAME* for reimbursement of costs incurred while performing actions directed by the Federal On-Scene Coordinator (FOSC) under FPN \_\_\_\_\_. All case information required under the Pollution Removal Funding Authorization is attached or was already submitted to you.

I certify that the costs presented for reimbursement from the Oil Spill Liability Trust Fund (OSLTF) are based on standard agency rates and authorized actual expenses incurred by the *AGENCY NAME*.

The material and service costs were taken from the contractor price list(s) and invoice(s) submitted to *AGENCY NAME*. Copies of paid receipts and itemized invoices from contractors are enclosed with this request. Any prices shown for purchases were the actual replacement costs for items consumed during the removal operations.

In consultation with (*insert the names of the appropriate Fiscal Branch*), the personnel rates for employees were determined in accordance with OMB Circular A-87 by (*insert the rate basis - e.g. converting the pay rate of the salaried individual into a base hourly rate. To the base rate, \_\_\_% was added for fringe payments (tax, insurance, etc.) and \_\_\_% was added for overhead*). The equipment and vehicle daily rate and mileage were determined using standard practices in accordance with OMB Circular A-87.

In the event the costs presented in this reimbursement request are determined to be inappropriate or were for other than FOSC directed removal actions, and therefor not included within the definition of removal costs, all payments from the OSLTF made to the *AGENCY NAME* pursuant to this request will be returned to the OSLTF.

Financial RECAP:

	Period Covered (____ to ____)
Agency Personnel	\$\$\$ Amount
Agency Equipment	\$\$\$ Amount
Agency Contractor	\$\$\$ Amount
Other materials/supplies	<u>\$\$\$ Amount</u>
Subtotals	\$\$\$ Amount
Total Reimbursement Request: \$\$\$\$ Amount	

Sincerely,

JOE SMITH  
*AGENCY NAME*  
Title

- Encl: (1) SF 1080/1081 (as appropriate)  
(2) Daily Resource Reports/Contractor(s) Paid Invoices

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