



Small Communities Grant Reimbursement Guidance

April 14, 2016

10:00 – 11:00 a.m.



Audio via computer speakers. Please type questions using the Adobe Connect chat features.

Agenda

Electronic funds transfer vs. check

Reimbursement process

CDPHE Expenditure Form

CDPHE Reimbursement Invoice Form

Back up documentation

Reimbursement Request Electronic Transmittal

Contacts



Reminder: Costs incurred prior to contract execution date will not be reimbursed through the Small Communities Grant.

EFT DIRECT DEPOSIT AUTHORIZATION FORM



COLORADO
Office of the State Controller
Department of Personnel
& Administration

SECTION I – DEPOSITOR STATE AGENCY INFORMATION
RETURN THIS FORM TO:

STATE DEPARTMENT: _____
MAILING ADDRESS: _____
CITY, STATE, ZIP: _____
DEPARTMENT CONTACT: _____ EMAIL: _____ PHONE: _____

SECTION II – PAYEE (RECEIVOR) INFORMATION

VENDOR NAME _____
D/B/A _____
MAILING ADDRESS _____
CITY, STATE, ZIP _____
PHONE _____ EMAIL _____

SECTION III – FINANCIAL INSTITUTION AND ACCOUNT INFORMATION

ATTACH A SCANNED COPY OF A VOIDED CHECK (TEMPORARY CHECKS AND DEPOSITS SLIPS WILL NOT BE ACCEPTED) OR A BANK LETTER. BANK LETTER MUST INCLUDE ALL INFORMATION REQUESTS IN SECTION III.

DEPOSITORY INSTITUTION NAME _____
BRANCH LOCATION (street,city,state,zip) _____
TRANSIT ABA NUMBER (9 digit routing number) _____
ACCOUNT # _____ CHECKING ACCOUNT SAVINGS ACCOUNT
PAYEE SOCIAL SECURITY NUMBER ON BANK ACCOUNT _____
OR
PAYEE EMPLOYER IDENTIFICATION ON BANK ACCOUNT _____
FOR FURTHER CREDIT TO ACCOUNT _____

SECTION IV – AUTHORIZATION FOR DIRECT DEPOSIT SETUP, CHANGE, OR CANCELLATION

SET UP CHANGE CANCEL

I (we) certify I have the authority to execute this authorization. I (we) hereby authorize the depositor named at the top of this form to initiate, change or cancel EFT credit entries (deposits), and if necessary to reverse any incorrect EFT payments made in error to the bank account indicated above. In the event a "reversal" can not be implemented, I (we) understand the state will utilize any other lawful means to recover the deposited funds to which the payee was not entitled. I (we) and the depositor agree to be bound by National Automated Clearing House Association (NACHA) Rules.

This authorization is to remain in full force until the State Depositor Agency named above has received written notification from me of termination in such time as to afford a reasonable opportunity to act on it.

PRINTED NAME _____ TITLE _____
Signature _____ Date _____

rev 04/2015 <https://www.colorado.gov/pacific/osc/centralaccounting>

- Deposits 7-10 business days vs. Check 14-21days
- Wells Fargo deposits funds under the name 'State of Colorado'.
- Water Quality Control Division tags deposits/check with invoice number.
- Other state agency or CDPHE contracts are deposited as a lump sum from 'State of Colorado'.

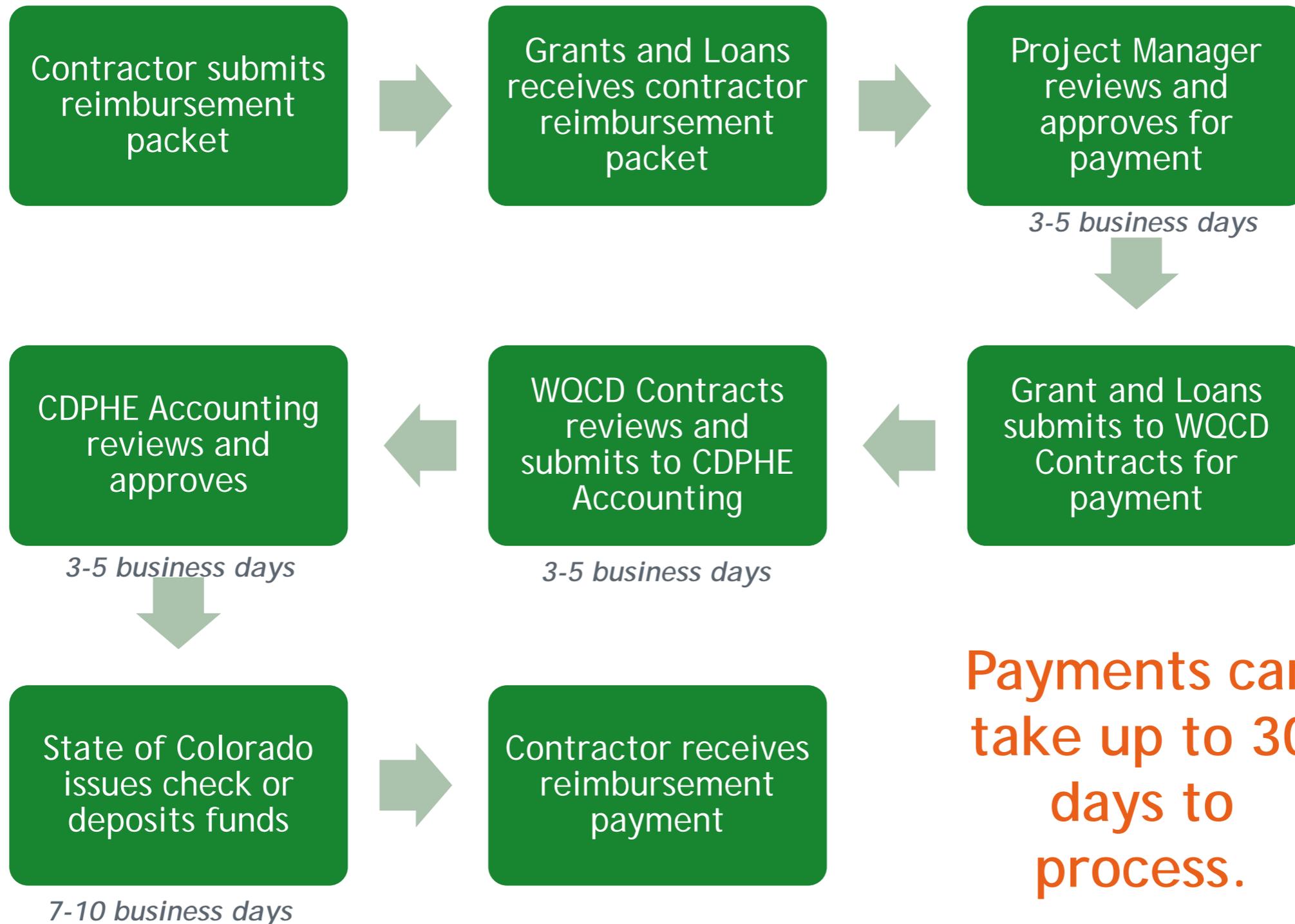
Electronic funds transfer (EFT) steps

1. Complete EFT Direct Deposit Authorization Form
2. Required documentation includes W-9 and voided check.
3. Mail or e-mail form and required documentation to WQCD contracts:

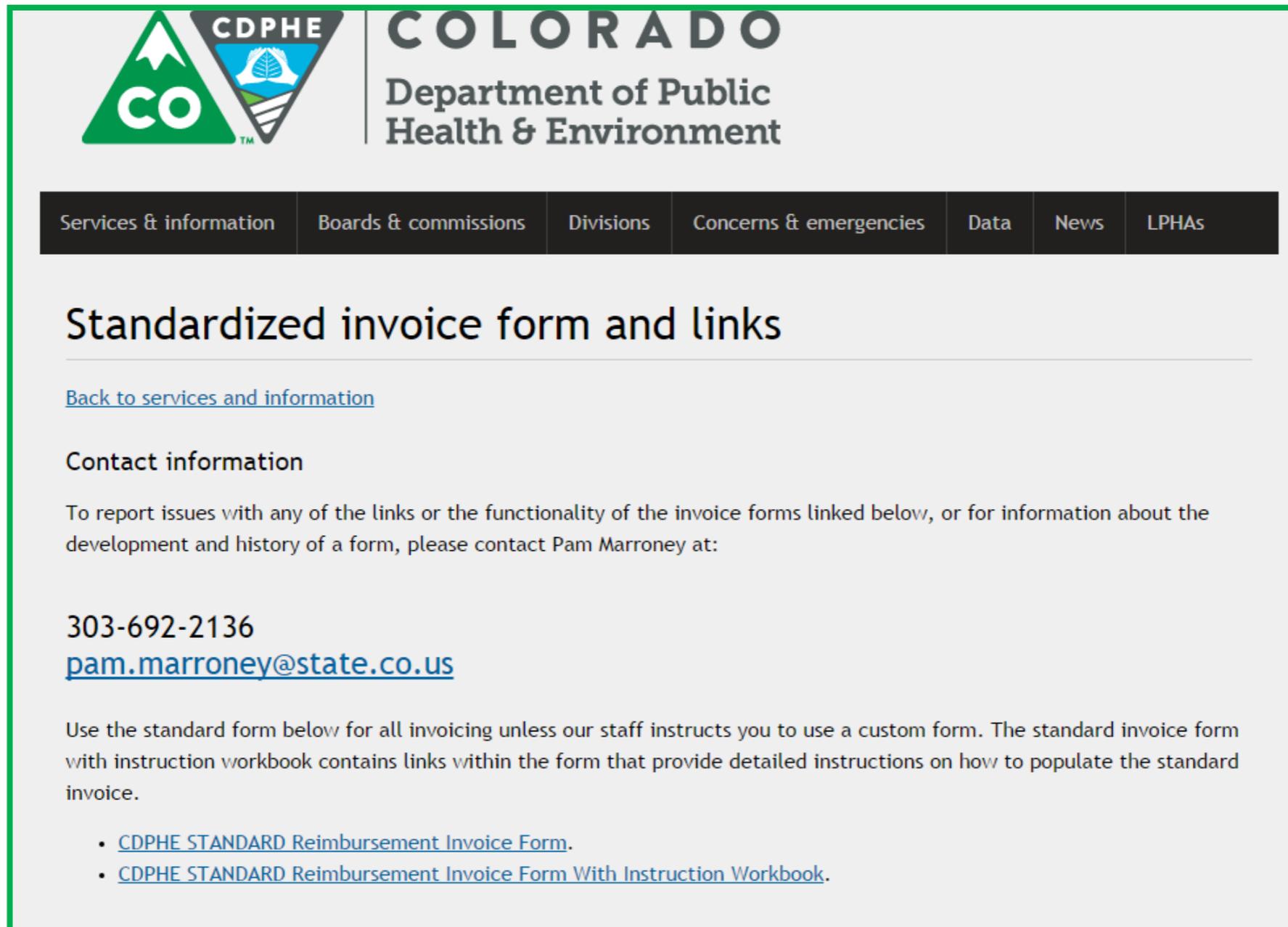
cdphe_wqcd_contracts@state.co.us

4300 Cherry Creek Drive South, Denver, CO 80246

Reimbursement Process



Payments can take up to 30 days to process.



The screenshot shows the header of the Colorado Department of Public Health & Environment website. It includes the state logo (CO) and the CDPHE logo. Below the header is a navigation menu with the following items: Services & information, Boards & commissions, Divisions, Concerns & emergencies, Data, News, and LPHAs. The main content area is titled "Standardized invoice form and links" and contains the following text:

[Back to services and information](#)

Contact information

To report issues with any of the links or the functionality of the invoice forms linked below, or for information about the development and history of a form, please contact Pam Marroney at:

303-692-2136
pam.marroney@state.co.us

Use the standard form below for all invoicing unless our staff instructs you to use a custom form. The standard invoice form with instruction workbook contains links within the form that provide detailed instructions on how to populate the standard invoice.

- [CDPHE STANDARD Reimbursement Invoice Form.](#)
- [CDPHE STANDARD Reimbursement Invoice Form With Instruction Workbook.](#)

Your project manager will email the CDPHE Standard Reimbursement Form with top section populated.

Invoice # WQCDFEGA2016#00 - 1 (Contract number - reimbursement number).
Deposit/check identifier number.

Invoice period - cannot cross dates from previously submitted invoice periods

FEIN - Populate this field with the Federal Employer Identification number

PO/Encumbrance - This number can be found at the top of the PO or Contract provided by CDPHE

Address must match address on W-9 Form.



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

| | | | |
|-------------------------------------|--|---|-------------------------|
| <u>Invoice #</u> | WQCDFEGA2016#00-1 | <u>Organization Name</u> | Town of Broncos |
| <u>FEIN</u> | 123456789 | <u>Invoice Period</u> | 05/01/16 5/31/2016 |
| <u>Purchase Order/Encumbrance #</u> | WQCDFEGA201600000000Contract# | <u>Final Invoice</u> | No |
| <u>Payment Option</u> | <input checked="" type="radio"/> EFT/Direct Deposit - Must be set up* → <input type="radio"/> Mail Reimbursement Check to Remit Address | <small>*If you do not have EFT set up to receive CDPHE reimbursements via Electronic Funds Transfer click here to learn how to submit an authorization form</small> | |

| | |
|--|--|
| <p><u>To:</u> Colorado Dept of Public Health and Environment <u>CDPHE Program:</u> Administration Program, Grants and Loans Unit <u>CDPHE Contact:</u> Corrina Quintana <u>Mail Code:</u> WQCD-GLU-B2 <u>Address:</u> 4300 Cherry Creek Drive South <u>City:</u> Denver <u>State:</u> CO <u>Zip Code:</u> 80246 <u>Fax:</u> 303-782-0390 <u>Telephone:</u> 303-691-4025 <u>Email:</u> corrina.quintana@state.co.us</p> | <p><u>From:</u> Town of Broncos <u>Contact Name:</u> Peyton Manning <u>Remit Address:</u> 123 Main St <u>City:</u> Broncos <u>State:</u> Colorado <u>Zip Code:</u> 80000 <u>Fax:</u> 719-555-4433 <u>Telephone:</u> 719-555-4422 <u>Email:</u> peyton@townofbroncos.gov</p> |
|--|--|

Expenditure Categories: Personal Services, supplies and operating expenses, travel, other costs, contractual, and indirect.

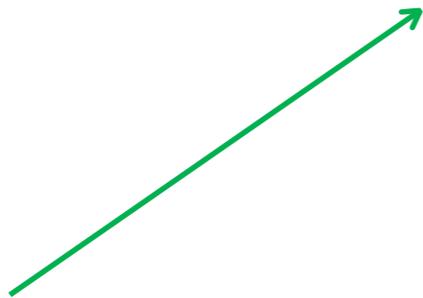
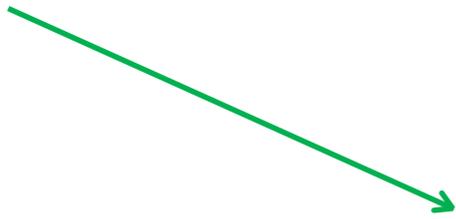
| | | |
|--|-------------|--------------------|
| <u>Contractual (payments to third parties or entities)</u> | | |
| ABC Engineering Consultation | \$10,000.00 | \$25,000.00 |
| Construction Contractor | | \$50,000.00 |
| | | |
| | | |
| | | |
| | | |
| Total Contractual | \$10,000.00 | \$75,000.00 |
| <u>SUB-TOTAL BEFORE INDIRECT</u> | \$10,000.00 | \$75,000.00 |
| <u>Indirect</u> | | |
| | | |
| | | |
| | | |
| <u>Total Indirect</u> | \$0.00 | \$0.00 |
| TOTAL MATCH OR IN KIND | \$10,000.00 | |
| TOTAL THIS INVOICE | | \$75,000.00 |

Populate the 1st column with who was contracted, why, and any necessary payment information.

Populate 2nd column with match, if applicable.

Populate 3rd column with the full amount to be reimbursed by CDPHE.

ENTER the total budget amount for the contract or purchase order.



| <u>Billing Summary</u> | |
|---|---------------------|
| Contract or Purchase Order Budget Amount | \$100,000.00 |
| Cumulative Amount Previously Invoiced | \$0.00 |
| Amount of this Invoice | \$75,000.00 |
| Total Invoiced to Date | \$75,000.00 |
| Budget Amount Remaining | \$25,000.00 |

ENTER the total cumulative amount invoiced to date.
DO NOT include the amount of this invoice.

- 2nd tab in worksheet that will populate based on data entered in the CDPHE Expenditure Form.

- Print, sign, and send.

- Prefer scanned and emailed copy.

- Please email project manager if you mail or fax reimbursement packet.

- **SUBMIT CDPHE Expenditure Detail with Reimbursement Invoice Form.

**Colorado Department of Public Health and Environment
REIMBURSEMENT INVOICE FORM**



Invoice Period: 05/01/16 To 05/31/16
 Invoice #: WQCDFEGA2016#00-1
 FEIN: 123456789
 PO/Encumbrance #: WQCDFEGA201600000000Contract#
 Final Invoice: No
 Payment Option: 2 Mailed Reimbursement Check

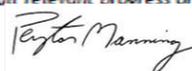
Colorado Dept of Public Health and Environment
 To: Environment
 CDPHE Program: Administration Program, Grants and
 CDPHE Contact: Corrina Quintana
 Mail Code: WQCD-GLU-B2
 Address: 4300 Cherry Creek Drive South
 City: Denver
 State: CO
 Zip Code: 80246
 Fax: 303-782-0390
 Telephone: 303-691-4025
 Email: corrina.quintana@state.co.us

From: Town of Broncos
 Contact Name: Peyton Manning
 Address: 123 Main St
 0
 0
 City: Broncos
 State: Colorado
 Zip Code: 80000
 Fax: 719-555-4433
 Telephone: 719-555-4422
 Email: peyton@townofbroncos.gov

| Expenditure Categories | Total Amount Requested from CDPHE |
|---|-----------------------------------|
| Personal Services including Fringe Benefits | \$0.00 |
| Supplies & Operating Expenses | \$0.00 |
| Travel | \$0.00 |
| Other Costs | \$0.00 |
| Contractual (payments to third parties or entities) | \$75,000.00 |
| SUB-TOTAL BEFORE INDIRECT | \$75,000.00 |
| Indirect | \$0.00 |
| TOTAL THIS INVOICE | \$75,000.00 |

To be Signed by Contractor/Vendor

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.


 Peyton Manning
Print Name, Title & Sign

4/14/16
Date

To be Signed by CDPHE Program Director or Delegate(s)

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.

Print Name, Title & Sign

Date

To be Signed by CDPHE Fiscal Officer or Delegate(s)

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.

Print Name, Title & Sign

Date

Invoice documentation

- Submit invoices with each reimbursement request.
- Statements will only be accepted with documentation of the related invoices.
- Dates of work must be within contract period.
- Tax exempt - The contractor to CDPHE cannot reimburse a taxes unless it's through subcontractor.



WQ-GLU-Grant-Forms

[back to WQ Grants](#)

Please note - forms must be completed in Internet Explorer for successful electronic submittal.

Natural disaster grant

- [Reimbursement request form.](#)
- [Quarterly report form.](#)
- [Final report.](#)

Nutrients management grant

- [Reimbursement request form.](#)
- [Quarterly report form.](#)
- [Final report.](#)

Small communities grant

- [Reimbursement request form.](#)
- [Quarterly report form.](#)
- [Final report.](#)



<https://www.colorado.gov/pacific/cdphe/wq-glu-grant-forms>



Small Communities Grant Reimbursement Request Electronic Transmittal

Instructions:

Submit your reimbursement request by filling out this electronic transmittal form. Using the *Browse* button at the bottom of the page, attach your signed *CDPHE Standard Reimbursement Invoice Form* and additional relevant documentation. You will receive a confirmation email after you submit this form using the *Submit* button at the bottom of the page.

| | | | |
|---|--|------------------------|---|
| Contract Number: 15 FEQA | <input type="text" value="12345"/> | Date Report Submitted: | <input type="text" value="04/14/2016"/> |
| Reimbursement Request #: | <input type="text" value="1"/> | Request Amount: | <input type="text" value="\$ 75,000.00"/> |
| Entity Name: | <input type="text" value="Town of Broncos"/> | | |
| Entity Address: | <input type="text" value="123 Main St"/> | | |
| Contact Name: | <input type="text" value="Peyton Manning"/> | Contact Title: | <input type="text" value="Mayor"/> |
| Contact Phone: | <input type="text" value="(719) 555-4422"/> | Contact Email: | <input type="text" value="peyton@townofbroncos.gov"/> |
| Does the contractor name on the reimbursement invoice form (to be attached) exactly match the W9? <i>(if no, revise so they match exactly prior to submitting for proper processing of your payment)</i> | | | |
| | | | <input type="text" value="Yes"/> |
| Is this the final reimbursement request? | | | |
| | | | <input type="text" value="No"/> |

Please indicate the amounts attributable to each primary activity for this reimbursement request and indicate the actual completion percentage of the activity (not financial percent complete).

| | | | | | |
|---|--------------------------------|---------|---|-------------|----------------------------------|
| Primary Activity # | <input type="text" value="1"/> | Amount: | <input type="text" value="\$ 25,000.00"/> | % Complete: | <input type="text" value="10"/> |
| Primary Activity # | <input type="text" value="2"/> | Amount: | <input type="text" value="\$ 50,000.00"/> | % Complete: | <input type="text" value="6.6"/> |
| Primary Activity # | <input type="text"/> | Amount: | <input type="text"/> | % Complete: | <input type="text" value="0%"/> |
| Primary Activity # | <input type="text"/> | Amount: | <input type="text"/> | % Complete: | <input type="text" value="0%"/> |
| Primary Activity # | <input type="text"/> | Amount: | <input type="text"/> | % Complete: | <input type="text" value="0%"/> |
| Total: | | | <input type="text" value="\$ 75,000.00"/> | | |
| <i>(Should equal request amount above.)</i> | | | | | |

Use the browse buttons below to attach the signed *CDPHE Standard Reimbursement Invoice Form* and supporting documentation. If more than 4 files, condense attachments into one "zip" file and upload the file using the browse feature.

| | |
|--------|--|
| Browse | <input type="text" value="C:\Users\cquintan\Desktop\reimbursement packet.docx"/> |
| Browse | <input type="text"/> |
| Browse | <input type="text"/> |
| Browse | <input type="text"/> |

This form must be completed using Internet Explorer. It will be submitted over the internet through services provided by *FormRouter.net*. When complete and ready, please click the *submit* button located at the bottom of the page. For your records, you will receive a copy of this report at the email address provided above.

Internet Explorer

Required browser for form.

Contact

email will receive an email receipt of the transmittal.

Budget

Indicate costs attributable to each primary activity.

BROWSE

Upload reimbursement form, expenditure detail, and associated invoices.

Contract amendments

What to do if the primary activity budget changes?

1. Contact project manager.
2. Discuss budget and activity changes.
3. Contract Amendment:
 - If primary activity budget lines fluctuate more than 25% a formal contract amendment must take place.
 - Activity changes must address scope in the application submittal.
 - Submit statement of work and budget revision with justification.
 - **Related work in those activities are on hold until amendment is executed.**

Small Communities Grant Contacts

Corrina Quintana, 303-691-4025, corrina.quintana@state.co.us

Small communities grant program questions.

Diane McAfee, 303-692-3653, cdphe_grantsandloans@state.co.us

Monitors incoming pay requests.

James Lee, 303-692-3548, cdphe_wqcd_contracts@state.co.us

Contracts, EFT, amendments.