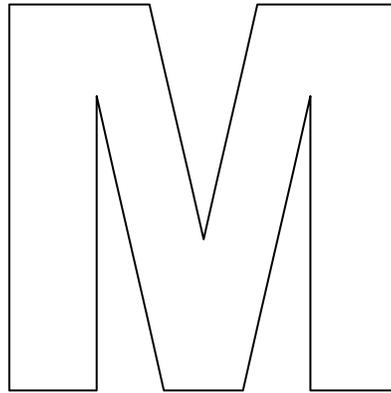




Emergency Medical and
Trauma Services Branch



Manage Your Award

July 2016 - June 2017

Fiscal Year 2017

Provider Grants & System Improvement Funding

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Let's Get Started!

Please read this guidance before submitting your reimbursement request.

Your Responsibilities

Keep us up to date	Notify us via email of changes to your contact information or grant contact.
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	The deadlines for quarterly progress reports are:								
	<table><tr><td>Quarter 1</td><td>Quarter 2</td><td>Quarter 3</td><td>Quarter 4</td></tr><tr><td>Sept. 30</td><td>Dec. 31</td><td>March 31</td><td>June 30</td></tr></table>	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Sept. 30	Dec. 31	March 31	June 30
Quarter 1	Quarter 2	Quarter 3	Quarter 4						
Sept. 30	Dec. 31	March 31	June 30						

Submit quarterly progress reports	Submit your report at: www.cemsis.com . If you need a CEMSIS login ID and password, click the "Need a User ID" on this page.
	Once you have made all purchases and mark your project as "Complete" no additional progress reports will be required.

Request changes to your Statement of Work	To request a change to your statement of work, email specific details to eric.schmidt@state.co.us . Requests are considered on a case-by-case basis. You will be notified by email of the outcome of your request. If your request is approved, you can then proceed with your project under the new scope.
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Track your reversions	Tracking reversions is extremely important. If you experience any changes throughout the year and believe you will not spend all of your funds, please let us know immediately. These funds can be redirected to fund EMTS grants that were not awarded initially.
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Meet federal & state requirements	All equipment purchased with an award from the EMTS Funding Program must meet federal and state requirements comply with the scope of practice under 6 CCR 1015-3, Chapter Two (Practice Rules). This rule can be found at www.coems.info
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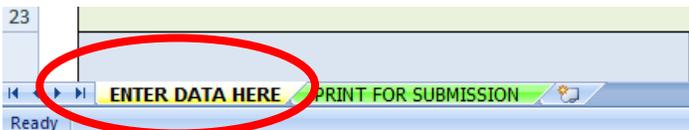
Notify us of intent to change ownership	The state retains partial ownership of all vehicles and equipment purchased through the funding program. If ownership of a grant-funded asset is to be transferred or you are considering a material change in its use, the Colorado Department of Public Health and Environment must pre-approve the transfer or sale. Email specific details to eric.schmidt@state.co.us and await written approval for the change.
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Submitting for Reimbursement

The Department requires grantees to submit a complete standardized invoice form to request reimbursement. A complete request consists of the four-page standardized invoice form and all attachments that support your request. Forms submitted incorrectly will be rejected and will delay your reimbursement. To find the most recent reimbursement request form please visit: <https://www.colorado.gov/pacific/cdphe/manage-your-ems-award>. Older versions of this form will not be accepted.

Expenditure Details Tab (ENTER DATA HERE)

The standardized invoice form has two tabs at the bottom that switch between the expenditure details page and the signature page. We will go over both tabs in this guidance. Both tabs must be printed after entering your information.



Invoice Information Section

The top of the “ENTER DATA HERE” tab contains fields to enter information about your reimbursement request. On the next page you will find an explanation of each field.



Colorado Department of Public Health and Environment
EXPENDITURE DETAILS for REIMBURSEMENT INVOICE FORM
<https://www.colorado.gov/pacific/cdphe/standardized-invoice-form-and-links>

Your Invoice #	EMTS-123 March
FEIN	84-0000000
CDPHE PO/ Encumbrance #	CT*2017 00000
Payment Option	<input checked="" type="checkbox"/> EFT/Direct Deposit - Must be set up* <input type="checkbox"/> Mail Reimbursement Check to Remit Address

Organization Name	Bills EMS Response	
Invoice Period	03/01/17	3/31/2017
Final Invoice - Yes or No?	No	

To:	Colorado Dept of Public Health and Environment	From:	Bills EMS Response
CDPHE Program:	EMTS Funding Section	Contact Name:	Bill Smith
CDPHE Contact:	Andre Smith	Remit Address:	123 EMS Way
Mail Code:	EMTS-C1		
Address:	4300 Cherry Creek Drive South	City:	Denver
City:	Denver	State:	Colorado
State:	CO	Zip Code:	80000
Zip Code:	80246	Fax:	None
Fax:		Telephone:	303-692-2990
Telephone:	303-692-2991	Email:	billsmith@emsresponse1.com
Email:	andrek.smith@state.co.us		

Invoice Information Section Explanations

The example on the previous page illustrates general responses to each field. An explanation of each can be found below:

- **Invoice number** - You create this number. Use any combination of characters that help you track your reimbursement requests to CDPHE. In the example, the grantee was billing for the month of March, the next months request would have an invoice number ending with "April". Each invoice you send to CDPHE must have a unique invoice number.
- **FEIN** - Enter the Federal Employer Identification Number from the W-9 submitted with your application
- **PO/Encumbrance #** - Enter the document number from the purchase order or contract issued to execute your project.
 - Purchase order numbers are located on the top left corner of the document and start with "PO".
 - Contract numbers start with "CT" and are located under the title: "Core Encumbrance Number" on your contract.
- **Payment option** - If you are enrolled with the state to receive reimbursements by EFT direct deposit, select the EFT/Direct Deposit option. Select the Mailed Reimbursement option to have a check mailed to you. Make sure to enter the correct mailing address in the "Remit Address" fields in the "From" section
 - If you wish to set up EFT/Direct Deposit, complete the form at: <https://www.colorado.gov/pacific/cdphe/ems-guides-and-resources>. Please submit the form and required attachments to the email address listed on the EFT form at least two weeks before you plan to submit a reimbursement request.
- **Organization name** - Enter your organization's name as listed on the grant application.
- **Invoice period** - Should include the time frame you are submitting your request for.
 - **Start date** - Reflects when you actually started work on the project. The start date must be a date after the execution of your purchase order or contract.
 - **End date** - Should reflect the true end date of the timeframe you are billing for in the request. The end date cannot be a date in the future.
- **Final invoice** - Enter "Yes" only if you finished your project and are invoicing CDPHE for the last time in the fiscal year. Enter "No" if you will submit future requests this fiscal year.
- **To and From** - Enter your contact information and remittance address in the "From" area. This information will automatically populate the "PRINT FOR SUBMISSION" tab. The "To" area has been pre-populated with our contact information and should not be edited.

Now that you have completed the invoice information section you must record each of your invoices into the "Expenditure Categories" section.

Requesting Reimbursement in the EMTS Equipment, Data Collection, Injury Prevention, Communications, Recruitment/Retention and Vehicle Categories

Use the “Other Costs” section to request payment for equipment and vehicles purchased in all categories. Enter each vendor invoice included in the request on a separate line.

Each line should reference the following:

- Your vendor’s name.
- Your vendor’s invoice number.
- A general description of the items purchased on the invoice.
- The amount of your match.
- The amount requested from CDPHE, up to your funded amount for that item.

Section Example:

Other Costs	MATCH	Amount Requested from CDPHE
Bill's EMS Equipment Company - Invoice #: 0112443D - Compression Device	\$7,500.00	\$7,500.00
Power Cot's "R" us - Invoice #: R662220 - Power Cot	\$6,500.00	\$4,500.00
Total Other Costs	\$14,000.00	\$12,000.00

*This example shows a standard 50% match which may differ if approved for a financial waiver.

*If the actual cost was higher than the budget amount, include the excess as your higher match as seen on the second line above.

Your request must include:

- **Vendor invoices** - Include invoices that show the actual cost for your purchased equipment or vehicle. Reimbursement is based on actual cost, not the quoted amount. The “Match” and “Amount requested from CDPHE” columns should add up to the amount of the invoice referenced on that line.
- **Proof of payment to the vendor** - Include documentation that shows payment was made before requesting reimbursement to CDPHE.

Proof of payment includes an image of the check that was sent to the vendor, records of an electronic payment to the vendor, a bank statement showing the vendor was paid the full amount of the invoice or a vendor account statement showing “Paid in Full” or a zero balance for that invoice number.

- **Pictures** - You are required to take pictures of your grant-funded vehicles or equipment, and include them with your reimbursement request.

Requesting Reimbursement for Personal Services

Use the “Personal Services” section to enter personnel costs associated with projects in the personnel and services, recruitment/retention, injury prevention, other and system improvement funding categories. This section should only be used for employees of your organization.

Reimbursement for payments to contracted personnel should be requested in the “Contractual” section. Enter each employee that you are requesting reimbursement for on a separate line. If your reimbursement request covers more than 20 employees per billing period, please submit a second request as there are only 20 lines in this section.

Each line should reference the following:

- Employee name.
- Employee position title (must match your contract/purchase order and grant application).
- Hours worked.
- Pay rate.

Section Example:

Personal Services	Gross Earnings for invoice period	Fringe	CDPHE Reimbursement Percentage	MATCH	Amount Requested from CDPHE
Jim Smith - Paramedic - 180 hours at \$19 an hour	\$3,420.00	\$212.04	50%		\$1,816.02
John Smith - EMT - 50 Hours at \$13 an hour	\$650.00		50%		\$325.00
Jill Smith - Administrator - 40 hours at \$10 an hour	\$400.00		50%		\$200.00
			50%		\$0.00

NOTE: The “CDPHE Reimbursement Percentage” field is pre-populated with a standard 50% value. If your organization was approved for a financial waiver you should enter the CDPHE share in this field. Example: If your share of the cost is 10%, then you would enter 90% in this field. This will calculate your “Total Amount Requested from CDPHE” according to the percentage you enter.

Your request must include:

- **Payroll records** - Must show each employee who was paid during the particular invoice period. If your grant request included reimbursement for eligible fringe benefits, be sure your payroll record reflects those costs.
- **A valid invoice period** - The invoice period for your request must match the pay period on your payroll records. *For example: If your payroll record is for the month of August 2016, enter: 08/01/2016 and 08/31/2016 in the “Invoice Period” fields near the top of the reimbursement request.*
- **Proof of payment** - An image of the check(s) sent to employee(s), records showing electronic payment(s) to the employee(s) or a bank statement showing payment to employee(s) must be included with your request. Proof of payment amount must match the payroll record.

Requesting Reimbursement for Supplies and Operating Expenses

Use the “Supplies & Operating Expenses” section to request reimbursement for eligible supplies and operating expenses included in the statement of work for your recruitment/retention, injury prevention, other or system improvement funding project. Items that may be requested in this section must be listed in your statement of work and include but are not limited to:

- Meeting space rental.
- Audio visual rental.
- Copying & printing of materials.

Your request must include:

- **Vendor invoice\folio** - Include an invoice that shows the actual costs for your purchased items. You can only be reimbursed for the actual costs on your included invoices.
- **Proof of payment to the vendor** - The vendor’s invoice must be paid before requesting reimbursement to CDPHE.

Proof of payment includes: an image of the check that was sent to the vendor, records showing an electronic payment to the vendor, a bank statement showing the vendor was paid the full amount of the invoice or a vendor account statement showing “Paid in Full” or a zero balance for that invoice number.

Section Example:

Supplies & Operating Expenses	MATCH	Amount Requested from CDPHE
Xenkos Printing Service - Invoice # 754 - Brochures for Conference		\$357.00
Xenkos Printing Service - Invoice # 759 - Signs for Conference		\$750.00
Logo Man Printing - Invoice # LGP10 - So-and-so county Logo notepads		\$700.00
Triple Tree Hotel ballroom rental 3 days - Folio #11116644		\$3,000.00
Triple Tree Hotel AVV equipment rental - Folio #11116644		\$600.00
Total Supplies & Operating Expenses	\$0.00	\$5,407.00

Requesting Reimbursement for Travel

Use the "Travel" section to request reimbursement for mileage, lodging, per diem and other travel costs that were approved in the statement of work for your Recruitment/ Retention, Injury Prevention, other or System Improvement funding project. Please see the section example below:

Travel	MATCH	Amount Requested from CDPHE
Mileage - Conference travel - Denver to Grand Junction - 242 miles @ \$.49 per mile		\$118.58
Folio #11116644 - Hotel Room at Triple Tree for 3 nights		\$297.00
Per diem for conference speaker - Grand Junction 3 day Conference		\$127.50
Total Travel	\$0.00	\$543.08

Travel requests can include:

Mileage: Allowed at the current state standard mileage rate unless otherwise specified in your contract or purchase order. Find current reimbursement rates at: <https://www.colorado.gov/pacific/osc/mileage-reimbursement-rate>. You must provide a copy of an invoice or travel reimbursement request from the traveler to your organization which details the trip origin, destination, number of miles and mileage rate used to calculate the reimbursement. The current (July 2016) state standard mileage rate is \$0.49 per mile.

Lodging: Lodging may be reimbursed at actual cost and must be documented by an individual or group hotel folio. It must reflect name of the traveler, the number of nights, number of rooms and room rate. This document should show that the hotel has been paid for the rooms. You may also use a credit card receipt or statement from the hotel to show payment has been made.

Per diem expenses: Per diem for meals and incidental expenses should be requested at the current state standard per diem rate unless your organization has a written policy for travel reimbursement. When billing for meals, do not include meals that were paid by another source, such as meals included in the cost of a conference registration. The first and last day of travel should be billed at 75% of the per diem rate for the travel location. You can find detailed per diem guidance and rate breakdown listing at: <http://www.gsa.gov/portal/category/100120>.

The following is a sample calculation for a 3 day trip in an area that has a per diem rate of \$51 per day and all meals were eligible for reimbursement.

Day one @ 75%	Day Two @ 100%	Day Three @ 75%
.75 x \$51= \$38.25	\$51	.75 x \$51= \$38.25

Requesting Reimbursement for Contractual expenses

Use the “Contractual” section to request reimbursement for contractors that have been hired for your recruitment/retention, injury prevention, other or system improvement funding project. These contractors are typically conference speakers, technical assistance consultants, regional medical directors and coordinators. Each contractor must invoice your organization for their work on your project. Enter each contractor invoice on a separate line.

Each line should reference the following:

- Your contractor’s name.
- Your contractor’s invoice number.
- A description of the project and work performed.

Section Example:

Contractual (payments to third parties or entities)	MATCH	Amount Requested from CDPHE
Dr. Bill Smith Invoice #1 - So-and-so county technical assistance visit		\$1,000.00
John Smith Invoice #1 - So-and-so county technical assistance visit		\$1,000.00
Conference Speaker Honorarium - Howard Johnson - 2016 So-and-so county EMS Symposium		\$700.00
Total Contractual	\$0.00	\$2,700.00

Your request must include:

- An invoice from your contractor detailing activities and charges.
- Proof of payment for this invoice.

Proof of payment includes: an image of the check that was sent to the vendor, records showing an electronic payment to the vendor, a bank statement showing the vendor was paid the full amount of the invoice or a vendor account statement showing “Paid in Full” or a zero balance for that invoice number.

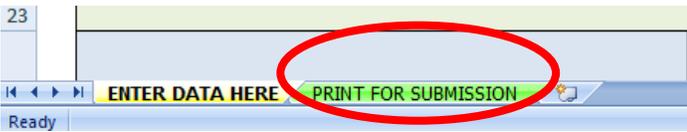
NOTE: This section cannot be used to request reimbursements for employees. Please use the “Personal Services” section for these requests.

Requesting Reimbursement for Indirect

Use the “Indirect” section to request reimbursement for indirect expenses authorized in the statement of work for your recruitment/retention, injury prevention, other or system improvement funding project. Do not use this section if your request did not include indirect or it was not included in the statement of work for your project. Indirect is capped at 10% of the operating cost for your project unless a different amount is specified in your statement of work. Capital expenditures, such as equipment purchases, may not be included in the calculation for indirect. Be sure that you don’t request more indirect than allowed in your statement of work. As seen below, the total indirect request is 10% of the “Sub-Total Before Indirect” for a project that includes no capital expenditures.

SUB-TOTAL BEFORE INDIRECT	\$12,000.00	\$18,663.08
Indirect		
Indirect: So and so technical assistance visit		\$1,866.30
Total Indirect	\$0.00	\$1,866.30
TOTAL MATCH OR IN KIND		
		\$20,529.38

Signature Page (PRINT FOR SUBMISSION)



Now that you have entered information on the expenditure details tab, you are ready to print the full four-page reimbursement request for signature.

In order to print the request you must click on the green "PRINT FOR SUBMISSION" tab at the bottom. You will now see the reimbursement request signature page as seen below. Verify that all information is correct. The information on this page has been populated from your entries on the expenditure detail page.

Expenditure Categories		Total Amount Requested from CDPHE
Personal Services including Fringe Benefits		\$2,341.02
Supplies & Operating Expenses		\$5,407.00
Travel		\$543.08
Other Costs		\$12,000.00
Contractual (payments to third parties or entities)		\$2,700.00
SUB-TOTAL BEFORE INDIRECT		\$22,991.10
Indirect		\$1,855.31
TOTAL THIS INVOICE		\$24,846.41

To be Signed by Contractor/Vendor	
<i>I/We affirm the claimed expenses comply with the budget provisions of the contract and are reasonable and necessary, that all relevant progress or other reports have been filed, and all contract milestones and/or tasks related to the invoice period have been achieved.</i>	
Print Name, Title & Sign	Date

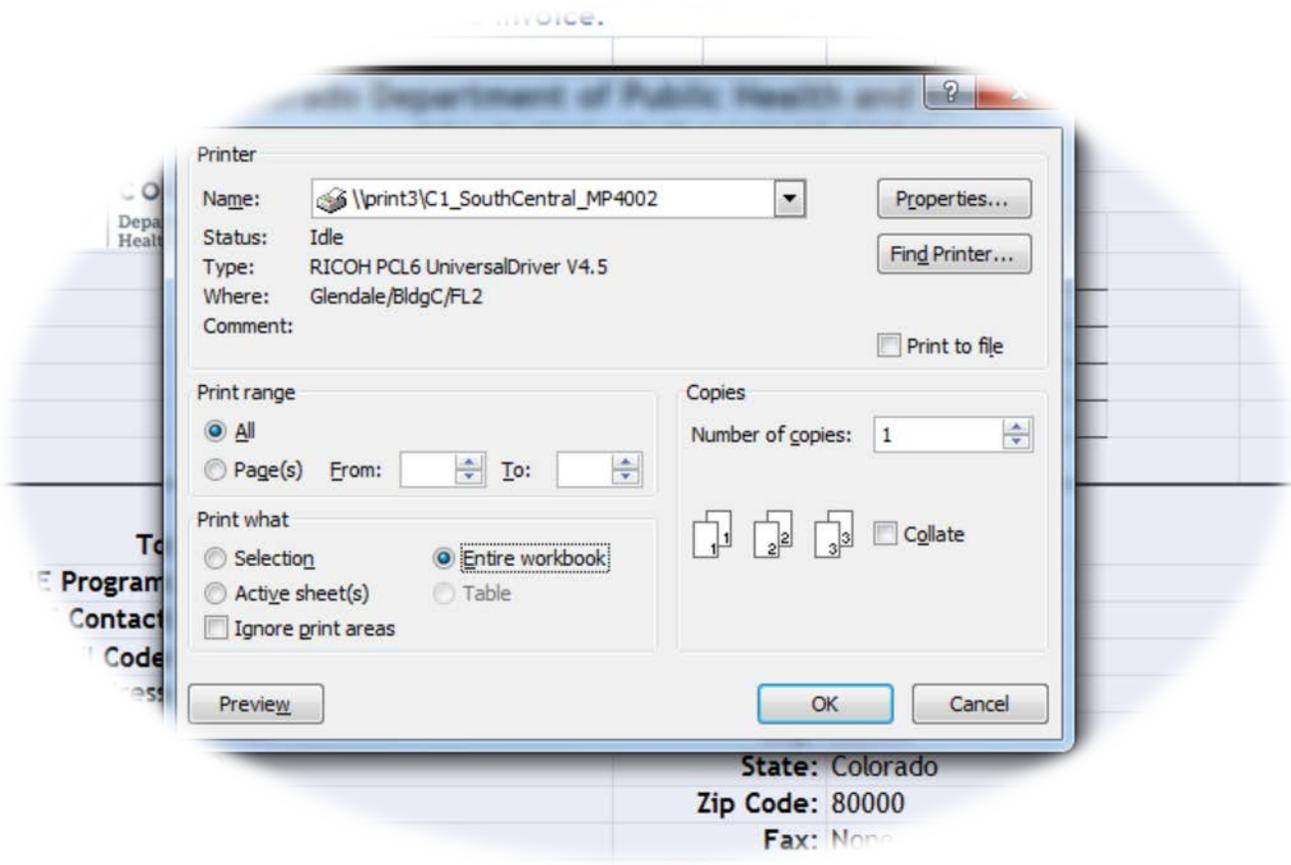
To be Signed by CDPHE Program Director or Delegate(s)	
<i>I/We affirm that I or my staff have reviewed the contractor / vendor's invoice and supporting documentation, if required, progress reports and other communications with the contractor/vendor, and believe to the best of my knowledge, that the contractor/vendor is in compliance with all contract provisions.</i>	
Print Name, Title & Sign	Date

To be Signed by CDPHE Fiscal Officer or Delegate(s)	
<i>I certify that the claimed expenses have been reviewed by me for compliance with the requirements of the funding source and the State of Colorado Fiscal Rules, and are charged to the appropriate funding source.</i>	
Print Name, Title & Sign	Date



Printing in MS Excel

All requests for reimbursement must be signed. To print your request you must go to the MS Excel menu and find the "Print" Command. Once you specify your printer, you must select "Entire workbook" under the "Print what" section in MS Excel's print box. This will ensure that all four pages are printed for submission. Reimbursement requests with missing pages will be returned to you for correction.



Once you have printed and signed your request, email it to andrek.smith@state.co.us. Please contact our office if you have any questions about the reimbursement process.

EMTS Funding Program Contacts:

Andre Smith
EMTS Grants Coordinator
(303) 692-2991
andrek.smith@state.co.us

Eric Schmidt
Funding Section Manager
(303) 692-6491
eric.schmidt@state.co.us