

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





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	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 # 999-1010	1			
SECTION II - FINANCIAL						
	Α	В	С	D		
	Amount Budgeted	Amount Expended	Amount Requested	Balance Remaining		
		Prior to this Request		After This Request		
1. TOTAL ADMINISTRATION BUDGET		Reddest				
1. TOTAL ADMINISTRATION BUDGET	\$2,000.00		\$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		\$322,615.05		
			TOTAL Amount Requested			
			Requested	\$159,249.73		
REMARKS:						
SECTION III - LOCAL APPROVAL						
Please submit request for reimbursements				Department of		
Commerce, Community Development Division DATE:	ion, PO Box 200523 SIGNATURE	, Helena MT 59620	0-0523 TTITLE			
DATE.	SIGNATURE		111LE			
DATE:	COUNTERSIGNATU	IDE	TITLE			
DATE:	COUNTERSIGNATO	JRE	IIILE			
SECTION IV DOC ADDROVAL						
SECTION IV - DOC APPROVAL EXPENDITURES REASONABLE, APPRO	DDIATE	APPROVED BY:				
SIGNATURES CORRECT	/ INAIL	ALTINOVED BI.				
CONSISTENT WITH PRECEDING REQUE	STS& SABHRS	TITLE:				
ADMINISTRATION DOES NOT EXCEED 1						
BUDGET AMENDMENT APPROVED						
		DATE:				
Montana Department of Commerce			Treasure State En	dowment Program		
Grant Administration Manual	2-A					



UNIFORM STATUS OF	IFORM STATUS OF FUNDS SPREADSHEET FOR: Town of XYZ DATE: 7/19/2021														
	Funding So	urce: MCI	EP		· ·			Funding Sour	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	,	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
				\$0.00				\$0.00				\$0.00	\$0.00	\$0.00	\$0.00
				\$0.00				\$0.00				\$0.00	\$0.00	\$0.00	\$0.00
				\$0.00				\$0.00				\$0.00	\$0.00	\$0.00	\$0.00
				\$0.00				\$0.00				\$0.00	\$0.00	\$0.00	\$0.00
				\$0.00				\$0.00				\$0.00	\$0.00	\$0.00	\$0.00
				\$0.00				\$0.00				\$0.00	\$0.00	\$0.00	\$0.00
Total Administrative Costs	\$2,000.00	\$200.00	\$0.00	\$1,800.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,500.00	\$665.00	\$0.00	\$1,835.00	\$4,500.00	\$865.00	\$3,635.00
ACTIVITY COSTS:															
Land Acquisition	\$1,000.00			\$1,000.00				\$0.00				\$0.00	\$1,000.00	\$0.00	\$1,000.00
Preliminary Engineering	\$10,000.00	\$7,002.01		\$2,997.99				\$0.00				\$0.00	\$10,000.00	\$7,002.01	\$2,997.99
Final Engineering Design	\$50,000.00	\$10,933.21		\$39,066.79				\$0.00	\$5,000.00			\$5,000.00	\$55,000.00		\$44,066.79
Construction Engineering	\$100,000.00		\$10,384.30	\$89,615.70				\$0.00	\$50,000.00	\$20,416.87		\$29,583.13	\$150,000.00		\$119,198.83
Construction	\$287,000.00		\$148,865.43					\$0.00	<u> </u>	\$75,556.04	\$148,865.43	\$775,578.53	\$1,287,000.00		\$913,713.10
Contingency	\$50,000.00			\$50,000.00	\$125,000.00	\$125,000.00		\$0.00	\$84,600.00			\$84,600.00		\$125,000.00	\$134,600.00
				\$0.00				\$0.00				\$0.00	\$0.00	\$0.00	\$0.00
				\$0.00				\$0.00				\$0.00	\$0.00	\$0.00	\$0.00
				\$0.00				\$0.00				\$0.00	\$0.00	\$0.00	\$0.00
0 "				\$0.00				\$0.00				\$0.00	\$0.00	\$0.00	\$0.00
Contingency	# 400,000,00	\$47.00F.00	0450 040 70	\$0.00	#40F 000 00	#40F 000 00	00.00	\$0.00	64 400 000 00	ADE 070 04	04.40.005.40	\$0.00	\$0.00	\$0.00	\$0.00
Total Activity Costs	\$498,000.00	\$17,935.22	\$159,249.73	\$320,815.05	\$125,000.00	\$125,000.00	\$0.00	\$0.00	\$1,139,600.00	\$95,972.91	\$148,865.43	\$894,761.66	\$1,762,600.00	\$547,023.29	\$1,215,576.71
TOTAL PROJECT COSTS	\$500,000.00	\$18,135.22	\$159,249.73	\$322,615.05	\$125,000.00	\$125,000.00	\$0.00	\$0.00	\$1,142,100.00	\$96,637.91	\$148,865.43	\$896,596.66	\$1,767,100.00	\$547,888.29	\$1,219,211.71
Copy and submit to the applicable funding agency with each draw down request. uniblank2.xls															
10/3/2019 moved \$2,000 from Construction Engineering into Final Engineering Design.															
5/15/2020 moved \$3,000 from Construction into Final Engineering Design to offset engineering design costs that RD unable cover until loan close.															
	8/8/2020 submitted request to move \$5,000 from Contingency into Construction for Change Order 1. Modification approved by email on 8/10/2018.														





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UNIFORM INVOICE TRACKING SPREADSHEET FOR: To						
Vendor's Name	Invoice or Pay Estimate Number	Invoice Date or Time Period Covered	ТО			
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	11			

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 Administrato PO Box 99999 Love, MT 59001	rs			Invoice#	11	
Bill to: Town of XYZ						
Services Covered 8/1/20 Services for: Wastewater						
8/1/2015 8/3/2015	Activity Help Town with budget Attend council meeting Finalized budget Total Services	Hourly Rate 40 40 40	# Hours 1 2 1	\$40.00 \$80.00		
	Total Services	•		\$160.00		
Expenses:		# of miles/day				
8/3/2015	Mileage to attend council meeting postage to send start-up documents	60	0.555	\$33.30 \$6.70		
	Total Expenses	•	\$40.00			
	Total Invoice #11	_	•	\$200.00		
I hereby certify that I per herein reported for the p	sonally or the organization that roject listed above	I represent h	ave furnisi	hed the servi	ces	
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	er: #MT-	MCEP-CG	
Request for Reimburse	ment Number:		_
Total Amount Requ	uested:		
Date	e:		
Administration:	Amoı	ınt Requested	
or in part using MCEP funds. Attach a	copy of each invoice. Inclunctude the name, title, time	ide summary payroll informa	iture (invoice) that will be paid for in whole tion for all work performed by the MCEP was performed, rates charged/hour, total
nours worked, accivities performed, and	total amount carried.		
Activity:	Amoı	ınt Requested	
Include the amount and a brief descriptic part using MCEP funds. Attach a copy o recipient's employees. At a minimum, in performed, and total amount earned.	f each invoice. Include sumr	nary payroll information for a	II work performed by the MCEP



Submitting Request for Reimbursement

- Email: depending on file size
- Mail: Community Development Division | 301 S Park Ave | PO Box 200523 | Helena, MT 59620



Questions?

See additional guidance on website:

comdev.mt.gov

DOCCDD@mt.gov

406-841-2770

