Attachment D

Project Work Plan
Water Quality Improvement Projects
Environmental Protection Fund
MS4 - Phase II Stormwater Permit Implementation Projects
2007

Introduction:

As a successful applicant for State Assistance funding from the Environmental Protection Fund (EPF) you are now required to submit a Project Work Plan for the selected project. The Project Work Plan will require more detailed information than the project application submitted previously. The Project Work Plan will form the basis for a contract between the applicant and the New York State Department of Environmental Conservation (NYSDEC) that allows for payment of eligible project costs. The Project Work Plan also provides a mechanism for tracking and evaluating progress of project implementation through quarterly reports.

The municipality should submit a completed workplan to the appropriate NYSDEC regional office where it will undergo technical review. When the workplan is technically approved by the NYSDEC regional office and administratively approved by the NYSDEC central office, a proposed contract is prepared and forwarded to the municipality for signature. The contract must be signed by the municipal official designated on the Municipal Resolution, then approved by NYSDEC, the Attorney General's office and the Office of the State Comptroller. It usually takes six to eight weeks from municipal signature of the contract to final approval by the Comptroller's office.

Instructions:

Remove the section of instructions and return ONLY the Project Work Plan that includes the following:

I. **Cover Sheet:** Provide the requested information on the attached Cover Sheet. See specific instructions.

Recipient Information - To expedite communications, always provide a street address for contacts listed below because express mail cannot be delivered to a post office (P.O.) box.

1. Municipality: List the lead municipality and check off appropriate box for city, town, village or other.
2. Municipal Contact: The Municipal Contact should be the authorized representative named in the Municipal Resolution (lead municipality for this project).
3. Project Manager: Identify the day-to-day program (technical) contact for this project.
4. Fiscal Contact: The person doing the administrative work on the project, preparing payment requests and maintaining fiscal records.

General Project Information

SEQR Status

You must submit documentation that you have satisfied the requirements of SEQR for the project. If the project is **Type II**, submit a letter stating this determination to the Regional Permit Administrator. If the project is **Type I** or **Unlisted**, you must have completed an Environmental Assessment Form (EAF). If an action is determined not to have significant environmental impacts, a determination of nonsignificance (Negative Declaration) is prepared and therefore you don't have to complete an Environmental Impact Statement. **OR**

If an action is determined to have potentially significant environmental impacts, an environmental impact statement (EIS) is required. In either case, submit a copy of the negative declaration document or the EIS findings to the Regional Permit Administrator.

Project Timing and Costs --It is very important to fill out this section correctly. Incomplete or incorrect information has delayed many contracts.

1 & 2. **The start and end dates on the cover sheet must match those on the project schedule** (Part VII). Your anticipated project dates may have changed since you submitted your application. Make sure the workplan schedule reflects current conditions and will cover all anticipated expenses. **Set a realistic schedule that ensures all expenses and local match occur after the start date and before the end date of the project.** ***All Stormwater Management Program development activities need to be completed by January 8, 2008***.

3, 4 & 5. **The costs on the cover sheet must match those on the Budget Worksheet** (Part II).

II. **Budget:** Fill in the Budget Worksheet using estimated costs or actual costs (where known) for each expenditure category. The total State assistance listed in the budget may not exceed the authorized State share for the project. Please double-check all calculations.

Important Pointers

1 When presenting the budget, include the entire project that will be funded using State Assistance payments. This workplan should include all segments and phases of the project even if funded in different years. By including all information in this workplan, the municipality will avoid having to redo the workplan and contract if activities are shifted between any of the segments or phases.

2 Explain where local match is coming from to document that local match will not be from federal or state sources. The EPF prohibits using other State or Federal grant dollars received for the project as the local match. If sources of match are different for each participating municipality, use the Summary of Local Match Source Worksheet to identify each source. Only one summary needs to be filled out (not one for each Budget Worksheet).

3 Any invoices to be paid must be for services that fall between the start date and completion date of the project. When identifying the proposed start date, make sure it is before work has begun and costs have been incurred. When identifying the expected completion date, leave yourself enough time to ensure that the project will be completed and all bills paid within that time period. Give yourself extra time to be sure that all bills will fall within the project timeframe!

4 Make sure the costs on the cover sheet match those on the Budget Worksheet!

5 The recipient MAY shift UP TO 10% of total costs between expenditure categories. If cumulative changes exceed 10% of the total cost, you must first obtain DEC approval. In NO event shall changes to the budget cause the aggregate costs to exceed the “not to exceed” amount of the authorized State Assistance as set forth in Section 3a of this Contract.

6 Any work done by any entity outside that of the participating municipalities should be included under the contractual section.

For Municipal Services

1. Personal Services (Payroll, Fringe Benefits & Indirect Costs).
   Provide a list of titles, salaries, estimated hours and tasks.

2. Non-personal Services

- Travel
If the total line item is not greater than $5000, no further breakdown is required.
If the total line item is greater than $5000, provide a list of destinations, type of expenditures, and anticipated costs.

- Equipment
If no individual items exceed $5,000, no further breakdown is required.
If the equipment line is over $5,000, provide list of all items and the cost of each.

- Supplies & Materials
If no individual items exceed $5000, no further breakdown is required.
If the supplies and materials line is over $5,000, provide a list of all items and the cost of each.

- Contracts
If no individual contract exceeds 25,000, no further breakdown is required.
If the contract line is over $25,000, provide a list of contractors name, type of work and the amounts. Any work done by any entity outside that of the participating municipalities should be included under the contractual section.

- Land Acquisition (for local match only)
Describe property, how acquired, and cost.
- Other
Provide a detailed breakdown of costs.

III. **<u>Project Summary</u>**: Provide a detailed description of the overall project, including:

- Which of the seven eligible activities listed in *Information for Applicants* this project will address in order to implement required local laws, ensure permanent funding for SWMPs and/or provide for additional watershed protection when implementing required MS4 local laws.

- A list of the MS4 municipalities cooperating in this project and the contact for each. Identify the watershed they are located in, including the 8-digit hydrologic unit code (for example Hudson River) and smaller watershed if applicable (for example Wallkill River). For projects involving multiple phases, components and/or locations, briefly describe each.

- The water quality and/or aquatic habitat problems that the project will address (e.g., the name and value of the affected waterbody(ies); the water quality and/or aquatic habitat problem; the name of the priority pollutant(s) or disturbance(s) causing the impairments; the source(s) of priority pollutants or disturbances causing the impairment (see grant application);

- The expected environmental benefit (e.g., the extent to which a water quality and/or aquatic habitat problem will be addressed by the project). For pollution prevention projects, describe the anticipated reduction in risk to the public health or environment and explain the type and amount of toxic or hazardous material to be reduced, avoided or eliminated (see grant application).

IV. **<u>Objectives/Tasks/Deliverables and Reports:</u>** Describe the specific objectives of the project as they relate to each minimum control measure and identify the tasks that will be performed to meet those objectives. The following should be included: eligible activities; associated tasks; the deliverables for each task; and the party/parties responsible for completing each task. For example, see chart below:

Objectives, Tasks and Deliverables*				
Objectives	**Activity**	**Tasks**	**Deliverables**	**Responsible Party**
Implement MS4 Permit GP-02-02	Implement Required Local Laws to: prohibit illicit discharges; control erosion, sedimentation and runoff from construction sites and to manage post-construction stormwater runoff.	Complete adoption of local laws	Copies of local laws	Municipality X, Y and Z and XXX County SWCD
		Establish SWPPP review, site inspection and enforcement procedures.	Copy of policy and procedures.	Municipality X, Y and Z and XXX County SWCD
		Implement procedures	Records of reviews, inspections, actions taken.	Municipality X, Y and Z
	Training municipal department of Public Works staff, code enforcement officers	Establish training priorities	List of priorities and criteria for setting priorities.	All participating municipalities
		Develop/acquire training materials; identify leaders and set up training sessions.	Copies of materials and documentation of session planning and materials	Municipality A, B and County SWCD
		Hold Training	Attendance lists	Municipality A, B and County SWCD
	Outreach to specific individuals and groups whose activities are affected by stormwater management.	Identify affected individuals and organizations	List of affected individuals and organizations	All participating municipalities
		Develop Outreach materials	Copies of materials	Municipality A, B and XXX County SWCD
		Conduct stakeholder meetings	Record of contacts, lists of attendees, agendas, Description of outcomes	Municipality A, B and XXX County SWCD
Establish long-term Funding Mechanisms	Develop and legally adopt permanent long term funding mechanism to generate funding for continued development and implementation of SWMP	- Create trust account to provide funding for future MS4 stormwater programs - Establish budget line items for annual stormwater program allowances	Copy of trust statement, authorized letter from town clerk, approved budget	All participating municipalities

Provide for additional watershed protection	Requiring onsite system inspections at the time of property transfers	- Implement local law in accordance with the NY Onsite Wastewater Training Network - Adopt local law requiring the repair/replacement of failed systems	Copy of local law	Municipality A and B
	Reducing the impacts of Development and land use on stormwater runoff through the use of special districts, cluster subdivisions and low impact development practices	- Designate area around the ABC River as "Special Land Use District X" - Amend local land use laws to create "Special Land Use District X" - Restrictions on Development will apply to "Special Land Use District X"	Copy of local law	Municipality A and XXX County SWCD
	Integrating stormwater and floodplain management	Perform gap analysis and revise floodplain management plan to correspond/compliment stormwater management plan	Copy of local law and gap analysis, revised floodplain and stormwater management plans	All participating municipalities
Quarterly Report(s) When necessary	Complete and Submit Quarterly Report		Quarterly Report	Project Manager
Final Report	Complete and Submit Final Report		Final Report	Project Manage

* Limited Sample

Reports:

A) **Quarterly Reports (due every April 15th , July 15th, October 15th and January 15th throughout the life of the project).** Use the Quarterly Report form included in this package (page A-2). The quarterly reports discuss activities and accomplishments, problems encountered, and plans for the upcoming quarter including any deviations from the original Project Work Plan that are anticipated. Completion dates of previous activities and estimated completion dates for planned activities (month/year) must be included. An Expenditure and Reimbursement Form, State Aid Voucher and Self-Certification form must accompany the quarterly report if any bills are being submitted at that time. **Quarterly Reports must be submitted on the dates listed above whether or not you are requesting payment that quarter.**

B) **Final Report.** The final report presents the results of the project and a discussion of those results. Use the Final Report format included in this package (page A-14). The final report may have to be revised to show that an inspection was completed, and that the "correction of deficiencies" and closeout procedures were followed.

Note: Any deviation(s) from the Project Work Plan that significantly affect(s) the outcome of the deliverables will require prior approval from the NYSDEC. A change in the contract may be required as well. Therefore, it is important to indicate in quarterly progress reports any anticipated deviation from the original Project Work Plan and advise the DEC Regional Project Manager before proceeding.

V. **Key Personnel**: Identify the key personnel for the project. In some cases, an individual may fill more than one role. Include name, agency, qualifications and a brief description of experience with a similar type of project for the:

- Municipal Contact (lead and cooperating municipalities)
- Project Manager
- Fiscal Contact
- Engineer
- Parties responsible for project oversight
- Parties responsible for operation and maintenance

VI. **Project Schedule**: Develop a time line for the project that includes: 1) the project start date; 2) the estimated start date and completion date for each task; and 3) the estimated project completion date. Track time in **monthly increments,** beginning on the first of the month and finishing on the last of the month, as shown in the example on the following page. For instance, the first task in the sample timeline would begin October 1, 2006 and end on March 31, 2007. ***All Stormwater Management Program development activities need to be completed by January 8, 2008.***

Any invoices to be paid must be for services that fall between the start date and completion date of the project. When identifying the proposed start date, make sure it is before work has begun and costs have been incurred. When identifying the expected completion date, leave yourself enough time to ensure that the project will be completed and all bills paid within that time period. Give yourself extra time to be sure that all bills will fall within the project timeframe!

Check to make sure that the start and completion dates on the cover sheet match those on the project schedule.

Sample Timeline - **Include all phases and segments of the project**

All Stormwater Management Program development activities need to be completed by January 8, 2008.

Task	**Oct 2006**	**Nov**	**Dec**	**Jan 2007**	**Feb**	**Mar**	**Apr**	**May**	**June**	**July**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**
A) Hire legal consultant/attorney															
B) Conduct presentations for town board officials															
C) Adopt local law/ordinance to prohibit illicit discharges															
D) Implement local law/ordinance to prohibit illicit discharges															
E) Adopt construction erosion and sediment control and post construction run-off control local law/ordinance															
F) Implement construction erosion and sediment control and post construction run-off control local law/ordinance															
G) Develop new cluster subdivision requirements for lots <1 acre															
H) Implement new cluster subdivision requirements for lots <1 acre															
I) Revise Floodplain Management plan to reflect relevant changes in the Stormwater Management Plan															
J) Establish a funding mechanism															
K) Train Municipal staff to implement and enforce new local laws															
L) Train municipal staff to implement pollution prevention and good housekeeping program															
M) Implement pollution prevention and good housekeeping program															

Appendix C of State Assistance Contract
Water Quality Improvement Projects for SFY 2006/2007
Environmental Protection Fund
Project Work Plan Form
MS4 Phase II Stormwater Permit Implementation Projects

I COVER SHEET:

RECIPIENT INFORMATION

1. LEAD MUNICIPALITY:
❑ City ❑ Town ❑ Village ❑ Other (specify)
of: ____

____

3. PROJECT MANAGER & MAILING ADDRESS:
name: ____
(no. & street)____
(city) __________________ (state)_____ (zip)_______
PHONE:(_____)____________FAX:(______)_______
E-mail ____

2. MUNICIPAL CONTACT & MAILING ADDRESS:
name:____
title: ____
(no. & street):________________________________
(city) _________________(state)_____ (zip)________
PHONE:(_____)____________ FAX:(______)_____
E-mail ____

4. FISCAL/ADMINISTRATIVE WORK CONTACT
(if different from above)
name:____
(no. & street)________________________________
(city) _________________ (state)_____ (zip)________
PHONE:(_____)__________FAX:(______)__________
E-Mail ____

GENERAL PROJECT INFORMATION

1. PROJECT NAME ________________________________

4. FEDERAL (IRS) IDENTIFICATION #:________________

2. APPLICATION TRACKING #
200__WQI____________________

5. SEQR STATUS Type I ◻ Unlisted ◻ Type II ◻
If Type I or Unlisted:
Has a Negative Declaration has been accepted Yes ◻ No ◻
OR has the final EIS been accepted Yes ◻ No ◻

3. HAS A CURRENT MUNICIPAL RESOLUTION BEEN SUBMITTED? Yes ◻ No ◻

6. EXISTING CLEAN WATER STATE REVOLVING LOAN FUND PROJECT # ______________________________
Do you have a pending or approved application for the Clean Water State Revolving Fund? Yes ◻ No ◻
(Status of Application) APPLICATION SUBMITTED Yes ◻ No ◻

7. URBANIZED AREA(S) ______________________________County of: ____________________________________
______________________________ County of: ____________________________________

PROJECT TIMING AND COSTS

Any invoices to be paid must be for services that fall between the start date and completion date of the project. When identifying the proposed start date, make sure it is before work has begun and any costs have been incurred. When identifying the expected completion date, leave yourself enough time to ensure that the project will be completed, final report prepared, and all bills paid within that time period. Give yourself extra time to be sure that all bills will fall within the project schedule to avoid the need for a contract amendment before reimbursement of costs can occur.

1. START DATE: ______________________
2. COMPLETION DATE: ______________________
3. STATE ASSISTANCE $______________________
4. LOCAL MATCH $______________________
5. TOTAL COSTS (ADD 3 & 4) $______________________

FUNDING ROUND | STATE ASSISTANCE

I. **BUDGET :** Fill in the Budget Worksheet. Provide a breakdown for all cost estimates as instructed on pages ii & iii of Attachment D. Where Breakouts are required, show total costs for both State and Local match.

BUDGET WORKSHEET

Expenditure Category	**State Assistance**	*** Local Match**	**❖Total Costs** *(entire project covered by this contract)*
1. **Personal Services** (Please provide a breakdown as instructed on pages ii & iii of Attachment D; Personal Services (Payroll, Fringe Benefits & Indirect Costs). Provide a list of titles, salaries, estimated hours and tasks for municipal employees.	$__________	$__________	$__________
2. **Non Personal Services** (Please provide a breakdown as instructed on pages ii & iii of Attachment D). Any work done by any entity outside that of the participating municipalities should be included under the contractual section.	__	__	__
i. Travel	$____________	$____________	$____________
ii. Equipment	$____________	$____________	$____________
iii. Supplies & Materials	$____________	$____________	$____________
iv. Contracts			
a. training	$____________	$____________	$____________
b. printing	$____________	$____________	$____________
c. consulting	$____________	$____________	$____________
d. miscellaneous contracts	$____________	$____________	$____________
v. Land Acquisition (for local match only)	$____________	$____________	$____________
vi. Other ______________ (Please specify)	$____________	$____________	$____________
Total	$____________	$____________	$____________
3. **Total Costs** *(enter state share, local match and total costs and check to make sure the amounts correspond to those amounts listed on the cover sheet)* **Describe source of local match:** If sources of match are different for each participating municipality, use the summary of Local Match Source Worksheet describing the sources by participating municipality. (If the local match is provided by another entity, the original source of their funds must be identified. These funds may not be claimed on another grant as eligible match).	**$**__________	**$**__________	**$**______________

The following footnotes must be included in any revised format of this document:

* The Environmental Protection Fund `prohibits using other state or federal grant dollars received for the project as the local match of the project. Indicate where local match will come from to document that it is not from state or federal sources.

❖ The recipient MAY shift UP TO 10% of total costs between expenditure categories. If cumulative changes exceed 10% of the total cost, you must first obtain DEC approval. In NO event shall changes to the budget cause the aggregate costs to exceed the "not to exceed" amount of the authorized State Assistance as set forth in Section 3a of this Contract.

II. Summary of Local Match Source: If sources of Local Match are different for each participating municipality, complete this sheet describing the sources by participating municipality. If the Local Match is provided by another entity, the original source of their funds must be identified. These funds may not be claimed on another grant as eligible match.* Please indicate the source for in-kind monies.

Participating Municipality	Amount of Match	Source of Match

The following footnotes must be included in any revised format of this document:

*The Environmental Protection Fund prohibits using other state or federal grant dollars received for the project as the local match of the project. Indicate where local match will come from to document that it is not from state or federal sources.

III. **PROJECT SUMMARY:** Describe the project including the information specified in the instructions. All segments and/or phases of the project should be included here. Attach additional pages as necessary.

IV. **OBJECTIVES/TASKS/DELIVERABLES AND REPORTS:** Describe the specific objectives of the project and identify the tasks that will be performed to meet those objectives. Follow the example chart in the instructions. All minimum measures and/or phases of the project should be included here. Attach additional pages as necessary.

V. KEY PERSONNEL: Identify the key personnel for the project. Attach additional pages if necessary. Please DO NOT attach resumes.

VI. **PROJECT SCHEDULE:** Develop a time line for the project that includes: 1) the project start date; 2) the estimated start date and completion date for each task; and 3) the project completion date. Make sure that you leave time after the project is completed for final evaluation or closeout procedures. Track time in **monthly increments** as shown in the instructions. All segments and/or phases of the project should be included here. Attach additional pages if necessary.

Forms Associated With Progress Reports & Reimbursement Requests

Quarterly Report Format

Schedule: Quarterly Reports must be submitted using the following schedule whether or not requesting payment that quarter.

Quarter Closing Date	Quarterly Reports Due to NYSDEC Regional Project Manager
March 31	April 15
June 30	July 15
September 30	October 15
December 31	January 15

****Note**: If you are submitting a request for payment with this quarterly report, you must also submit a Expenditure and Reimbursement Form, a State Aid Voucher and a Self-Certification form. See forms on the following pages. No payments and/or reimbursements will be made unless a Quarterly Report as well as the other requested information are submitted. Documentation is required with reimbursement requests at 25%, 50%, 75% and 100% of the contract amount. See instructions on pages A-8 and A-9.

Format: Quarterly Reports MUST provide the following information:

I. Quarterly Reporting Dates.

II. Municipal agency and contact information.

III. Report preparer's name and contact information.

IV. Progress Activity:
   a) Provide a narrative description of progress toward project completion and work accomplished during reporting period.
   b) Provide the status of each task (refer to Project Work Plan) and report percent completed and percent spent for each task.
   c) Identify any approved changes to approved plan and specifications.

V. Problems encountered during quarter and how problems were resolved.

VI. Financial Status: Use the Expenditure and Reimbursement Report Form on the following page. Be sure to explain where local match has been provided this quarter.

VII. Revised Project Schedule: Explain if project is not meeting time schedule and why.
Note: If a delay in the project schedule causes the project to exceed it's completion date, the contract will have to be amended. In that case, it's critical to begin work on the contract amendment as soon as possible. Better still, develop a schedule in the original contract that cushions reasonable amounts of delay, thus avoiding the extra work and additional delays associated with amending the contract.

MS4 - Phase II Stormwater Projects Documentation Requirements (7/7/04)

A signed and dated State Aid/Standard Voucher, an Expenditure Reporting Form and a signed and dated Self-Certification Form are required with **all** payment requests. In addition, the following documentation is required on the first payment or when the total life-to-date expenditures claimed on the payment 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 (for local match only) 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

Any work done by any entity outside that of the participating municipalities should be included under the contractual section.

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.

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

v. Land Acquisition (for local match only)

Submit signed copies of payment vouchers, invoices or canceled checks. Submit a copy of the deed.

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

Date(s)	Name &/or Title	Hourly Rate	Related Contract Task	Number of Hours Claimed	Total Claimed

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.

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Chief Fiscal Officer

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Authorized Representative

Travel Expenditure Summary

Date	Name &/or Title	To/From Destination	Related Contract Task	Type of Cost (per diem, lodging, mileage)	Total Claimed

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.

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Chief Fiscal Officer

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Authorized Representative

Equipment Summary

Date	Payee	Voucher/ Check No.	Item Description	Related Contract Task	Total Claimed

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.

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Chief Fiscal Officer

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Authorized Representative

Supplies and Materials Summary

Date	Payee	Voucher/ Check No.	Item Description	Related Contract Task	Total Claimed

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.

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Chief Fiscal Officer

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Authorized Representative

Contractual Services Summary

Please specify in description

Date	Payee	Voucher/ Check No.	Task Description	Total Claimed

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.

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Chief Fiscal Officer

____
Authorized Representative

Expenditure and Reimbursement Report Form

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 payment request of if you have met or exceeded 25%, 50%, 75% or 100% of the contract amount since your last payment request, make sure you have included all documentation information as specified on the following pages.

B. Expenses This Reporting Period

1. Personal Services $________________________________
2. Nonpersonal Services
   - I. Travel $________________________________
   - ii. Equipment $________________________________
   - iii. Supplies & Materials $________________________________
   - iv. Contracts
     - a. training $________________________________
     - b. printing $________________________________
     - c. consultants $________________________________
     - d. miscellaneous contracts $________________________________
   - v. Land Acquisition (for local match only) $________________________________
   - 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. training $________________________________
     - b. printing $________________________________
     - c. consultants $________________________________
     - d. miscellaneous contracts $________________________________
   - v. Land Acquisition (for local match only) $________________________________
   - 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 $________________________________

Revised 8/5/04

SELF-CERTIFICATION FORM

I, the undersigned, hereby certify that the attached State of New York State Aid/Standard Voucher dated__________________ ____ requesting payment in the amount of $____________________ is reasonable, eligible and allowable based upon the specific requirements set forth in Contract No. __________including all Appendices. I also certify that the records upon which the costs are claimed, including those claimed as local match, are maintained strictly in accordance with applicable federal, state and general municipal accounting practices and procedures, including but not limited to those costs claimed as personal services. All documentation associated with this project 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.

I also certify that the work has been completed in conformance with the Workplan document as approved by the New York State Department of Environmental Conservation and in compliance with all applicable federal, state and local laws, ordinances, rules, regulations and standards.

____

Authorized Representative **Date**

____

Chief Fiscal Officer **Date**

SEE INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING

AC 1171 (Rev. 10/96)

STATE OF NEW YORK

STATE AID VOUCHER

1 Originating Agency	Orig. Agency Code	Interest Eligible (Y/N)	Voucher No.
Payment Date (MM) (DD) (YY) / /	OSC Use Only	Liability Date (MM) (DD) (YY) / /	

2 Payee ID	Additional	3 Zip Code	Route	Payee Amount			MIR Date (MM) (DD) (YY) / /
4 Payee Name (Limit to 30 spaces)				IRS Code	IRS Amount		
Payee Name (Limit to 30 spaces)				Stat. Type	Statistic	Indicator-Dept.	Indicator-Statewide
Address (Limit to 30 spaces)				5 Ref/Inv. No. (Limit to 20 spaces)			
Address (Limit to 30 spaces)				Ref/Inv. Date (MM) (DD) (YY) / /			
City (Limit to 20 spaces)	(Limit to 2 spaces) → State	Zip Code					

6 Date Paid	Check or Voucher No.	Description of Charges (If Personal Service, show name, title, period covered)	Amount Dollars	Cents
7 State Aid Program or Applicable Statute:		TOTAL		
8 Payee Certification: I certify that the above expenditures have been made in accordance with the provisions of the Applicable Statute: that the claim is just and correct: that no part thereof has been paid except as stated: that the balance is actually due and owing; and that taxes which the State is exempt are excluded.		Less Receipts		
→ Signature in Ink ____ Date ____		NET		
Title ____ Name of Municipality ____		____ State Aid % Claimed		

FOR STATE AGENCY USE ONLY

STATE COMPTROLLER'S PRE-AUDIT

Merchandise Received	I certify that this claim is correct and just, and payment is approved.		State Aid
Date	By	Verified	Certified For Payment of State Aid Amount
Page No.	Date		
By		Audited	By ____

Expenditure								Liquidation			
Cost Center Code				Object	Accum		Amount	Orig. Agency	PO/Contract	Line	F/P
Dept.	Cost Center Unit	Var	Yr		Dept.	Statewide					

OSC

☐ Check if Continuation form is attached.

INSTRUCTIONS FOR PREPARING STATE AID VOUCHER

Complete on typewriter or with pen and ink. Submit OSC and Agency copies to the State Agency administering the program.

1. Insert name of State Agency to whom claim is being submitted.

2. Enter your 12 digit Municipality Code. The first 9 digits are entered in the "Payee I.D." block. The last 3 digits are entered in the first 23 positions of the "Payee Additional" block.

3. Enter your Zip Code.

4. Enter the title of the fiscal officer, the municipality name and address as you wish it to appear on the check.

5. Enter in Ref/Inv. No. block, the information you will need in order to identify this payment. In no instance should this reference exceed 20 characters including spaces, commas, etc. The check stub issued to you will contain the information you furnish in this block, along with reference/invoice date, if entered in the block below Ref/Inv. No.

6. Enter in body of voucher all pertinent information required by the specific column heading or any other information required to support the claim. Duly authorized signature must b4e shown on supporting City or County vouchers.

7. Enter in appropriate block the State Aid Program or applicable statute under which claim is authorized.

8. Complete Payee Certification. Signature and title of the municipal officer, or duly authorized representative, must appear in the space provided. Sign declaration in ink - **No Rubber Stamp**.

   Submit directly to the State Agency which has charge of program.

   In the space on this form is insufficient, *start* you claim on "Continuation Sheet", Form AC 1172, and bring final total forward to this form.

Final Report Format

Final Reports are due pursuant to the requirements stated in the executed contract and will provide the following information:

I. Project start and completion dates.

II. Municipal agency and contact information.

III. Report preparer's name and contact information.

IV. Summary of Activity:

  a) Provide a narrative description of work accomplished during the life of the project.

  b) Identify any changes made to the Project Work Plan during the life of the project.

V. Major problems encountered during the life of the project and how problems were resolved.

VI. Expenditures - use the Expenditure and Reimbursement Report Form on page A-3.