

Appendix F

RTP Payment Documentation

PAYMENT DOCUMENTATION FOR LOCAL ASSISTANCE GRANTS

To be used for all grant programs

Your grant contract will require you to submit and maintain accurate records of all expenditures, and will allow payment only upon the submission of documentation.

If required, send copies only; maintain all originals.

A. EXPENSE SUMMARY SHEET OF ALL EXPENDITURES

An Expense Summary Sheet should be provided with each request for payment, to indicate a summary of expenditures broken down by work elements from the budget page of your contract, i.e. pre-development, construction, administration, acquisition. A sample Expense Summary Sheet is attached. Each Summary Sheet should include:

- 1S. Work Element from Budget page from your Grant Agreement.
- 2S. Description of work, materials, services.
- 3S. Contractor/Vendor/Employee Name.
- 4S. Invoice/Bill #/Date (provide dates work was performed).
- 5S. Check #/Date/Amount (relating to appropriate invoice/billing).
- 6S. Dollar Amount Applicable to Grant.

B. Contracts

Applies if capital construction/rehabilitation work exceeds a total of \$35,000; also applies to purchase contracts which exceed a total cost of \$20,000 or if printing is \$5,000 or more; also applies to consultant contracts, rental agreements.

- 1S. Advertisement for Bids (for consultants, copy of Request for Proposals (RFP).
- 2S. Bid Summary showing all Bids received (for consultants, copy of all proposals received).
- 3S. Justification for selecting construction bidder who was not low bidder, if appropriate.
- 4S. Fully executed contract with GC or Consultant.
- 5S. All change orders to contractor or consultant; billings should include a description of the work performed.
- 6S. Invoices/billings from contractor or consultant; billings should include a description of the work performed.
- 7S. Proof of payment (copies of cancelled checks both sides, or equivalent bank statements, or certifications from a General Contractor or Vendor that payments have been received).
- 8S. Field Reports with color photos showing work completed within the invoice period.

C. SUPPLIES, MATERIALS, UTILITIES, INSURANCE, MISCELLANEOUS

- 1S. Invoice/Billing.
- 2S. Description of items included on invoice/billing and how they relate to the Work Element for which they are submitted.
- 3S. Proof of payment (copies of cancelled checks both sides, or equivalent bank statements, or certifications from a General Contractor or Vendor that payments have been received).

D. PAID LABOR – SALARIED/WAGE (HOURLY) EMPLOYEES

- 1S. Evidence of payment per pay period, per employee.
- 2S. Daily time sheets, signed by both employee and an appropriate supervisor. Time sheets should include the project number, hours worked, and a description of the work performed. Hours worked should be the full day's total; if a person spends four of eight hours on grant-related activity, however, time-sheets should be annotated to indicate clearly the item charged to the grant.
- 3S. Any fringe benefits charged to grant funds must be documented by a cost breakdown of specific benefits. All requests for fringe benefits must include the specific breakdown of items comprising the rate. Components of an allowable fringe benefit rate include: Retirement, Social Security, Health Insurance, Unemployment Insurance, Workers' Compensation. For Federal funds, the fringe benefit charged may not exceed the approved fringe benefit rate for any fiscal year as developed by the Division of the Budget (contact your appropriate Grantor office).

E. EQUIPMENT PURCHASE

- 1S. Invoice/billing, detailed with serial numbers or other identifying data.
- 2S. Proof of payment (copies of cancelled checks both sides, or equivalent bank statements, or certifications from a General Contractor or Vendor that payments have been received)
- 3S. The required grantor approval for purchase of any single non-expendable item having a useful life of more than one year and costing over \$1,000 if State funded. For equipment purchase using Federal funds, grantor approval is required as well as the approval of the Federal agency and must be made in the United States with appropriate documentation.
- 4S. Annual written inventory, to include description, cost, date purchased, ID number, and date and means of disposition, if any.

F. EQUIPMENT USAGE/RENTAL/DONATION

- 1S. The development of local government equipment use rates is preferred and encouraged. To justify the rate, the documentation should include:
 - A. Detailed description of equipment used (model, tonnage, truck, car or jeep).
 - B. Record of time used on and off the project (hours or mileage).
 - C. Acquisition cost.
 - D. Method of depreciation.
 - E. Clearly allocated maintenance cost.
- OR**
- 2S. If the cost of developing an equipment use rate is prohibitive, local government grant recipients may use state or county rates, unless local accounting rates show that materially lower rates can be developed. When state or county rates are used, they must be adjusted to eliminate depreciation of any equipment.
 - A. Donated by Federal Government
 - B. Considered to be fully depreciated.
 - C. Purchased directly or indirectly with Federal funds regardless of where title was originally vested or where title currently exists.

County rate usage is subject to review and possible disapproval by applicable grantor agencies in specific instances.

- 3S. With either method, records of actual use must be documented with time sheets, logs, etc

G. TRAVEL

Documentation must include data about the destination and purpose of a trip.

Reimbursements will be allowed only up to the current approved state rates.

- 1S. Common carrier receipts.
 2S. For personal car use, logs of miles traveled and yearly rate of reimbursement..
 3S. Lodging receipts.

H. ACQUISITION OF REAL PROPERTY

- 1S. Current Appraisal(s).
 2S. Letter to landowner informing him of relocation rights and, if selling price is less than appraised value, informing him of price differential.
 3S. Landowner's waiver or purchase at appraised value (willing to accept less).
 4S. Receipts for incidental relocation expense.
 5S. Proof of payment (copies of cancelled checks both sides, or equivalent bank statements, or certifications from a General Contractor or Vendor that payments have been received)
 6S. Concise narrative description of both the project AND the real estate transaction (limited to one page). If applicant has less than fee title, short explanation of how applicant's title meets regulation requirements.
 7S. Summary sheet delineating the number of parcels involved in the transaction, the price or value of each parcel, the interest acquired (fee simple, lease, easement, etc.), the acreage per parcel and the date of each transaction. (A summary sheet should be included even if only one parcel is involved).
 8S. When parkland is involved, a map of the entire park, even if the subject of the grant involves property that is less than the entire park. The boundary map should show both:
- a. the actual boundaries of the entire park in yellow, and in enough detail to be legally sufficient to identify the parkland, and
 - b. the actual boundaries of those parcels that are the subject of an acquisition or donation, color-coded and keyed to the "Schedule 1 – Summary Sheet Per Parcel" form.

Acceptable methods of identification are: (1) metes and bounds (preferred), (2) deed references, (3) adjoining water bodies or other natural landmarks, (4) government survey, (5) adjoining ownerships and/or (6) adjoining easements of record. Where one or more of these methods are not suitable for identification, measurements from permanent locators may be used. It is recommended that the map itself clearly show pertinent features such as roads, road names and numbers, bodies of water, buildings, structures, etc. The map must also identify all known outstanding rights and interests held by others, as well as know easements, deed/lease restrictions, reversionary interests, etc. The map must also include the title and number of the project, date of map preparation and name and signature of an authorized official.

- 9S. Copy of the recorded Deed, showing Liber and Page number, conveying title to the municipality or not-for-profit organization.
- 10S. Copy of a Subordination Agreement if title is burdened by a mortgage.
- 11S. Copy of contract between seller and municipality or not-for-profit organization and/or donation agreement.
- 12S. Tax search or certificate showing all real estate taxes have been paid.
- 13S. Either of the items listed in a or b below:
 - a. Copy of Abstract(s) of Title, per parcel, continued to show deed or title vesting in the municipal or not-for-profit organization, AND a copy of EITHER Affidavit of Title (for not-for-profits – or Opinion of Municipal Counsel, that good and marketable title, free and clear of liens, has been acquired.
 - b. Copy of Policy of Title Insurance (not binder or commitment).
- 14S. Name, address and telephone number of the counsel to be contacted.

I. DONATION OF LAND

- 1S. See Section H, items 1, 6, 7, 8, 9, 11, 12, 13 and 14 above.

J. DONATION OF SUPPLIES, MATERIALS EQUIPMENT

- 1S. Itemized list of goods supplied, including donor, date donated, and value of donation.

K. DONATION OF LABOR

- 1S. Time sheets detailing hours worked, work performed, basis for hourly rate, etc.
- 2S. Evidence of payment per pay period, per employee.

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GRANTEE CERTIFICATION FOR PAYMENT, FINAL REPORT AND CLOSE OUT

Organization Name: _____

Project Number: _____

This submission is (*check all that apply*):

Payment request

Final Report

Close out

This certifies that:

1. The related expenditures under the contract for the above-referenced project were managed and expended in accordance with all applicable laws, regulations, project agreement terms, and program/project guidelines.
2. All required payment documentation **is on file** and will **be available for inspection** upon request **for a period of 6 years** from the ending of the calendar year in which the final payment was/will be made.
3. All figures are **true and correct**.
4. All items listed:
 - a. are eligible costs as listed **in Appendix B** (Budget) of the contract;
 - b. are expenditures that **comply with the terms and conditions** of the contract;
 - c. are **expenditures for services rendered and/or goods delivered within the contract term**; and
 - d. are **not duplicates of any items previously submitted** for reimbursement.

For Payment Requests: Enclosed is the material for processing payment # _____ for the above-referenced project covering total expenditures of \$ _____

Certifying Officer's Signature: _____

Print Name: _____

Date: _____

STATE
OF
NEW YORK

STATE AID VOUCHER

Voucher No. _____

1 Originating Agency		Orig. Agency Code		Interest Eligible (Y/N)	
Payment Date (MM) (DD) (YY) / /		OSC Use Only		Liability Date (MM) (DD) (YY) / /	
2 Payee ID		Additional	3 Zip Code	Route	Payee Amount
4 Payee Name (Limit to 30 spaces)		IRS Code		IRS Amount	
Payee Name (Limit to 30 spaces)		Stat. Type	Statistic	Indicator-Dept.	Indicator-Statewide
Address (Limit to 30 spaces)		5 Ref/Inv. No. (Limit to 20 spaces)			
Address (Limit to 30 spaces)		Ref/Inv. Date (MM) (DD) (YY) / /			
City (Limit to 20 spaces)		(Limit to 2 spaces) → State	Zip Code		

6 Date Paid	Check or Voucher No.	Description of Charges (If Personal Service, show name, title, period covered)	Amount	
			Dollars	Cents

7 State Aid Program or Applicable Statute:		TOTAL	
8 Payee Certification: I certify that the above expenditures have been made in accordance with the provisions of the Applicable Statute; that the claim is just and correct; that no part thereof has been paid except as stated; that the balance is actually due and owing, and that taxes from which the State is exempt are excluded.		Less Receipts	
→ _____ Date _____ Signature in Ink _____ Title _____ Name of Municipality _____		NET	
		State Aid _____% Claimed	

FOR STATE AGENCY USE ONLY

STATE COMPTROLLER'S PRE-AUDIT

Merchandise Received	I certify that this claim is correct and just, and payment is approved.			State Aid		
Date	By _____		Verified	Certified For Payment of State Aid Amount		
Page No.	Date _____		Audited			
By			By _____			

Expenditure						Liquidation					
Cost Center Code				Object	Accum		Amount	Orig. Agency	PO/Contract	Line	F/P
Dept.	Cost Center Unit	Var.	Yr.		Dept.	Statewide					