

Documentation Requirements for Wastewater Quality Improvement Projects (2/10/03)

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. The following documentation is required with the first payment request as well as requests at 25%, 50%, 75% and 100% of the 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. Construction Costs

- a. 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.
- b. 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.
- c. Submit signed copies of payment vouchers, invoices or canceled checks for each contract.

2. Municipal Services/Force Account Costs

- a. Personal Services (e.g. payroll, fringe benefits and indirect costs)
 - 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.

b. Non-Personal Services (travel, equipment, supplies & materials and other)

i. Travel

Signed and dated receipts for all travel expenditures or a signed and certified summary of those costs (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. 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. 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. Contractual Services

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 not clearly identified in approved project workplan.

v. 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>
----------------	------------------------------	------------------------	----------------------------------	------------------------------------	---------------------------------

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>
-------------	------------------------------	--------------------------------	----------------------------------	---	------------------------------

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

**Expenditure and Reimbursement Report Form
Wastewater Quality Improvement Projects (2/10/03)**

Contract Name _____ Contract # _____
Reporting Period _____

Fill in A, B and C below. Attach a signed State Aid voucher and signed Self-Certification form. If you are requesting your first payment or are at the 25%, 50%, 75% or 100% of the contract amount, make sure you have included all documentation information as specified on the following pages

A. Expenses This Reporting Period

- 1. Construction Costs \$ _____
- 2. Municipal Services (construction-related costs only)
 - a. Personal Services \$ _____
 - b. Non-personal Services
 - i. Travel \$ _____
 - ii. Equipment \$ _____
 - iii. Supplies & Materials \$ _____
 - iv. Contractual Services \$ _____
 - v. Other (please specify) _____ \$ _____
- Total** \$ _____
- 3. **Total Construction Costs** \$ _____

Describe source of local match:

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

- 1. Construction Costs \$ _____
- 2. Municipal Services (construction-related costs only)
 - a. Personal Services \$ _____
 - b. Non-personal Services
 - i. Travel \$ _____
 - ii. Equipment \$ _____
 - iii. Supplies & Materials \$ _____
 - iv. Contractual Services \$ _____
 - v. Other (please specify) _____ \$ _____
- Total** \$ _____
- 3. **Total Construction Costs** \$ _____

Describe source of local match:

C. Reimbursement Summary

TOTAL Life-to-Date Expenses	\$ _____
State Assistance Percentage	x 85%
Reimbursable Share	\$ _____
Minus Retainage of 10%	x 90%
TOTAL Reimbursable-to-date	\$ _____
LESS Previous Payments	(\$ _____)

TOTAL Amount Due This Reporting Period \$ _____