Oregon Department of Public Transportation Appendix A Required Reimbursement Supporting Documentation

General Instructions for all grant funding

- All reimbursement requests (RR) must include the required documentation as described in the signed agreement and should include items as listed below for each type of funding request.
 - o All required documentation should be attached to OPTIS RR.
 - Items that do not support the reimbursement(s) being requested should not be attached.
 - o Items that are being used for reimbursement should clearly show which of the charges on the sheet are being requested for the RR. (please don't send pages of documentation that is not marked showing the expenses that should match the OPTIS record- use a highlighter, underline or circle expenses that are being charged against the grant you attach the documentation)
- RR documentation:
 - Invoices must include the date(s) of service,
 - Invoice number, grant agreement number
 - Total reimbursement costs listed on invoice, not to exceed the grant amount
 - Markup on the invoice that shows which charges are being applied to the specific RR
 - Budget detail worksheet or equivalent with all the grants listed for that quarter
 - Each invoice should be coded with the following:
 - Fund Account name/number from your general ledger (GL)
 - Break out of any funding going to multiple fund sources
 - Example = Fuel and Tires 134-00-101 (number should match line item on your GL)
 - All project costs must be documented and comply with the executed grant agreement.
 - Federal reimbursement costs must comply with 2 CFR 200.225

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Required Supporting Documents per Project Type:

Administration -

- (Purchased Service) Written detailed documentation of time expended and an invoice, account payable statement or comparable document that shows administration performed for the grant reimbursement requested. If using this document for multiple grant funds, you need to specify which agreement and the funding source.
- Documentation should include dates of service, hours of service, who provided service and grant or allocated costs for grant reimbursement.
- Each invoice should be code with the following:
 - Funding Account name/number
 - Break out any funding going to multiple fund sources
 - Example = Admin Salaries 134-00-201 (number should match line item on your GL)
- For internal agency staff projects, please provide spreadsheet or similar document showing the time worked, hourly rate for labor, title/classification and all work performed for the period. Summary must include all expenses for the period claimed.

Operations

All items are entered into OPTIS by line item (salary, gas, rent, insurance, etc.) Show general category in the drop down Expense Type and a more detail in description on line items as shown below.

Each item should have its own line with a description.

| | | | 1 |
|---|-------------------------|--------------------------|----------------|
| Item: 11.79.00 - Project Admin. | | Activity Budget: | \$133,934.00 |
| | | Subgrant Contribution: | \$120,179.00 |
| | | Grantee Match: | \$13,755.00 |
| Expense Type | Description | Receipt | Expense Amount |
| Salaries and Benefits | Administrative Salaries | N | \$12,185.00 |
| • Travel | Admini Travel | N | \$556.00 |
| Salaries and Benefits | Operational pay | N | \$4,000.00 |
| | | Total: | \$16,741.00 |
| | | Match Source | Match Amount |
| | | Local | \$0.00 |
| | | State | \$1,719.00 |
| | | Other | \$0.00 |
| | | Total: | \$1,719.00 |
| | | Reimbursement Requested: | \$15,022.00 |
| Record Expense | | Match Expense |) |
| Item: 30.09.02 - Operating Sliding Scale | | Activity Budget: | \$795,132.00 |

| Item: 30.09.02 - Operating Sliding Scale | Activity Budget: | \$795,132.00 |
|--|------------------------|--------------|
| | Subgrant Contribution: | \$445,910.00 |

ant Contribution: \$445,910.00 **Grantee Match:** \$349,222.00

| Expense Type | Description | Receipt | Expense Amount |
|---|----------------------|---------|----------------|
| Insurance | Admin insurance | N | \$1,302.00 |
| • Utilities | Utilities | N | \$965.00 |
| Dues and Subscriptions | Dues | N | \$233.00 |
| Consultant and Professional Fees | Professional fees | N | \$1,079.00 |
| Vehicle(s) Purchase | Vehicle match | N | \$10,219.00 |
| Other (please enter description) | Facility occupancy | N | \$188.00 |
| Other (please enter description) | Ofice expenses | N | \$1,018.00 |
| Salaries and Benefits | Operational pay | N | \$59,660.00 |
| Insurance | Vehicle insurance | N | \$4,477.00 |
| Utilities | Facility utilities | N | \$6,161.00 |
| • Fuel, Oil, Tires and Other Supplies | Fuel & repairs | N | \$23,209.00 |
| Building and Facility Maintenance | Facility maintenance | N | \$776.00 |
| Other (please enter description) | Drug testing | N | \$190.00 |
| Other (please enter description) | Vehicle parking | N | \$390.00 |
| Other (please enter description) | Less farebox revenue | N | \$-10,481.00 |
| | | Total | \$99,386.00 |

- Receipts must be kept on file locally and may be requested by RTC for further clarification. RTCs will be conducting a periodic on site visit and requesting invoices to review allowability of charges.
- Fare revenue should be subtracted from the operations cost and can appear as a negative number on the OPTIS APR. Agencies should be deducting fares as part of the line items as a negative number, as shown above (if 0 they drop down as fare free)

Purchased/Contract Service (FTA Circular 4220.1F, 2 CFR Part 1201) -

- A copy of the third-party service agreement contract (first invoice and renewal only) should be attached to your APR. If the contract is amended, include a copy of the amendment. Contracts should include all federal clauses as required by grant, the type of service or payments being made.
- Best practice is to submit the invoice for the same period as the reimbursement request. The
 original invoice from the vendor must show invoice number, date, vehicle/maintenance
 costs description unit price, discount if any, sales tax, freight/shipping charges and total for
 each product or service.
 - Each invoice should be code with the following:
 - o Funding Account name/number
 - Break out any funding going to multiple fund sources
 - o Insert budget line-item code, name, and/or type number
- All third-party costs must be clearly defined for the services provided (e.g., dates of service, service miles, service hours, hourly rates and title/classification). All work performed must be consistent with the third-party service agreement contract.
- Under OAR 732-042-0015(2)(G)(g), the Qualified Entity is responsible for monitoring the
 performance and compliance of its Sub-recipients and contractors. (STIF Plan Guidance pages
 15&16)
 - Fiscal Monitoring is an examination of the Sub-recipient's and/or contractor's financial statements, records, and procedures. Fiscal monitoring includes, but is not limited to:
 - Reviewing bills, invoices, or other fiscal documentation;
 - Comparing budgets and/or budget limits to actual costs;
 - Obtaining reasonable documentation that services charged to the STIF were actually delivered according to the contract or agreement; and
 - Comparing invoices with supporting documentation to determine that costs were allowable, necessary, and/or allocable, according to the policies of the STIF Agency (or federal program if the STIF is being used as match to a federal grant).
 - Programmatic Monitoring compares actual service delivery with the description of performance objectives and measures as identified in the contract or agreement. Program monitoring may include any or all of the following:
 - Reviewing the service provisions of the contract or agreement to determine what the Sub-recipient or contractor is to provide and the desired quality;
 - Reviewing Sub-recipient or contractor reports and other materials to determine if services are being provided;
 - Interviewing direct delivery staff and others to determine if services are being performed according to the contract or agreement; and
 - Conducting on-site reviews, when appropriate, to check the nature and quality of the services being provided.

Mobility Management

- Original invoice if purchased mobility management that includes the date, invoice number, standard agreement number, reimbursement period and amount requested (not to exceed the grant amount).
- Each invoice should be code with the following:
 - o Funding Account name/number
 - Break out any funding going to multiple fund sources

Required Reimbursement Supporting Documentation

- Example = Mobility Management 134-00-301 (number should match line item on your GL)
- A copy of purchase order including item description, quantity, unit price, discount (if any), sales tax, freight/shipping charges and total.
- An original invoice from the vendor. Invoice should include invoice number, date and description (manufacturer, model and serial number) of each product or service item.
- Spreadsheet showing all expenses charged against the agreement broken out by description, rate and hours. All purchases must be supported with vendor invoices. All other expenses (travel, training, conferences, etc.) must be supported with receipts.
- Proof of payment made to vendor or a copy of the method of payment showing paid in full.
- Items being reimbursed should match up with deliverables that were noted in the SOW.

Planning-

- Planning projects may include transit development plans, coordinated plans, capital
 improvement plans and other short and long-term planning documents and
 processes. Planning processes typically create documents or other deliverables.
 Those deliverables should be attached to the relevant reimbursement request. If
 specific deliverables were not produced, a narrative should be attached
 describing what activities occurred, for example, public outreach or meetings.
- Documentation of completed deliverables noted on invoice. Items will depend on agreement specifics and could be different for internal and external planning staff.
- Original invoice from the vendor that includes:
 - o Invoice Number
 - o Date
 - Description (manufacturer, model and serial number) of each product or service item.
 - Each invoice should be code with the following:
 - Funding Account name/number
 - Break out any funding going to multiple fund sources
 - o Insert budget line-item code, name, and/or type number

Preventive Maintenance-

Adequate maintenance procedures must be developed and implemented to keep the federally assisted property in good condition. Recipients must maintain federally assisted property in good operating order and in compliance with any applicable federal regulations that may be issued and follow applicable guidance that may be issued, except to the extent that FTA determines otherwise in writing. Recipients must have a written vehicle maintenance plan and a facility/equipment maintenance plan. These plans should describe a system of periodic inspections and preventive maintenance to be performed at certain defined intervals.

 PM When using a contract service provider for preventative maintenance, a copy of the third-party service agreement or contract (first invoice and renewal only) should be attached to APR/SPR.

This document should show:

- Hourly rate of service charges
- The price of services if not listed individually
- Any details that are involved in the invoicing of the charges you will be requesting through your reimbursement. (Your RTC will need to know how you are charging the contractor to approve the reimbursement request)

Required Reimbursement Supporting Documentation

- Provider is responsible for tracking all warranty items and should be ready to provide the warranty tracker for every compliance review or periodic inspection by the RTC
- All large or major repairs must be approved by the Capital Program Coordinator and should be run by the RTC. A cost benefit with remaining useful life should be completed to ensure that major repair is not more than the fair market value of the vehicle
- Analysis should list type of repair. Engine replacement and transmission replacement are considered major repairs

Preventive Maintenance Reimbursement Requests must include the following:

- Third party vendor/contractor service
 - Invoice should be for the same period as the reimbursement request
 - Vendor original invoice should include:
 - Invoice number
 - Date of service
 - Vehicle Identification Number (if applicable)
 - Mileage of the vehicle (if service for rolling stock)
 - Description of service (manufacturer, model and serial number)
 - Unit price
 - Discount (if any)
 - Sales tax (if any)
 - Freight/shipping charges
 - Total for each product or service item

Preventive Maintenance Log –

 Preventative Maintenance Log should be attached to the RR a comparably detailed document from your accounting software may be used, consult with your RTC.

PM Log should contain:

- Date service completed
- VIN
- In house vehicle number or vehicle description
- Mileage
- Description of service (lube, oil, 5000K inspection, yearly inspection etc.)
- Vendor name
- Invoice number
- Unit price of service
- Agency name (if multiple agencies charges are combined)

PM items may include:

- Planned maintenance
- Lube, oil filter
- One time major rebuild
- Vehicle washes

^{**} Individual Invoices are not required but must be kept on file and may be requested by compliance reviewers or RTC periodically to ensure PM is completed in compliance with FTA requirements.

Required Reimbursement Supporting Documentation

- Sanitation equipment
- Vehicle inspections
- Parts not associated with vehicle accidents Even if items are not claimed on insurance but are the result of an accident cannot be charged against grant funds (Items claimed using insurance and insurance deductible should not be included in reimbursement requests)
- Whenever possible items should be charged against the manufacturer warranties (if applicable). Provider is responsible for keeping warranty tracking up-to-date

PM Items that may not be included:

- Items associated with an accident
- Accident deductibles
- In some cases bulk items (talk to your RTC)
- Repainting for cosmetic or color changes
- Wraps/company logo
- Fuel reimbursement
- · Security equipment/camera or GPS

Vehicle Purchase Reimbursement Instructions

Vehicles

(ON YOUR AGENCY'S LETTERHEAD)

(DATE)
(NAME), Regional Transit Coordinator for Region
ODOT Rail and Public Transit Division
555 13th St. NE
Salem, OR 97301-4179

Re: Vehicle Reimbursement Request

Dear Mr. or Ms. (NAME):

(SUBRECIPIENT AGENCY NAME) has received delivery of (X number of) vehicle(s) and is requesting reimbursement for the purchase of this vehicle(s). The following information is provided as requested:

- The total cost for the purchase was (\$)
- Total passenger capacity__; number of ADA Stations__; total passenger capacity with ADA deployed__
- There was a rebate of (\$) for each vehicle
- · Rebates have/have not been deducted from the total amount listed above
- This reimbursement request is from ODOT Agreement# (XXXXX)
- The vehicle(s) were accepted by subrecipient on (MMIDDIYYYY)
- The vehicle(s) were put into transit service on (MMIDDIYYYY)
- The source of local matching funds for this purchase is (IDENTIFY ex. STF, subrecipient general funds, local taxes, donations)
- Copies of invoices for all expenses claimed are enclosed
- DMV license and title registration expenses are NOT included in the costs to be reimbursed, and I understand they cannot be charged to the vehicle purchase agreement
- The Required Pre-Award and Post-Delivery Certification form for each vehicle is enclosed
- · For vehicle replacements, VIN of vehicle being replaced

Please advise me if there is, anything else required to process this request.

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Sincerely,
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(NAME), (TITLE) (Subrecipients Agency Name)

ODOT- RPTD Pre-Award & Post-Delivery Vehicle Purchase Certification Form

| | by the signature of its authorized representative, the subrecipient identified below certifies the following: A. PRE-AWARD PURCHASER'S REQUIREMENTS CERTIFICATION (all purchases over \$5,000) O As required by Title 49 CFR Part 663 Subpart B, the vehicle(s) listed below is/are the same |
|---------|---|
| | product(s) described in the subrecipient's solicitation specifications. The proposed |
| | manufacturer is a responsible manufacturer with the capacity to produce a vehicle that meets the specifications. |
| | Subrecipient's required documentation is complete and is part of the procurement file. |
| | B. PRE-AWARD BUS TESTING (all vehicle purchases except sedans, vans and mini-vans) The vehicle(s) obtained in this procurement complies with 49 USC A 5323(c) and 49 CFR Part 665. Misrepresenting he testing status of a vehicle acquired with federal financial assistance may subject recipient's organization to civil penalties (49 CFR Part 31) and FTA may also suspend or debar a manufacturer under the procedures in 49 CFR Part 29. |
| | Altoona/STURAA bus test report for each vehicle is a part of |
| | subrecipient's procurement file. |
| | PRE-AWARD BUY AMERICA COMPLIANCE CERTIFICATION (for purchases over \$150,000) As required by Title 49 CFR Part 663 Subpart B, the vehicle(s) and equipment to be purchased meet(s) the requirements of Section 165(b)(3) of the Surface Transportation Assistance Act of 1982 as amended. The subrecipient signing below has reviewed the documentation provided by the manufacturer which lists the following: (1) the proposed component and sub-component parts of the vehicle(s) and equipment identified by the manufacturer, country of origin and cost; and (2) the proposed location of the final assembly point for the vehicle(s) and equipment, including a description of the activities that took place at the final assembly point and the cost of final assembly. |
| | oTransit Vehicle Manufacturer's Buy America certification for each vehicle is attached. |
| | DISADVANTAGED BUSINESS ENTERPRISE COMPLIANCE (DBE) (purchases with FTA funds) As required by Title 49 CFR I have obtained a copy of the vehicle manufacturer's DBE certification (verified at this FTA website: https://www.fta.dot.gov/12326 5626.html) that this vehicle manufacturer has obtained 49 CFR § 26.49 DBE certification; has listed its current office address; and has established a DBE goal reflecting the guidance in 49 CFR Part 26.45, and is therefore an eligible manufacturer. |
| | oTransit Vehicle Manufacturer's DBE certification Is attached |
| | FEDERAL MOTOR VEHICLE SAFETY STANDARDS (FMVSS) CERTIFICATION (all vehicles) The vehicle(s) described below meet(s) all Federal Motor Vehicle Safety Standards which are applicable to this type of vehicle. Any modifications to vehicle(s) have not violated the integrity of the structure, design, or systems that have been tested to conform to the FMVSS for this vehicle(s). Transit Vehicle Manufacturer's FMVSS certification is attached. |
| | . POST-DELIVERY PURCHASER'S REQUIREMENTS CERT/FICA TION (for purchases over \$5,000) |
| | As required by Title 49 CFR Part 663 Subpart B, after visually inspecting and road-testing the vehicle(s) listed below, I certify that the vehicle(s) meet(s) the purchase contract specifications. |
| | Subrecipient's required documentation is complete and is part of the procurement file. |
| YEAR, N | KE, MODEL: VIN: |
| For cer | ication of multiple vehicles of the same year, make, and model, attach a list of the VINs for each vehicle. |
| | ED OPERATOR: |

| 2nd SECURITY INTEREST HOLDER (| if subrecipient is not operator): | |
|--------------------------------|-----------------------------------|--|
| Grant Agreement No | | |
| Subrecipient Address: | | |
| SIGNATURE: | TITLE: | |
| DATF: | | |

Equipment

- Copy of the ODOT-approved purchase order including item description, quantity, unit price, discount (if any), sales tax, freight/shipping charges and totals.
- Original invoice from the vendor showing invoice number, date, and description (manufacturer, model and serial number), unit price, discount (if any), sales tax, freight/shipping charges and total for each product or service item.
- Receipt of equipment which must include equipment description, purchase date, installation date and verification equipment is in working order
- Spreadsheet showing the unit price, discount (if any), sales tax, freight/shipping charges and total
- Statement that equipment has been accepted and is in working order (can be included in the cover letter for invoice)
- Manufacturer warranties/copy of extended warranties
- Proof of payment made to vendor or copy of the method of payment. Cancelled check or bank statement showing check number and "paid in full".
- Picture(s) of equipment- can be electronic format or portable drive.

Transit Facility Development/Construction

- If applicable, include a copy of the ODOT -approved third-party service agreement contract (first invoice and renewal only).
- Copy of purchase orders including all items description, quantity, unit price, discount (if any), sales tax, freight/shipping charges and totals.
- Original invoice from the vendor showing invoice number, date, description (manufacturer, model and serial number), unit price, discount (if any), sales tax, freight/shipping charges and total for each product or service item.
- Statement that facility is constructed or is in a particular phase of construction. In addition, documentation showing that equipment has been received and accepted.
- Spreadsheet showing all expenses, including those charged against the Federal grant broken out by description, rate, hours, and all phases of facility construction.
- Manufacturer warranties/copy of extended warranties
- Proof of payment made to vendor or copy of the method of payment. Cancelled check or bank statement showing check number and paid in full.
- Picture(s) of facility/equipment can be electronic format on CD or portable drive.

Debt Payment (STIF Formula Only)

- Documentation on the debt such as, loan origination or bond purchase agreement, which state the terms (principal, interest, duration, etc.) of the debt payment
- Approval of governing body to secure debt e.g., approved meeting minutes
- Documentation of project delivery for which the bond was issued e.g., purchase orders for debt funded vehicles