

TIP Application Fee Payment Information Form

Use this form to provide information to East-West Gateway Council of Governments (EWG) about the TIP application fee(s) you are paying. The application fee due is 0.5% of the federal funds that you are requesting for each project. EWG will issue refunds for TIP application fees when the total refund owed is equal to or greater than \$100. EWG will issue invoices for the under-payment of TIP application fees. The refund and invoicing process will occur approximately 2 months after the EWG Board of Directors acts on final approval of the project list. More information about application fees can be found in the TIP application workbook.

TIP application fees may be submitted via EFT or check. Payments must be made by the deadline indicated below. Complete this form and submit it via the method indicated below.

Submit your form and payment

For **EFT payments**, send this form via email to tipappfees@ewgateway.org.

For **check payments**, submit this form via mail with your check to:

TIP Application
East-West Gateway Council of Governments
1 S. Memorial Drive, Suite 1600
St. Louis, MO 63102

Deadlines

EFT payments are due by:

02/14/2025

Checks must be postmarked by:

02/07/2025

Questions?

Submit your questions about this form or payments to: tipappfees@ewgateway.org.

Want to sign up for EFT payments?

Send your request to Stacia Alvarez, Director of Administration, via email to: staci.alvarez@ewgateway.org.

A. TIP Application Information & Fees Paid

TIP Application Cycle: 2025 - STP-S and CMAQ/CRP

Date Submitted: _____

Applicant Name: _____

Payment Method: Check EFT

In the space below, provide information about the TIP application fee(s) you paid. If you are submitting more than 7 applications, attach a separate list of the projects, federal funds, fees owed, fees paid, and application type.

Project Title	Federal Funds	Fee Owed	Fee Paid	Application Type
Highway 123 Phase 1	\$1,500,000.00	\$7,500.00	\$7,500.00	STP-S - MO
		\$0.00		
		\$0.00		
		\$0.00		
		\$0.00		
		\$0.00		
		\$0.00		
		\$0.00		
		\$0.00		
Total		\$0.00		
<i>Over / (Under) Payment - if field does not equal \$0, check your figures.</i>		\$0.00		

B. Refund Payee / Bill To Information

In the space provided below provide the mailing address where EWG needs to send the refund check or invoice and the contact information of the fiscal staff person EWG can contact with questions about the TIP application fee(s) you paid.

Payee / Bill To

Name: _____

Address (City, State, Zip): _____

Point of Contact

Name: _____ **Title:** _____

Phone: _____ **Email:** _____