

Non Point Source Documentation Requirements (10/4/06)

A signed and dated State Aid/Standard Voucher, an Expenditure Reporting Form and a signed and dated Self-Certification Form are required with **all** reimbursement requests. In addition, the following documentation is required on the first reimbursement or when the total life-to-date expenditures claimed on the reimbursement request reaches or exceeds 25% and then again at the 50%, 75% and 100% of the total eligible contract amount, as specified in the contract. You may submit the documentation with each Quarterly Report and Reimbursement Request **OR** you can wait until you reach the 25%, 50%, 75% and 100% levels and submit all relevant documentation at that time. With the latter method, if you wait until 25% of contract has been expended, you must submit documentation for all costs leading up to the 25%. At 50%, you must submit documentation for all costs associated with expenditures from 25% to 50% of the contract amount, and so forth.

NOTE: If project costs include both eligible and ineligible costs, a breakdown of those costs, a description of their relation to the project as well as an explanation of the cost share determination must be included. All documentation associated with this project must be maintained for a period of six years beyond the end of this contract term or three years beyond the close out of any federal grant under which these costs are claimed by NYSDEC, whichever is greater.

1. Personal Services (e.g. municipal employees, time records)

- i. Submit daily time and activity records for each individual employee, signed by the appropriate supervisor **OR** a signed and certified summary of all personal service costs claimed (see attached sample). The records must include the employee's name and/or title, hourly rate, relation of tasks performed to the contract, including the dates and numbers of hours worked each day and total costs claimed for each individual (hourly rate times the number of hours worked).
- ii. In most cases, time spent on the project by elected officials is not eligible for reimbursement. However, when prior approval is received by the project manager, time spent by an elected official in lieu of hiring additional staff may be reimbursable. Even when approved by the project manager, the cost will only be reimbursed at the local prevailing wage rate of the routine title used to perform the task, not at their official salary.

2. Non-Personal Services (travel, equipment, supplies & materials, contracts, land acquisition and other)

i. Travel

Signed and dated receipts for all travel expenditures **OR** a signed and certified summary of all travel costs claimed (see attached sample) must be included. Travel receipts must include the traveler's name and/or title; the date, origin and destination of travel, the relation of the trip to the project, the method of travel and the method of calculating mileage (i.e., rate per mile), if it is claimed.

ii. Equipment

Signed and dated copies of payment vouchers, invoices with check number and date issued or copies of canceled checks must be submitted **OR** a signed and certified summary of all equipment costs claimed (see attached sample). Voucher or invoice should include payee, description of item, amount and its relation to the project if not clearly identified in approved project workplan.

iii. Supplies & Materials

Signed and dated copies of payment vouchers, invoices with check number and date issued or copies of canceled checks must be submitted **OR** a signed and certified summary of all supplies and materials costs claimed (see attached sample). Voucher or invoice should include payee, description of item, amount and its relation to the project if not clearly identified in approved project workplan.

iv. Contracts

Signed and dated copies of payment vouchers, invoices with check number and date issued or copies of canceled checks must be submitted **OR** a signed and certified summary of all contractual costs claimed (see attached sample). Voucher or invoice should include payee, description of item, amount and its relation to the project if not clearly identified in approved project workplan.

For Construction Costs provide the following documentation:

If there is more than one contract, submit a tabulation sheet summarizing all construction costs. Tabulation sheets should include contract numbers, total costs, a breakdown of eligible and ineligible costs if applicable, the amount paid and warrant or voucher numbers.

Submit the most recent signed work-in-place estimates, including all approved amendments to the plans and specifications for each contract. If a partial payment is requested for a construction contract, the latest work-in-place estimate will be sufficient. Final work-in-place estimates will be required for each construction contract upon completion.

Submit signed copies of payment vouchers, invoices or canceled checks for each contract.

v. Land Acquisition

Submit signed copies of payment vouchers, invoices or canceled checks. Submit a copy of the deed. All other required items, discussed prior to contract execution, must have been provided prior to reimbursement.

vi. Other (please specify)

Signed and dated copies of payment vouchers, invoices with check number and date issued or copies of canceled checks must be submitted. Voucher or invoice should include payee, description of item, amount and its relation to the project.

If indirect costs are claimed on something other than personnel services above, indicate the current rate, costs included in that rate and to which amount the indirect rate is applied.

Personal Services Summary

<u>Date(s)</u>	<u>Name and/or Title</u>	<u>Hourly Rate</u>	<u>Related Contract Task</u>	<u>Number of Hours Claimed</u>	<u>Total Amount Claimed</u>
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NOTE: If daily time and activity records for each individual employee, signed by the appropriate supervisor(s), which document the above summarized personal services performed in relation to the project are not attached, the following certification must be signed prior to reimbursement of those costs.

I hereby certify that daily time and activity records for each individual detailing the specific hours devoted solely to this project which are distinguishable from work done on other projects during the same time frame, maintained in accordance with all applicable federal, state and general municipal accounting practices and procedures are available in our files for inspection. Furthermore, these files will be maintained for a period of six years beyond the end of this contract term or three years beyond the close out of any federal grant under which these costs are claimed by NYSDEC, whichever is greater.

Chief Fiscal Officer

Authorized Representative

Travel Expenditure Summary

<u>Date</u>	<u>Name and/or Title</u>	<u>To/From Destination</u>	<u>Related Contract Task</u>	<u>Type of Cost Per Diem, Lodging, Air, Mileage)</u>	<u>Total Amt. Claimed</u>
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NOTE: If travel records for each individual employee, signed by the appropriate supervisor(s), which document the above summarized travel costs performed in relation to the project are not attached, the following certification must be signed prior to reimbursement of those costs.

I hereby certify that travel reimbursement records for each individual detailing the specific travel costs devoted solely to this project which are distinguishable from work done on other projects during the same time frame, maintained in accordance with all applicable federal, state and general municipal accounting practices and procedures are available in our files for inspection. Furthermore, these files will be maintained for a period of six years beyond the end of this contract term or three years beyond the close out of any federal grant under which these costs are claimed by NYSDEC, whichever is greater.

Chief Fiscal Officer

Authorized Representative

Equipment Summary

<u>Date</u>	<u>Payee</u>	<u>Voucher/ Check No.</u>	<u>Item Description</u>	<u>Related Contract Task</u>	<u>Total Amount Claimed</u>
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NOTE: If Equipment records which document the above summarized Equipment costs performed in relation to the project are not attached, the following certification must be signed prior to reimbursement of those costs.

I hereby certify that Equipment reimbursement records detailing the specific Equipment costs devoted solely to this project which are distinguishable from work done on other projects during the same time frame, maintained in accordance with all applicable federal, state and general municipal accounting practices and procedures are available in our files for inspection. Furthermore, these files will be maintained for a period of six years beyond the end of this contract term or three years beyond the close out of any federal grant under which these costs are claimed by NYSDEC, whichever is greater.

Chief Fiscal Officer

Authorized Representative

Supplies and Materials Summary

<u>Date</u>	<u>Payee</u>	<u>Voucher/ Check No.</u>	<u>Item Description</u>	<u>Related Contract Task</u>	<u>Total Amount Claimed</u>
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NOTE: If Supplies and Materials records which document the above summarized Supplies and Materials costs performed in relation to the project are not attached, the following certification must be signed prior to reimbursement of those costs.

I hereby certify that Supplies and Materials reimbursement records detailing the specific Supplies and Materials costs devoted solely to this project which are distinguishable from work done on other projects during the same time frame, maintained in accordance with all applicable federal, state and general municipal accounting practices and procedures are available in our files for inspection. Furthermore, these files will be maintained for a period of six years beyond the end of this contract term or three years beyond the close out of any federal grant under which these costs are claimed by NYSDEC, whichever is greater.

Chief Fiscal Officer

Authorized Representative

Contractual Services Summary

(Engineering, Design or if Other Contractual Services, please specify in description)

<u>Date</u>	<u>Payee</u>	<u>Voucher/ Check No.</u>	<u>Task Description</u>	<u>Total Amount Claimed</u>
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NOTE: If Contractual Services records which document the above summarized Contractual Services costs performed in relation to the project are not attached, the following certification must be signed prior to reimbursement of those costs.

I hereby certify that Contractual Services reimbursement records detailing the specific Contractual Services costs devoted solely to this project which are distinguishable from work done on other projects during the same time frame, maintained in accordance with all applicable federal, state and general municipal accounting practices and procedures are available in our files for inspection. Furthermore, these files will be maintained for a period of six years beyond the end of this contract term or three years beyond the close out of any federal grant under which these costs are claimed by NYSDEC, whichever is greater.

Chief Fiscal Officer

Authorized Representative

Expenditure and Reimbursement Report Form

Non Point Source Documentation Requirements (10/4/06)

Contract Name _____ Contract # _____
Reporting Period _____

Fill in A, B and C below. Attach a signed State Aid voucher and signed Self-Certification form. If this is your first reimbursement request or if you have met or exceeded 25%, 50%, 75% or 100% of the contract amount since your last reimbursement request, make sure you have included all documentation information as specified on the following pages.

A. Expenses This Reporting Period

- | | |
|----------------------------------|-----------------|
| 1. Personal Services | \$ _____ |
| 2. Nonpersonal Services | |
| i. Travel | \$ _____ |
| ii. Equipment | \$ _____ |
| iii. Supplies & Materials | \$ _____ |
| iv. Contracts | |
| a. construction | \$ _____ |
| b. design | \$ _____ |
| c. engineering | \$ _____ |
| d. miscellaneous contracts | \$ _____ |
| v. Land Acquisition | \$ _____ |
| vi. Other (please specify) _____ | \$ _____ |
| Total | \$ _____ |
| 3. Total Costs | \$ _____ |

Describe source of local match:

B. Expenses Life-To-Date (including this reporting period)

- | | |
|----------------------------------|-----------------|
| 1. Personal Services | \$ _____ |
| 2. Nonpersonal Services | |
| i. Travel | \$ _____ |
| ii. Equipment | \$ _____ |
| iii. Supplies & Materials | \$ _____ |
| iv. Contracts | |
| a. construction | \$ _____ |
| b. design | \$ _____ |
| c. engineering | \$ _____ |
| d. miscellaneous contracts | \$ _____ |
| v. Land Acquisition | \$ _____ |
| vi. Other (please specify) _____ | \$ _____ |
| Total | \$ _____ |
| 3. Total Costs | \$ _____ |

Describe source of local match:

C. Reimbursement Summary

TOTAL Life-to-Date Expenses \$ _____
State Assistance Percentage x 50%

Reimbursable Share \$ _____
Minus Retainage of 10% x 90%

TOTAL Reimbursable-to-date _____

LESS Previous Payments (_____)

TOTAL Amount Due This Reporting Period \$ _____