

SEISMIC REHABILITATION GRANT PROGRAM (SRGP)

PROJECT REPORTING AND PERFORMANCE



STATE OF OREGON
OFFICE OF EMERGENCY MANAGEMENT

OREGON SEISMIC REHABILITATION GRANT

CONTACT INFORMATION

All forms and applications are on the OEM Website:

http://www.oregon.gov/OMD/OEM/plans_train/SRGP.shtml

Financial questions

Primary: Vicki Neuenschwander at (503) 584-3501 (M-F 7:30 – 4pm) or email at vicki.l.neuenschwander@mil.state.or.us

Secondary: Sean McCormick at (503) 584-3601 email sean.m.mccormick@mil.state.or.us

Performance questions

Primary: Kiri Carini at (503) 378-2911 ext. 22245 or email, kiri.carini@state.or.us

Secondary: Paulina Layton at (503) 378-2911 ext. 22227 or email, paulina.layton@state.or.us

Mailing Information

Oregon Emergency Management
Attn: Kiri Carini, Seismic Grant Program
PO Box 14370
Salem, OR 97309-5062

For FedEx/UPS:

Oregon Emergency Management
Attn: Kiri Carini, Seismic Grant Program
3225 State Street, Room 115
Salem, OR 97301

OREGON SEISMIC REHABILITATION GRANT PROJECT PERFORMANCE

Quarterly Reporting

- Quarterly Performance Status Reports are due by the 30th of the month following the end of the calendar quarter that just closed. (April 30th, July 30th, Oct. 30th, Jan. 30th)
- Part B of the Performance Status Report should include:
 - Description: Budget categories such as architectural, construction, etc in the description column.
 - Narrative: Provide a brief explanation or highlight tasks for each of the budget categories. Please note challenges or obstacles you encounter during the project's life cycle.

Items Required Prior to Grant Close Out

- Copies of Architect, Engineer and Contractor contracts or purchase orders as soon as available.
- Copy of final design cost estimate.
- Photos of construction progress.
- Provide certificate of completion, signed and stamped by your engineer, architect or contractor.

Other Items

- Display a SRGP sign during the construction phase.
- Seismic Rehabilitation plaque affixed to building.



**OREGON MILITARY DEPARTMENT
OREGON EMERGENCY MANAGEMENT
SEISMIC REHABILITATION GRANT PROGRAM
(SRGP)**



PERFORMANCE STATUS REPORT

The grantee must submit this form to the SRGP Coordinator by the quarterly report date established by the grantee and the SRGP Coordinator and included in the grants contract.

Part A: Project Details

Project Name			Grant Number
Grantee Name			
Address			
City	State OREGON	ZIP	Established Quarterly Report Date
Phone	FAX	E-Mail	Date of This Report
Grantee Signature /s/			Date

Grantee- Complete form, sign, date, and send original form and any attachments to the SRGP Program Coordinator.

Part B: Key milestones quarterly report instructions:

- 1) Fill in the following information each quarter to provide information on key milestones. Use the key milestones and estimated due dates found in the Grantee's SRGP contract agreement to fill in the "Description" and "Estimated Due Date" in the table below. (These are based on the timing of spending required for tax-exempt bond funded projects)
- 2) Fill in the "Anticipated Completion Date". If the project key milestones are still anticipated to be completed on time, insert the same date shown in Grantee's contract agreement under "Estimated Due Date" column. If the project is expected to be delayed, provide the date the project is anticipated to be completed in the "Anticipated Completion Date" column. (If the estimated due date is expected to be delayed by 60 days or more, Grantee will need to fill out the "Request Change Order" form and return it to the SRGP Program Coordinator with the progress report and any invoices.)
- 3) Indicate what percentage of work has been completed for each milestone in the "Percentage Complete" column.
- 4) Sign and date the form and return the completed form on or before the established quarterly progress report to the SRGP Program Coordinator.

Description (List each milestone as shown in the SRGP contract agreement)	Estimated Due Date	Anticipated Completion Date	Percentage Complete	Narrative
1.				
2.				
3.				
4.				
5.				

OREGON SEISMIC REHABILITATION GRANT CLOSE OUT CHECKLIST

The following is a list of items you will need to include for final close out of your grant. All documentation is required in order for your file to be complete, and for final payments to be made.

Things to remember:

- * No more than 90% of the awarded amount will be paid out until all final reports and paperwork are submitted and accepted.
- * Final paperwork must be submitted within 90 days of project completion.

Final Close Out Package should contain:

- Final Financial Status Report
- Final Performance Status Report
- Final Request for Reimbursement
- Photos of project "in-progress" or complete
- Certificate of Completion (stamped by engineer/architect/contractor)
- If applicable: Explanation of any major discrepancy between grant award and final cost.

Additionally, if you have not already submitted the following, these should be included as well:

- Final Project Designs/Plan, including final Cost Estimate
- Copies of Architect, Engineer & Contractor contracts or purchase orders
- Copies of any Change Orders

OREGON SEISMIC REHABILITATION GRANT
FINANCIAL REPORTING

- This is a reimbursement grant No funds will be paid out until proof of payment and required documentation has been received and accepted.
- There is no allowance for cost over runs. The amount awarded is the maximum that will be reimbursed.
- No more than 90% of the awarded amount will be paid out until all final reports and paperwork are submitted and accepted.
- Indirect costs will not be reimbursed. Operating expenses are not eligible for reimbursement. Payroll for budgeted employees working on the project are NOT allowable expenses. Contracted or limited duration employee payroll costs are eligible. Other ineligible expenses – travel, meals, refreshments at contractor meetings.
- Reimbursement Request Forms must be submitted quarterly (at minimum) but not more than monthly. If nothing has been spent and no reimbursement funds are being requested for the quarter, submit the form with requested amount of zero.
- The Reimbursement Worksheet must be completed in order to receive reimbursement. The worksheet should list all invoices or cash register sales slips and balance to the total funds requested on the Reimbursement Request form.
- Copies of each invoice paid must be submitted along with proof of its payment. If the invoice was paid with a check, a copy of the canceled check front and back is required. If the check is not for the exact amount to be reimbursed, a copy of the check stub should also be included as proof that the invoice is part of the larger payment. If an invoice was paid with a credit card, a copy of the credit card / bank statement showing the transaction will serve as proof of payment. Cash register or sales receipts themselves serve as proof of payment.
- Grantees with match will be reimbursed according to the grantee / grantor percentage. Match amount will be calculated to whole percentages and applied to each reimbursement request (up to the 90% max prior to final reports).
- Reimbursement checks (warrants) are mailed. ACH payments will be set-up if preferred. Automatic email notification of the payment will be sent to the contact on record for ACH payments.
- Financial Status Reports are due quarterly by the 30th of the month following the end of the calendar quarter that just closed (April 30, July 30, Oct. 30, and Jan. 30).
- All financial documentation must be retained for 6 years after project completion and/or all disputes have been resolved. In the event of an audit, the auditors will be directed to contact you for additional information or copies.



**OREGON MILITARY DEPARTMENT
OFFICE of EMERGENCY MANAGEMENT
SEISMIC REHABILITATION GRANT PROGRAM**



FINANCIAL STATUS REPORT

Grant No.	SRGP10E250	Date of Report	8/23/2010
Project Name:	Little Red School House - Main Bldg.		
Grantee Name:	Salem School District		
Grant Award Date	07/01/10	Reporting Quarter Ending	9/30/2010
Grant Expiration Date	07/01/12	Reporting Cycle	<input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Final

AWARD INFORMATION

Total Amount Awarded	\$	1,500,000.00
Reimbursements Received	\$	750,000.00
Award Remaining	\$	750,000.00

FINANCIAL REPORTING (1)

Reporting Period	SPENDING ANALYSIS		PROJECT EXPENDITURE ANALYSIS	
	TARGET %	ACTUAL %	QUARTERLY EXPENDITURES	EXPENDITURES TO DATE
1st Quarter (ending 9/30/10)	5%	1%	15,000.00	15,000.00
2nd Quarter (10/1/10-12/31/10)	10%	3%	27,000.00	42,000.00
3rd Quarter (1/1/11-3/31/11)	20%	8%	84,000.00	126,000.00
4th Quarter (4/1/11-6/30/11)	45%	12%	53,000.00	179,000.00
5th Quarter (7/1/11-9/30/11)	60%	58%	695,000.00	874,000.00
6th Quarter (10/1/11-12/31/11)	75%	97%	575,000.00	1,449,000.00
7th Quarter (1/1/12-3/31/12)	85%	100%	47,000.00	1,496,000.00
8th Quarter (4/1/12-6/30/12)	100%	100%	4,000.00	1,500,000.00
Other				
Subtotal			1,500,000.00	1,500,000.00
Less Secondary Funding (If applicable)			-	-
TOTAL GRANT FUNDS EXPENDED				1,500,000.00

Expenditures Not Reimbursed	750,000.00
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Remarks:

Signature: _____

Date: _____

Print Authorized Agent's Name: _____ Telephone# _____

(1) Financial reporting figures are for the entire project associated with the Seismic Rehabilitation Grant Program (SRGP). Totals should correlate between State awarded grant funding and Non-State funding.



**OREGON MILITARY DEPARTMENT
OFFICE of EMERGENCY MANAGEMENT
SEISMIC REHABILITATION GRANT PROGRAM**



REQUEST FOR REIMBURSEMENT

Project Name: Little Red School House - Main Bldg.	Grant # SRGP10E250
Grantee Name: Salem School District	
Date Work Started: 7/15/2010	Billing Period (from - to): 8/1-8/31/2010
Date of Award: 07/01/10	Billing # 10 Billing: <input checked="" type="checkbox"/> Partial <input type="checkbox"/> Final

AWARD INFORMATION

Total Amount Awarded	\$	1,500,000.00
Prior Reimbursements Received	\$	170,000.00
Remaining Award Available	\$	1,330,000.00

SUMMARY PROJECT COSTS

See Detail Worksheet for Current Period Expenditure Itemization

TYPE OF EXPENSE	Project Costs to Date	Cost Previously Billed	Costs Incurred This Period
Architectural	85,015.00	85,000.00	15.00
Engineering	46,085.00	46,000.00	85.00
Construction Management	64,200.00	32,000.00	32,200.00
Construction Labor / Materials	-		
Permitting / Inspection	2,500.00	2,500.00	
Insurance	405.00	270.00	135.00
Testing	4,875.00	4,230.00	645.00
Relocation Costs	-		
Other	-		
SUBTOTAL	203,080.00	170,000.00	33,080.00
Less Match Funds (if applicable)	-	-	-
TOTAL	203,080.00	170,000.00	33,080.00

REIMBURSEMENT AMOUNT REQUESTED FOR CURRENT PERIOD	33,080.00
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If requested amount differs from total costs incurred this period, please explain:

Documentation Supporting Expenditures and Proof of Payment is Required for Every Reimbursement.

I certify that, to the best of my knowledge and belief, the eligible costs requested are in accordance with the terms of the grant agreement and that all expenditures are based on actual payments of record. This reimbursement represents only expenditures

I also certify that the work and services which have been performed to date are in accordance with the approved project agreement including amendments thereto; and that this Sponsor has complied with all applicable State and local statutes.

I agree to retain records pertaining to this billing for six years past the project completion date or from the day all disputes arising under this Agreement have been resolved.

I certify that this Sponsor, is not involved in any court litigation or lawsuit wherein it is alleged by private parties of the United States that persons were, on the grounds of race, color, or natural origin excluded from participation in, denied benefi

Signature: _____ **Date:** _____

Print Authorized Agent's Name: _____ **Telephone#** _____

For OEM Office Use Only:

Program Manager Authorization: _____ **Date:** _____

Approved Amount of Reimb.: \$ _____ **VP#** _____ **PCA** _____

**OREGON MILITARY DEPARTMENT
OFFICE OF EMERGENCY MANAGEMENT
SEISMIC REHABILITATION GRANT
REIMBURSEMENT REQUEST WORKSHEET**

Project Title: Little Red School House - main building	Grantee No.: 2247338
Sub grantee: Salem School District	Billing #: 10
Reimbursement Period: 8/1 - 8/31/10	

* Each line item **MUST** be accompanied by a copy of an invoice or sales receipt **and** proof of its payment (check copy - front and back or credit card statement) in order to be considered for reimbursement.

Date Pd	Pmt. No.	Invoice #	Payee	Budget Classification							Invoice Total	
				Architectural	Engineering	Construction Mgt.	Construction Labor / Materials	Permitting / Inspection	Insurance	Testing		Relocation Costs
1 08/01/10	9311824	127	The Architect Co.			\$17,000.00						\$17,000.00
2 08/15/10	9312856	12435	Bob's Electric	\$15.00	\$85.00							\$100.00
3 08/22/10	9328577	2	Ed's Earthquake Company			\$15,200.00						\$15,200.00
4 08/23/10	9338247	17	State Insurance Co.						\$135.00			\$135.00
5 08/25/10	9341682	877524	ACME Asbestos Testing							\$645.00		\$645.00
6												\$0.00
7												\$0.00
8												\$0.00
9												\$0.00
10												\$0.00
11												\$0.00
12												\$0.00
13												\$0.00
14												\$0.00
15												\$0.00
16												\$0.00
17												\$0.00
18												\$0.00
19												\$0.00
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21												\$0.00
22												\$0.00
23												\$0.00
24												\$0.00
25												\$0.00
26												\$0.00
27												\$0.00
28												\$0.00
29												\$0.00
30												\$0.00
31												\$0.00
32												\$0.00
33												\$0.00
34												\$0.00
35												\$0.00
36												\$0.00
37												\$0.00
Total				\$15.00	\$85.00	\$32,200.00	\$0.00	\$0.00	\$135.00	\$645.00	\$0.00	\$33,080.00

Reimbursement Amount Requested
Less Match Percentage (If applicable)
Reimbursement Amount Requested

\$33,080.00
0%
\$33,080.00

State of Oregon
Direct Deposit Authorization Form
 For Receiving Payment By
 Electronic Funds Transfer (EFT)



SFMS Website: http://oregon.gov/DAS/SCD/SFMS/docs/forms/ACH_enrollment_form.docx
 Only forms with original signatures are accepted (No faxes or copies) - Retain a copy for your records

SECTION A – PAYEE INFORMATION

Instructions are on Page 2

1. TYPE OF ACTION (Required) <input type="checkbox"/> NEW (Start) <input type="checkbox"/> CHANGE <input type="checkbox"/> CANCEL (Stop)	2. SSN / FEIN / OR# (Social Security / Federal Employer Identification / Oregon Employee Number – <i>Only one ID number Required</i>)
3. PAYEE NAME AND MAILING ADDRESS (Required)	4. PHONE NUMBER (Optional)
	5. EMAIL ADDRESS (for payment notification - Optional)
	6. USERID (Must be 7 or 8 Characters - Optional)

SECTION B – AUTHORIZATION

Important! Please read and sign before submitting.

This form is used to authorize direct deposit to a checking or savings account.

Cancel/change account – To **cancel** this authorization, submit a new form and check the cancel (STOP) box, sign and date the form and submit as instructed on the back. **Cancel/change account** – by selecting the “change” box and completing the form with new account information, or by selecting the “cancel” box, you hereby revoke your previous authorization for direct deposit.

International transaction certification – I certify that the entire amount of my direct deposit is NOT ultimately deposited into a financial institution outside the United States.

I certify that I have read and understand the information contained in this form. I acknowledge that the origination of transactions to the authorized account must comply with provisions of Oregon and U.S. law. I certify that I am authorized to enter into this agreement as the account holder.

1.	<input checked="" type="checkbox"/>	Signature of Account Holder <i>(Required)</i>	Print Name <i>(Required)</i>	Title (if company account) <i>(Required)</i>	Date <i>(Required)</i>
2.	<input checked="" type="checkbox"/>	Signature of Account Holder	Print Name	Title (if company account)	Date

SECTION C – FINANCIAL INSTITUTION INFORMATION *(To be completed by Financial Institution Representative)*

1. ACCOUNT TYPE (1): a. <input type="checkbox"/> SAVINGS b. <input type="checkbox"/> CHECKING <i>(Required)</i>	ACCOUNT TYPE (2): c. <input type="checkbox"/> PERSONAL d. <input type="checkbox"/> COMMERCIAL <i>(Required)</i>		
2. ABA/BANK ROUTING NUMBER (Required)	3. DEPOSITOR ACCOUNT NUMBER (Required)		
Location of account numbers are on bottom of your check: 			
4. FINANCIAL INSTITUTION NAME (Required)	5. NAME(S) AS THEY APPEAR ON ACCOUNT (Required)		
6. FINANCIAL INSTITUTION ADDRESS (Required)			
(Number and Street) (City) (State) (Zip)			
I have verified the account number above. This Financial Institution is ACH capable and will comply with NACHA rules. SFMS will accept Agency Payroll Officer signature for State Employees.			
7. Financial Representative's Name (Printed or Typed - Required)	8. Signature of Financial Representative (Required)	9. Telephone Number (Required) () -	10. Date (Required) ##-##-

SECTION D – FOR DAS/SCD/SFMS USE ONLY

1. Vendor No. and Mail Code	2. Pre-note Date	3. NACHA Format PPD+ CCD+	4. Notes
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The benefits of electronic payments

- Eliminate mail and handling delays
- Immediate availability of funds
- Traceable payments
- Eliminate lost, stolen or misplaced checks
- Reduce possibility of fraud
- Single authorization form for multiple state agencies
- Reduce government operation costs
- Reduce paper consumption

Eligibility

If you regularly receive payments from Oregon state government, you may be eligible to receive ACH electronic payments.

Getting started

Do you want to get set up for electronic payments? Contact SFMS Operations to request an enrollment form, or visit us online.

SFMS Operations
(503) 373-1044, ext. 247

http://oregon.gov/DAS/SCD/SFMS/docs/forms/ACH_enrollment_form.doc



DAS
DEPARTMENT OF
ADMINISTRATIVE
SERVICES

The state of Oregon complies with the Americans with Disabilities Act. People who need an alternative format for this information may request it by TTY at (503) 378-4672.

State of Oregon
Automated Clearing House

Electronic payment program



DAS
DEPARTMENT OF
ADMINISTRATIVE
SERVICES

State Controller's Division
Statewide Financial
Management Services

About electronic payments

Automated Clearing House (ACH) electronic payments are a secure, reliable, low-cost alternative to printing and mailing checks and warrants. These electronic payments are made through electronic funds transfer.

Oregon state government uses an authorized bank to process ACH payments to contractors, merchants, and other business partners for a wide range of goods and services. The state also uses ACH payments for state employees who regularly receive reimbursement for approved expenses while traveling on state business.



The ACH electronic payments process is completely separate from state government's payroll system. Changes in one system do not affect the other in any way.

How it works

- 1 When an agency approves a payment to a contractor, merchant or employee, their staff enters payment instructions into the Statewide Financial Management Application (SFMA). SFMA then sends payment instructions to the state's bank. The bank forwards these instructions to the ACH operator which coordinates the transfer of funds to the appropriate financial institution.
- 2 The payee receives email notification that the payment order has been sent to the State Treasury. Payment order information is accessible online for 90 days at: <https://pmtinfo.das.state.or.us>
- 3 On the settlement day, the bank posts a credit to the account. Total transit time is two banking days.
- 4 If an account is closed or incorrectly identified, the funds return through ACH to the state's bank. If this happens, the state mails the payment.
- 5 The initial set up and routing verification takes nine banking days. In the meantime, if a payee is owed a payment, the state issues a warrant.