

# Request for Reimbursement

Tool Kit Guidance



COMMERCE



# Request for Reimbursements

- Budgets and budget modifications
- Eligible expenses
- Ineligible expenses
- Supporting documentation
- Retainage: 2%
- Exhibits



# Overall Budget Adjustments

Update the budget after bids are opened. If bids come in low:

- Engineer's estimate = \$600,000
- Low bid = \$550,000
- MCEP = 50% of overall budget
- 50% of cost savings (\$25,000) into MCEP contingency
- Remaining \$25,000 split proportionately to meet other funders' requirements



# Overall Budget Adjustments

If bids come in high, the grantee may need to seek out additional funding to cover the shortfall in their budget before starting construction.





# Budget Modifications

- Cumulative line-item amendments of \$5,000 or more must receive prior, written MCEP approval.
- If a modification of less than \$5,000 is necessary, eligible MCEP costs for change must be a new line item.



# Budget Modifications

- All budget modifications must be notated on the bottom of the uniform status of funds spreadsheet.
- Contingency funds are generally only to be used for construction costs.

# Administration Expenses

Grantees can only be reimbursed for costs that have already been incurred.

Eligible administration costs must be directly related to the administration of the project, such as:

- Personnel
- Grant administration services
- Legal and bond counsel fees
- Travel and training





# Eligible Expenses

- Must be classified and accounted for on an actual/direct-cost basis
- Any reasonable cost directly related to planning, design, construction, acquisition, site improvements, reconstruction or identified scope of work
- Connection charges (hook-up fee and connection costs), water meters, 50% of computer hardware, bond costs, legal, land acquisition, other



# Ineligible Expenses

- Indirect costs
- Purchase of non-permanent furnishings and fixtures or equipment that is not permanently installed
- Costs related to annual operation and maintenance
- Non-executed contract
- Privately owned service lines



# Retainage

MCEP retains 2% of the total grant until:

- The project has been completed and a certificate of substantial completion has been issued.
- Final closeout documents have been submitted and approved.





# Documents for Request for Reimbursement

- Request for reimbursement form
- Uniform status of funds spreadsheet
- Uniform invoice tracking spreadsheet
- Invoices (various)



# Documents for Request for Reimbursement

- Project progress report
- Updated signatory and depository forms, if applicable
- Form 204 if any accounts are new or changed from what may already exist with state accounting

# Request for Reimbursement



SECTION I - TSEP RECIPIENT INFORMATION				
TSEP CONTRACT NUMBER	REQUEST NUMBER	TOTAL AMOUNT REQUESTED		
MT-TSEP-CG-YR-XXX	2	\$159,249.73		
Name and Address of TSEP Recipient		Make Deposit Payable To:		
Town of XYZ Post Office Box xyz XYZ, MT 59999		Town of XYZ Bank account # 000-999-111 routing # 999-10101		
SECTION II - FINANCIAL				
	A Amount Budgeted	B Amount Expended Prior to this Request	C Amount Requested	D Balance Remaining After This Request
1. TOTAL ADMINISTRATION BUDGET	\$2,000.00	\$200.00	\$0.00	\$1,800.00
2. Percent	% of Total Grant	0.004	0.10	
3. TOTAL ACTIVITY BUDGET	\$498,000.00	\$17,935.22	\$159,249.73	\$320,815.05
4. Percent	% of Total Grant	0.996	0.04	
5. TOTAL TSEP GRANT BUDGET	\$500,000.00	\$18,135.22	\$159,249.73	\$322,615.05
		TOTAL Amount Requested		\$159,249.73
REMARKS:				
SECTION III - LOCAL APPROVAL				
Please submit request for reimbursements and all supporting documentation and reports to: Montana Department of Commerce, Community Development Division, PO Box 200523, Helena MT 59620-0523				
DATE:	SIGNATURE		TITLE	
DATE:	COUNTERSIGNATURE		TITLE	
SECTION IV - DOC APPROVAL				
EXPENDITURES REASONABLE, APPROPRIATE	APPROVED BY:			
SIGNATURES CORRECT				
CONSISTENT WITH PRECEDING REQUESTS & SABHRS			TITLE:	
ADMINISTRATION DOES NOT EXCEED 10%				
BUDGET AMENDMENT APPROVED				
			DATE:	
Montana Department of Commerce Grant Administration Manual				
2-A				
Treasure State Endowment Program				

# Uniform Status of Funds Spreadsheet

# Uniform Invoice Tracking Spreadsheet





# Detailed Invoices

- A description of work performed
- The number of hours worked to accomplish each item
- The amount being billed for each item
- Work performed date(s) and work items completed, if upon request from MCEP



# Detailed Invoices

- Beginning and ending billing period dates
- A description of any other eligible expenses incurred during the billing period
- The total amount being billed

# Example Detailed Invoice

Exceptional Administrators  
PO Box 99999  
Love, MT 59001

Invoice# 11

Bill to: Town of XYZ

Services Covered 8/1/2015 - 9/1/2015  
Services for: Wastewater Project

Date	Activity	Hourly Rate	# Hours	Total Due
8/1/2015	Help Town with budget	40	1	\$40.00
8/3/2015	Attend council meeting	40	2	\$80.00
8/25/2015	Finalized budget	40	1	\$40.00

**Total Services** **\$160.00**

### Expenses:

Date	Activity	## of miles/day	Rate	Amount
8/3/2015	Mileage to attend council meeting	60	0.555	\$33.30
8/3/2015	postage to send start-up documents			\$6.70

**Total Expenses** **\$40.00**

Total Invoice #11 \$200.00

I hereby certify that I personally or the organization that I represent have furnished the services herein reported for the project listed above..

**Service Provider** \_\_\_\_\_ **Date** \_\_\_\_\_





# Contractor's Application for Payment

- Executed agreement/contract documents
- Are there change orders?
- Application for payment
- Three signatures for reimbursement: engineer, contractor and grantee
- Montana gross receipts tax: 1%

# MCEP Project Progress Report



**Exhibit 2-B  
MCEP Project Progress Report**

Name of MCEP  
Recipient: \_\_\_\_\_

Grant Contract Number: #MT-MCEP-CG- \_\_\_\_\_

Request for Reimbursement Number: \_\_\_\_\_

Total Amount Requested: \_\_\_\_\_

Date: \_\_\_\_\_

<b>Administration:</b>	<b>Amount Requested</b>
Include the amount and a brief description of each individual administrative/financial related expenditure (invoice) that will be paid for in whole or in part using MCEP funds. Attach a copy of each invoice. Include summary payroll information for all work performed by the MCEP recipient's employees. At a minimum, include the name, title, time period or date(s) that work was performed, rates charged/hour, total hours worked, activities performed, and total amount earned.	

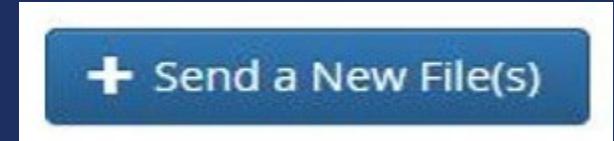
<b>Activity:</b>	<b>Amount Requested</b>
Include the amount and a brief description of each individual construction related expenditure (invoice) that will be paid for in whole or in part using MCEP funds. Attach a copy of each invoice. Include summary payroll information for all work performed by the MCEP recipient's employees. At a minimum, include the name, title, time period/date that work was performed, total hours worked, activities performed, and total amount earned.	



# Submitting a Request for Reimbursement

- Depending on file size, email is preferred. Send via file transfer service at [transfer.mt.gov](mailto:transfer.mt.gov).
- Mail to:

Community MT Division  
301 S. Park Ave.  
P.O. Box 200523  
Helena, MT 59620



# Questions?

See: [commerce.mt.gov/infrastructure-planning](http://commerce.mt.gov/infrastructure-planning)

Call: 406-841-2270

Email: [doccdd@mt.gov](mailto:doccdd@mt.gov)

All photos were provided by the  
Montana Department of Commerce.

