



ENHANCED MOBILITY 2 WEBINAR

Invoice & Reporting Review

Barbara Brennan
Lynn Winchell-Mendy

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Metropolitan Washington
Council of Governments

Introductions

- COG Staff & Role
- Roll Call – Name & Organization
- Plan

Agenda

- Invoice Documentation & Submission
- Reporting Requirements
- Q & A – Type in Questions

Overview

Match

- Capital or Mobility Management – 20%
- Operating – 50%
- Invoicing for vehicle match

Reimbursement Grant

- Via monthly invoicing process
- W-9
- Direct Deposit Form

Monthly Invoice

- Invoices - due the first Monday-Wednesday of the following month
- If late, will be held until the following month's deadline
- Reminder email 1 week prior to due date
- Monthly Invoice should include the following:
 - Invoice Template
 - Preventative Maintenance summary sheet, if applicable
 - Cash Match Certification
 - Back up documentation for all items requesting reimbursement



Invoice Guidance

- Reimbursement grant – paid and then submitted for reimbursement
- Use template provided
- Use parenthesis around negative numbers rather than red text
- Use letter size paper for supporting documentation
- Send Excel version along with signed invoice (used to confirm calculations), final PDF
- If your project includes both Capital & Operating expenses, send invoices in separate emails
- Use Dropbox for large invoices
- Send to:

Barbara Brennan, Lynn Winchell-Mendy, George Hohmann

Invoice Guidance

- If there isn't a line item for a submitted expense, it won't be approved
- Budget adjustments
 - limited special circumstances
 - must be approved by Grants Manager in advance
- Certain budget changes require FTA approval and are at COG's discretion
- A budget change cannot be used on invoices until the month it is approved

Cash Match & Documentation

Types:

- Outside Resources – Letter of Commitment
- Subrecipient Funds – Cash Match Certification

Cash Match Documentation

Enhanced Mobility - CASH MATCH CERTIFICATION



Agency:
Address:
Address:
Phone:
Email:

BILL TO:
Metropolitan Washington Council of Governments
777 North Capitol Street, NE
Suite 300
Washington, DC 20002

INVOICE
Invoice Number: xxxxx
Date: xxxxxxx
Contract Number: xxxxxxx
Period: xxxxxxx

SUBRECIPIENT FUNDS

TOTAL EXPENSES FOR ONE MONTH

OTHER DIRECT EXPENSES

50% of total expenses claimed for FTA reimbursement

Salaries	xx
Benefits	xx
Indirect	xx
Subtotal	\$0.00

Aides	xx
Connector Transportation	xx
Vehicle cost (Maint, Fuel)	xx
Subtotal	\$0.00

Cash Match Source:
(provide backup proof of 50% match)

	xx
	xx
	xx
Subtotal	\$0.00

Certify that the above expenses have been incurred and that the 50% match is provided by local funds.

Certified by: _____

Date: _____

Invoice Documentation

- Staff Time – gross vs. net
- Fringe
- Consultants
- Other Expenses:
 - Follow procurement procedures
 - No Food purchases
 - No incentives or giveaways
 - No public transportation fare
- Indirect – NICRA or 10%
- Match

Labor Costs

Staff time

- Employee Name
- Timesheets
- Hourly Rate
- Total Cost
- Percentage of time applied to project

Fringe

- Documentation of rate calculations
- Payroll reports showing fringe

Monthly Non-Vehicle Invoice

Enhanced Mobility of Seniors and Individuals with Disabilities Program - Monthly Invoice, Operating

Project Name: _____ Invoice No: _____
 Organization Name: _____ Contract No: _____
 Contact Name: _____ Performance Date: _____
 Address: _____ Date submitted: _____
 Email Address: _____ PO number: _____



Column A	Column B	Column C	Column D	Column E	Column F	Column G			Column H		
BUDGET LINE ITEM	APPROVED BUDGET	FTA FUNDS (50%)	RECIPIENT FUNDS (Match- 50%)	Program to Date: Previously Reported (Column G from last invoice)	Current Period	Program to Date (Column E+F)	Program to Date Federal	Program to Date Match	(Over)/Under Budget- Remaining Balance (Column B-G)	(Over)/Under Budget- Remaining Balance Federal	(Over)/Under Budget- Remaining Balance Match
Salaries	\$ 77,036.00	38,518.00	\$ 38,518.00	\$ 22,513.00	\$ 3,144.08	25,657.08	12,828.54	12,828.54	\$ 51,378.92	\$ 25,689.46	\$ 25,689.46
Fringe Benefits	33,072.00	16,536.00	16,536.00	-	1,423.03	1,423.03	711.52	711.52	\$ 31,648.97	\$ 15,824.49	\$ 15,824.49
Mileage	1,120.00	560.00	560.00	-	-	-	-	-	\$ 1,120.00	\$ 560.00	\$ 560.00
Meeting/Training Expenses	5,000.00	2,500.00	2,500.00	-	-	-	-	-	\$ 5,000.00	\$ 2,500.00	\$ 2,500.00
Marketing/Media/Outreach	8,772.00	4,386.00	4,386.00	-	-	-	-	-	\$ 8,772.00	\$ 4,386.00	\$ 4,386.00
TOTALS	\$ 125,000.00	\$ 62,500.00	\$ 62,500.00	\$ 22,513.00	\$ 4,567.11	\$ 27,080.11	\$ 13,540.06	\$ 13,540.06	\$ 97,919.89	\$ 48,959.95	\$ 48,959.95

Pay this Amount: \$ 2,283.56 Federal
 2,283.56 Match Payment Amount: \$ 2,283.56

In accordance with MWCOG subgrant agreement, I hereby certified that the revenue and expenditures reported in this invoice accurately reflect the financial activity of the subrecipient for the period. Additionally, all transactions are verified and supported by proper documentation.

Certified By: _____

Title _____

Monthly Vehicle Invoice

Enhanced Mobility of Seniors and Individuals with Disabilities Program - Monthly Invoice, Vehicles

Project Name: Invoice No:
 Organization Name: Contract No:
 Contact Name: Performance Date:
 Address: Rockville, MD 20852 Date submitted:
 Email Address: PO number:



Column A	Column B	Column C	Column D	Column E	Column F	Column G			Column H		
	APPROVED BUDGET	FTA FUNDS (80%)	RECIPIENT FUNDS (Match- 20%)	Program to Date: Previously Reported (Column G from last invoice)	Current Period	Program to Date (Column E+F)	Program to Date Federal	Program to Date Match	(Over)/Under Budget- Remaining Balance (Column B-G)	(Over)/Under Budget- Remaining Balance Federal	(Over)/Under Budget- Remaining Balance Match
BUDGET LINE ITEMS											
Vehicles	\$ 174,300.00	139,440.00	\$ 34,860.00		\$ 174,300.00	174,300.00	139,440.00	34,860.00	\$ -	\$ -	\$ -
Preventive Maintenance	109,368.00	87,494.00	21,874.00	-	5,500.00	5,500.00	4,400.00	1,100.00	\$ 103,868.00	\$ 83,094.40	\$ 20,773.60
TOTALS	\$ 283,668.00	\$ 226,934.00	\$ 56,734.00	\$ -	\$ 179,800.00	\$ 179,800.00	\$ 143,840.00	\$ 35,960.00	\$ 103,868.00	\$ 83,094.40	\$ 20,773.60

Federal vehicle paid	139,440.00	\$ 4,400.00	Federal Reimbursement	Payment Amount:
Match paid	34,860.00	1,100.00	Match	\$ 174,300.00
TOTAL	5,500.00	5,500.00		4,400.00

directly to Sonny Merryman reimbursed to grantee

In accordance with MWCOC grant agreement, I hereby certified that the revenue and expenditures reported in this invoice accurately reflect the financial activity of the subrecipient for the period. Additionally, all transactions are verified and supported by proper documentation.

Certified By: _____ Title

Preventative Maintenance (PM)

Goal: provide safe, clean, reliable and comfortable transportation by reducing overall maintenance, costs and inconvenience to consumers

- Vehicle Maintenance Plan on file with COG
- Pre & Post Inspection
- Allowable PM expenses (5310 EM vehicles only):
- Tires, oil, oil filters, etc.
- Labor costs

PM not to include:

- Gas
- Accident related damage
- Items covered by a warranty



PM Invoice Documentation

- Summary of costs per vehicle (template)
- Receipts for any expenses
- Timesheets for in-house labor
- Consider month of service



Preventative Maintenance Summary



Enhanced Mobility of Seniors and Individuals with Disabilities Program – Monthly Preventive Maintenance Summary Sheet

Project Name:
Organization Name:
Invoice No:
Contract No:
Performance Date:
Date Submitted:

VIN	Total Monthly PM Cost	Notes/Comments

TOTAL PM on Invoice: \$

This form should accompany any invoice requesting Preventive Maintenance reimbursement

Procurement Procedures

- Procurement Categories (I-IV)
 - Up to \$3,000 – micro purchases
 - \$3,001 - \$15,000 – small procurement
 - \$15,001 - \$25,000 – small procurement
 - Over \$25,000 – third party contracting (RFP/IFB)
- Independent Cost Estimate - ICE
 - Oral or written depending on category (at application, at award, at procurement if time has lapsed)
- Federal Clauses
- System for Award Management (SAM)
- Sole Source

Q & A Invoices



Subrecipient Reporting Requirements

- **Monthly**
 - Invoice
- **Quarterly**
 - Progress Report - due with monthly invoice for quarter end or the 15th day of the following month
 - Quarterly Ridership Data – accessible taxis only
- **Every 6 Months**
 - Disadvantaged Business Enterprise (DBE) – tracks any contracts issued to or payments made with DOT Federal funds to DBEs
<https://www.transit.dot.gov/regulations-and-guidance/civil-rights-ada/disadvantaged-business-enterprise>



Subrecipient Reporting Requirements

Annually

- Performance Measures - Due 15th day of the month following end of the Federal fiscal year (10/1 – 9/30)
- Rolling Stock Inventory Report – vehicles only

At Project End

- Cumulative Performance Measures
- Narrative Questions
- All requirements must be current and reports submitted before final payment and close-out letter will be issued

Quarterly Progress Report

Project: _____

Agency: _____ Contract #: _____

Progress Report for the Quarter Ending: _____ Today's Date: _____

Name of Individual Completing this Report: _____

A. WORK PLAN PROGRESS:

Please cut and paste Goals & Objectives from Work Plan and milestone completion dates from Subgrant Agreement and provide a status update.

Goal #1:				
Objective /Milestone	Estimated Completion Date	Actual Completion Date	Narrative Description of Quarterly Activities Undertaken to Achieve Objective/Milestone	# of Trips or people F Services Quar
1.				
2.				
3.				



Quarterly Progress Report

B. NARRATIVE ON OVERALL PROJECT STATUS

Please address the following items as of the quarter end.

Narrative

Project Status (broad highlights)	
Partner Activity this Quarter (Source & Contribution)	
Issues, Challenges this Quarter	
Plans for Next Quarter (broad highlights; (Include what needs to happen to meet any milestone completion dates that were not met this quarter)	



Quarterly Taxi Data

Accessible taxis only:

- Number of trips taken by each vehicle
- Number of wheelchair passengers served
- Number of non-wheelchair passengers served
- Quarterly sampled data on response time.

Annual Performance Measures

- Different report for Traditional 5310 versus other projects
- Gaps filled
- Number served
- Improvements (other projects)
- Ridership
 - one-way trips
 - route-length

Annual Performance Measures

Enhanced Mobility of Seniors and Individuals with Disabilities Program - Annual Performance Measures Report - Other 5310 Projects

Reporting Period (Federal FY):

Agency Name:

Project:

Contract Number:

Contact Name:

Contact Phone:

Contact Email:

The following questions should be answered based on your Enhanced Mobility grant project (not agency's entire program) and should cover the most recent Federal fiscal year (10/1 - 9/30):

I. GAPS IN SERVICE FILLED: Provision of transportation options that would not otherwise be available for seniors and individuals with disabilities measured in numbers of seniors and individuals with disabilities afforded they would not have without program support.

A. Describe how this grant filled gaps in service for seniors and individuals with disabilities in above-referenced period:

B. Number of individuals w/disabilities served in above-referenced period:

(Note: The additional number of people served due to this grant)

C. Number of seniors served in above-referenced period:

(Note: The additional number of people served due to this grant)



Annual Rolling Stock Inventory Report

Initially & Annually

- Information about Vehicle(s):
 - Year/Make/Model, VIN, Agency Vehicle No., Grant Project No.
- Service Start Date
- Vehicle Cost, % Federal Interest , Replacement Cost
- Vehicle Location
- Vehicle Use (mileage), Vehicle Condition, Vehicle Age, Remaining Useful Life
- ADA Accessible?
- Seating Capacity
- Where title is held

Assets over \$5,000 that are not vehicles



Final Reporting

- Final invoice within 30 days of project end
- Final Milestone Progress Report
- Final Report
 - Cumulative Performance Measures
 - # served, etc.
 - Narrative Questions
- Final payment – must be current with all compliance documents and reports
- Sharing of accomplishments with other subrecipients or applicants, locally, nationally
- Continued reporting – Rolling Stock Inventory Report, Annual Performance Measures, Transit Asset Management



Grant Close Out Process

- Email confirming understanding of contract expiration
- Reports:
 - Final Work Plan/Milestone Progress Report
 - Final invoice with statement regarding knowledge of funds remaining that will be deobligated or reallocated
 - Final Annual Performance Measures from start of Federal FY to grant end date
 - Cumulative Performance Measures and Final Report within 30 days, prior to final reimbursement payment
- Formal letter sent out when all requirements are completed, reports submitted and reviewed and final payment made
- Ongoing reporting until vehicles reach their useful life and lien is released

Resources

Program Management Plan – www.tpbcoordination.org

COG Procurement Procedures (sent previously, but always available through Lynn or Travis)

Q&A Reporting





Travis Johnston

202.962.3287

tjohnston@mwcog.org

Lynn Winchell-Mendy

202.962.3253

lmendy@mwcog.org

Barbara Brennan

202.962.3339

bbrennan@mwcog.org

mwcog.org

777 North Capitol Street NE, Suite 300
Washington, DC 20002



Metropolitan Washington
Council of Governments