



# Request For Reimbursement Tool Kit Guidance



# 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 bidder costs = \$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.
  - **If bids come in high:**
    - Grantee may need to seek out additional funding to cover shortfall in 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, need to make sure eligible MCEP costs if MCEP will be paying**
- ***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**



Sample Budget



# Administration Expenses

- **Grantees can only be reimbursed for costs that have been incurred**
  - ***Eligible Administration Costs:* Must be directly related to the administration of the project**
    - Personnel
    - Grant Administration Services
    - Legal & Bond Counsel Fees
    - Travel & Training



# Eligible Expenses

- **Must be classified and accounted for on a direct-cost basis. Indirect costs are not eligible for reimbursement**
- **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% computer hardware, bond costs, legal, land acquisition, other**



# Ineligible Expenses

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





# Retainage

- **MCEP retains two percent (2%) of the total grant until:**
  - The project has been completed - 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)**
- **Project Progress Report**
- Updated Signatory & Depository forms if applicable
- Form 204 if any accounts are new or changed from what may already exist with the State accounting



# Request for Reimbursement

SECTION I - TSEP RECIPIENT INFORMATION				
TSEP CONTRACT NUMBER <b>MT-TSEP-CG-YR-XXX</b>	REQUEST NUMBER <b>2</b>	TOTAL AMOUNT REQUESTED <b>\$159,249.73</b>		
Name and Address of TSEP Recipient Town of XYZ Post Office Box xyz XYZ, MT 59999		Make Deposit Payable To: 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	<b>\$2,000.00</b>	<b>\$200.00</b>	<b>\$0.00</b>	<b>\$1,800.00</b>
2. Percent	% of Total Grant 0.004	% of Column A 0.10		
3. TOTAL ACTIVITY BUDGET	<b>\$498,000.00</b>	<b>\$17,935.22</b>	<b>\$159,249.73</b>	<b>\$320,815.05</b>
4. Percent	% of Total Grant 0.996	% of Column A 0.04		
5. TOTAL TSEP GRANT BUDGET	<b>\$500,000.00</b>	<b>\$18,135.22</b>	<b>\$159,249.73</b>	<b>\$322,615.05</b>
			TOTAL Amount Requested	<b>\$159,249.73</b>
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		TITLE:		
CONSISTENT WITH PRECEDING REQUESTS & SABHRS		DATE:		
ADMINISTRATION DOES NOT EXCEED 10%				
BUDGET AMENDMENT APPROVED				





UNIFORM INVOICE TRACKING SPREADSHEET FOR: To

Vendor's Name	Invoice or Pay Estimate Number	Invoice Date or Time Period Covered	To
Exceptional Administrators	11	8/1-9/1	
Top Notch Engineering	15119	7/1-7/31	
Top Notch Engineering	15226	8/1-9/30	
Exceptional Administrators	21	9/2-10/31	
Top Notch Engineering	15516	10/1-10/31	
Git Er Done Construction	1	10/1-10/31	
Top Notch Engineering	15686	11/1-11/30	
Git Er Done Construction	1	11/1-11/30	

# 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**
- **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
<b>Total Services</b>				<b>\$160.00</b>

**Expenses:**

Date	Activity	# of miles/day		Total Due
8/3/2015	Mileage to attend council meeting	60	0.555	\$33.30
8/3/2015	postage to send start-up documents			\$6.70
<b>Total Expenses</b>				<b>\$40.00</b>

**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**
  - 3 signatures for reimbursement:
    - Engineer
    - Contractor
    - Grantee
- **1% MT Gross Receipts Tax**





**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: \_\_\_\_\_

**Administration:** **Amount Requested** \_\_\_\_\_

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.

--	--

**Activity:** **Amount Requested** \_\_\_\_\_

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 Request for Reimbursement

- **Email:** depending on file size
- **Electronically through File**  **Transfer:** <https://transfer.mt.gov>
- **Mail:** Community Development Division | 301 S Park Ave | PO Box 200523 | Helena, MT 59620



# Questions?

- See additional guidance on website:  
[comdev.mt.gov](http://comdev.mt.gov)

[DOCCDD@mt.gov](mailto:DOCCDD@mt.gov)

406-841-2770

