

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		Town of XYZ Bank		
Post Office Box xyz		account # 000-999-111		
XYZ, MT 59999		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
	% of Total Grant	% of Column A		
2. Percent	0.004	0.10		
3. TOTAL ACTIVITY BUDGET	\$498,000.00	\$17,935.22	\$159,249.73	\$320,815.05
	% of Total Grant	% of Column A		
4. Percent	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, P.O. 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 STATUS OF FUNDS SPREADSHEET FOR: Town of XYZ												DATE: 7/19/2021			
	Funding Source: MCEP				Funding Source: RRGL				Funding Source: RD				Total Budget		
ADMINISTRATIVE/ FINANCIAL COSTS:	Budgeted	Previously Expended	Amount of Draw	Balance Remaining	Budgeted	Previously Expended	Amount of Draw	Balance Remaining	Budgeted	Previously Expended	Amount of Draw	Balance Remaining	Budgeted	Expended	Balance
Personnel Costs				\$0.00				\$0.00				\$0.00	\$0.00	\$0.00	\$0.00
Office Costs				\$0.00				\$0.00				\$0.00	\$0.00	\$0.00	\$0.00
Professional Services	\$1,000.00	\$200.00		\$800.00				\$0.00	\$1,000.00	\$665.00		\$335.00	\$2,000.00	\$865.00	\$1,135.00
Legal Costs	\$500.00			\$500.00				\$0.00	\$500.00			\$500.00	\$1,000.00	\$0.00	\$1,000.00
Audit Fees				\$0.00				\$0.00				\$0.00	\$0.00	\$0.00	\$0.00
Travel & Training	\$500.00			\$500.00				\$0.00				\$0.00	\$500.00	\$0.00	\$500.00
Loan Fees				\$0.00				\$0.00	\$500.00			\$500.00	\$500.00	\$0.00	\$500.00
Loan Reserves				\$0.00				\$0.00	\$500.00			\$500.00	\$500.00	\$0.00	\$500.00
Interim Interest				\$0.00				\$0.00				\$0.00	\$0.00	\$0.00	\$0.00
Bond Cost				\$0.00				\$0.00				\$0.00	\$0.00	\$0.00	\$0.00
				\$0.00				\$0.00				\$0.00	\$0.00	\$0.00	\$0.00
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				\$0.00				\$0.00				\$0.00	\$0.00	\$0.00	\$0.00



Uniform Invoice Tracking Spreadsheet

[illegible]

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		# of miles/day	
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: _____

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 a Request for Reimbursement

- Depending on file size, email is preferred. Send via file transfer service at transfer.mt.gov.

- Mail to:

Community MT Division

301 S. Park Ave.

P.O. Box 200523

Helena, MT 59620



+ Send a New File(s)

Questions?

See: commerce.mt.gov/infrastructure-planning

Call: 406-841-2270

Email: doccdd@mt.gov

All photos were provided by the
Montana Department of Commerce.

