

## Request for Taxpayer Identification Number and Certification

**Give form to the  
requester. Do not  
send to the IRS.**

<b>Print or type See Specific Instructions on page 2.</b>	Name (as shown on your income tax return)	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ ..... <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
	List account number(s) here (optional)	

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number
or
Employer identification number

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a “saving clause.” Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called “backup withholding.” Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

**Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),
3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate Instructions for the Requester of Form W-9.

Also see *Special rules for partnerships* on page 1.

## Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

## Specific Instructions

### Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

**Sole proprietor.** Enter your individual name as shown on your income tax return on the “Name” line. You may enter your business, trade, or “doing business as (DBA)” name on the “Business name” line.

**Limited liability company (LLC).** Check the “Limited liability company” box only and enter the appropriate code for the tax classification (“D” for disregarded entity, “C” for corporation, “P” for partnership) in the space provided.

For a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Regulations section 301.7701-3, enter the owner’s name on the “Name” line. Enter the LLC’s name on the “Business name” line.

For an LLC classified as a partnership or a corporation, enter the LLC’s name on the “Name” line and any business, trade, or DBA name on the “Business name” line.

**Other entities.** Enter your business name as shown on required federal tax documents on the “Name” line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the “Business name” line.

**Note.** You are requested to check the appropriate box for your status (individual/sole proprietor, corporation, etc.).

### Exempt Payee

If you are exempt from backup withholding, enter your name as described above and check the appropriate box for your status, then check the “Exempt payee” box in the line following the business name, sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

**Note.** If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following payees are exempt from backup withholding:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),
2. The United States or any of its agencies or instrumentalities,
3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,
4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
5. An international organization or any of its agencies or instrumentalities.

Other payees that may be exempt from backup withholding include:

6. A corporation,
7. A foreign central bank of issue,
8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,
9. A futures commission merchant registered with the Commodity Futures Trading Commission,
10. A real estate investment trust,
11. An entity registered at all times during the tax year under the Investment Company Act of 1940,
12. A common trust fund operated by a bank under section 584(a),
13. A financial institution,
14. A middleman known in the investment community as a nominee or custodian, or
15. A trust exempt from tax under section 664 or described in section 4947.

The chart below shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 15.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 9
Broker transactions	Exempt payees 1 through 13. Also, a person registered under the Investment Advisers Act of 1940 who regularly acts as a broker
Barter exchange transactions and patronage dividends	Exempt payees 1 through 5
Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt payees 1 through 7

<sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its instructions.

<sup>2</sup> However, the following payments made to a corporation (including gross proceeds paid to an attorney under section 6045(f), even if the attorney is a corporation) and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, and payments for services paid by a federal executive agency.

## Part I. Taxpayer Identification Number (TIN)

**Enter your TIN in the appropriate box.** If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited liability company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

**Note.** See the chart on page 4 for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at [www.ssa.gov](http://www.ssa.gov). You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at [www.irs.gov/businesses](http://www.irs.gov/businesses) and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting [www.irs.gov](http://www.irs.gov) or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note.** Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

## Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt payees, see *Exempt Payee* on page 2.

**Signature requirements.** Complete the certification as indicated in 1 through 5 below.

**1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.

**2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

**3. Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.

**4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

**5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

**What Name and Number To Give the Requester**

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee <sup>1</sup>
b. So-called trust account that is not a legal or valid trust under state law	The actual owner <sup>1</sup>
5. Sole proprietorship or disregarded entity owned by an individual	The owner <sup>3</sup>
For this type of account:	Give name and EIN of:
6. Disregarded entity not owned by an individual	The owner
7. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
8. Corporate or LLC electing corporate status on Form 8832	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership or multi-member LLC	The partnership
11. A broker or registered nominee	The broker or nominee
12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name and you may also enter your business or "DBA" name on the second name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

<sup>4</sup> List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 1.

**Note.** If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

**Secure Your Tax Records from Identity Theft**

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

Call the IRS at 1-800-829-1040 if you think your identity has been used inappropriately for tax purposes.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

**Protect yourself from suspicious emails or phishing schemes.**

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to [phishing@irs.gov](mailto:phishing@irs.gov). You may also report misuse of the IRS name, logo, or other IRS personal property to the Treasury Inspector General for Tax Administration at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: [spam@uce.gov](mailto:spam@uce.gov) or contact them at [www.consumer.gov/idtheft](http://www.consumer.gov/idtheft) or 1-877-IDTHEFT(438-4338).

Visit the IRS website at [www.irs.gov](http://www.irs.gov) to learn more about identity theft and how to reduce your risk.

**Privacy Act Notice**

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA, or Archer MSA or HSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. possessions to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 28% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.



**VENDOR DIRECT DEPOSIT AUTHORIZATION AGREEMENT**

I hereby authorize Metropolitan Washington Council of Governments (MWCOG) to deposit any amounts owed me by initiating credit entries to my account at the financial institution (hereinafter BANK) indicated below. Furthermore, I authorize BANK to accept and to credit any credit entries indicated by COMPANY to debit my account for an amount not to exceed the original amount of the incorrect credit.

**VENDOR INFORMATION**

**Vendor Name (Please print)** \_\_\_\_\_

**Vendor Address (Please print)** \_\_\_\_\_

<b>New Direct Deposit Financial Institution:</b>	
<b>Account</b> <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Bank Name: _____  Routing/Transit #: _____ A/C #: _____
<b>***Current Financial Institution Changes (changes):</b>	
<b>Account</b> <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Bank Name: _____  Routing/Transit #: _____ A/C #: _____

*Note: Please remember to attach a voided check – not a deposit slip. (if available)*  
This authorization is to remain in full force and effect until COMPANY and BANK have received written notice from me of its termination in such time and in such manner as to afford COMPANY and BANK a reasonable opportunity to act on it.

\*\*\*If a change is being made to current direct deposit for expense reports, please fill in current bank. Then, provide the institution changes under New Direct Deposit Financial Institution.

**Vendor Signature** \_\_\_\_\_ **Date** \_\_\_/\_\_\_/\_\_\_

**Return completed form to:** Robin Burroughs, Accounts Payable Analyst

**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**

Salaries	xx
Benefits	xx
Indirect	xx
<b>Subtotal</b>	<b>\$0.00</b>

**OTHER DIRECT EXPENSES**

Aides	xx
Connector Transportation	xx
Vehicle cost (Maint, Fuel)	xx
	<u><b>\$0.00</b></u>

**50% of total expenses claimed for FTA reimbursement**

**Cash Match Source:**

	xx
(provide backup proof of 50% match)	xx
	<u><b>\$0.00</b></u>

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

Certified by: \_\_\_\_\_

Date: \_\_\_\_\_

Expense Category	Types of Reimbursable	Documentation Required
Staff Time	Labor	<u>Invoice of Cost Details</u> 1. Employee name 2. Proof of Hours worked (timesheets) 3. Hourly rate 4. Total cost
	Fringe	<u>Invoice of Cost Details</u> 1. Documentation from recent audit or reports regarding rate calculations 2. Payroll reports for fringe
Consultants	Direct expenses for work performed by consultants as part of project	<u>Invoice of Cost Details</u> 1. Consultant name 2. Hours worked 3. Hourly rate 4. Total cost
Purchases	1. Vehicles/Capital Procurements 2. Supplies	1. Track procurement documents (Grantees provided with a separate Procurement Requirements Checklist) 2. Copy of receipts; description of need for supplies

Transportation	<ol style="list-style-type: none"> <li>1. Parking (explanation required)</li> <li>2. Mileage</li> <li>3. Taxicab services (explanation required)</li> </ol>	<ol style="list-style-type: none"> <li>1. Copy of receipt(s)</li> <li>2. Number of miles (traveled) and mileage rate (e.g., IRS rate, GSA rate, etc.) used</li> <li>3. Copy of receipt(s)</li> </ol>
Additional (if used)	<ol style="list-style-type: none"> <li>1. Lodging (explanation required – e.g., travel to a training session or conference that relates to the project type)</li> <li>2. Airfare (same as above)</li> </ol>	<ol style="list-style-type: none"> <li>1. Copy of hotel receipt, travel justification and internal approval</li> <li>2. Copy of airline ticket, travel justification and internal approval</li> </ol>
Indirect	Overhead	NICRA or 10% de minimus rate allowed by Federal Regulations

### Cash Match

Expense Category	General Requirements	Questions/Clarifications	Documentation Requirements
Staff (labor)	<p><i>If approved at time of application, agency funds or other grant funds that pay for the salary of an individual who will be managing an Enhanced Mobility grant can be counted towards the required match provided the source of the funds used to pay the salary dollars is an eligible source of match (an ineligible source is other Federal DOT funds) and the portion of the time and dollar amount dedicated to the activity is clearly described/documentated, including how the labor costs directly relate to the implementation of the Enhanced Mobility grant. The portion of the staff time dedicated to the Enhanced Mobility grant cannot be used to match another grant.</i></p>	<p><b>HOURS:</b> Is the total number of hours charged to all programs, plus the Cash Match reasonable? For example, if an individual had 40 hours per week charged to programs, plus 30 hours of Cash Match, then 70 hours in one week would be deemed unreasonable, unless there were unusual and documented circumstances.</p> <p><b>RATE:</b> Are the hourly rates consistent with the salary paid to the individual and calculated properly? Do the hourly rates reflect leave or is that included with fringe?</p>	<ol style="list-style-type: none"> <li>1. Employee name</li> <li>2. Timesheet</li> <li>3. Hourly rate</li> <li>4. Total cost</li> <li>5. Cash Match Certification</li> </ol>



	Employees should sign timesheets certifying that time charged to projects is based on actual time and effort. The number of Cash Match hours and hourly cost rate should be provided to support total.		
Benefits (Fringe)	<p>If the fringe is not an applied rate (actual cost), break out benefits by category (payroll taxes, health insurance, leave, etc.)</p> <p>If the fringe is an applied rate, documentation must be provided relative to audits, reviews or reports to review cost pools and corresponding rate calculations.</p>	<p><b>ACTUAL COST:</b> Review categories and % relative to Cash Match labor to ascertain that benefits are consistent with Cash Match labor. Check status of part-time vs. full-time employees to determine if benefits appear reasonable.</p> <p><b>APPLIED RATE:</b> If organization does not have an audit, or review of benefit rates; ascertain rate calculations are mathematically correct, approach is reasonable based on facts and circumstances, and methodology for rate calculations sound. Ascertain rate is consistent with organizations of similar size and scope.</p>	<ol style="list-style-type: none"> <li>1. Documentation from recent audit or reports regarding rate calculations</li> <li>2. Payroll reports</li> </ol>
Outside Resources	Track balances with each invoice submission		<ol style="list-style-type: none"> <li>1. Letter of Commitment</li> <li>2. Cash Match Certification</li> </ol>
Subrecipient Funds	Track balances with each invoice submission		<ol style="list-style-type: none"> <li>1. Cash Match Certification</li> </ol>

**Enhanced Mobility of Seniors and Individuals with Disabilities Program - Monthly Invoice, Capital or Mobility Management**

Project Name:  
 Organization Name:  
 Contact Name:  
 Address:  
 Email Address:

Invoice No:  
 Contract No:  
 Performance Date:  
 Date submitted:  
 PO number:



Column A	Column B	Column C	Column D	Column E	Column F	Column G			Column H		
BUDGET LINE ITEMS	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
Salaries for Mobility Management Staff	\$ 243,729.00	194,983.20	\$ 48,745.80	\$ 21,583.00	\$ 15,000.00	36,583.00	29,266.40	7,316.60	\$ 207,146.00	\$ 165,716.80	\$ 41,429.20
Fringe Benefits	88,405.00	70,724.00	17,681.00	-	-	-	-	-	\$ 88,405.00	\$ 70,724.00	\$ 17,681.00
Staff Training	12,000.00	9,600.00	2,400.00	-	800.00	800.00	640.00	160.00	\$ 11,200.00	\$ 8,960.00	\$ 2,240.00
Mileage	15,680.00	12,544.00	3,136.00	-	-	-	-	-	\$ -	\$ -	\$ -
Computer Hardware and Software	2,500.00	2,000.00	500.00	-	-	-	-	-	\$ 2,500.00	\$ 2,000.00	\$ 500.00
Office Supplies	11,228.00	8,982.40	2,245.60	-	1,257.81	1,257.81	1,006.25	251.56	\$ 9,970.19	\$ 7,976.15	\$ 1,994.04
Assessment & Mobility Toolkit, Printing & Translation	30,000.00	24,000.00	6,000.00	-	-	-	-	-	\$ 30,000.00	\$ 24,000.00	\$ 6,000.00
Marketing	16,058.00	12,846.40	3,211.60	-	-	-	-	-	\$ 16,058.00	\$ 12,846.40	\$ 3,211.60
Travel Training Supplies	400.00	320.00	80.00	-	10.00	10.00	8.00	2.00	\$ 390.00	\$ 312.00	\$ 78.00
<b>TOTALS</b>	<b>\$ 420,000.00</b>	<b>\$ 336,000.00</b>	<b>\$ 84,000.00</b>	<b>\$ 21,583.00</b>	<b>\$ 17,067.81</b>	<b>\$ 38,650.81</b>	<b>\$ 30,920.65</b>	<b>\$ 7,730.16</b>	<b>\$ 381,349.19</b>	<b>\$ 305,079.35</b>	<b>\$ 76,269.84</b>

Pay this Amount: \$ 13,654.25 Federal  
 3,413.56 Match

Payment Amount: \$ 13,654.25

*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 \_\_\_\_\_

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

Project Name:  
 Organization Name:  
 Contact Name:  
 Address:  
 Email Address:

Invoice No:  
 Contract No:  
 Performance Date:  
 Date submitted:  
 PO number:



Column A	Column B	Column C	Column D	Column E	Column F	Column G			Column H		
	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
<b>BUDGET LINE ITEMS</b>											
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
<b>TOTALS</b>	<b>\$ 125,000.00</b>	<b>\$ 62,500.00</b>	<b>\$ 62,500.00</b>	<b>\$ 22,513.00</b>	<b>\$ 4,567.11</b>	<b>\$ 27,080.11</b>	<b>\$ 13,540.06</b>	<b>\$ 13,540.06</b>	<b>\$ 97,919.89</b>	<b>\$ 48,959.95</b>	<b>\$ 48,959.95</b>

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 \_\_\_\_\_

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

Project Name:  
 Organization Name:  
 Contact Name:  
 Address: Rockville, MD 20852  
 Email Address:

Invoice No:  
 Contract No:  
 Performance Date:  
 Date submitted:  
 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
<b>BUDGET LINE ITEMS</b>											
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
<b>TOTALS</b>	<b>\$ 283,668.00</b>	<b>\$ 226,934.00</b>	<b>\$ 56,734.00</b>	<b>\$ -</b>	<b>\$ 179,800.00</b>	<b>\$ 179,800.00</b>	<b>\$ 143,840.00</b>	<b>\$ 35,960.00</b>	<b>\$ 103,868.00</b>	<b>\$ 83,094.40</b>	<b>\$ 20,773.60</b>

Federal vehicle paid	139,440.00
Match paid	34,860.00

<b>TOTAL</b>	<b>\$ 4,400.00</b>	<b>Federal Reimbursement</b>
	<b>1,100.00</b>	<b>Match</b>
	<b>5,500.00</b>	

**Payment Amount:**  
**\$ 174,300.00** directly to Sonny Merryman  
**4,400.00** reimbursed to grantee

*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 \_\_\_\_\_



**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*

## Enhanced Mobility of Seniors and Individuals with Disabilities Program - Procurement Procedures & Independent Cost Estimate (ICE) Form

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### Procurement Procedures:

The Metropolitan Washington Council of Governments (COG) conducts centralized procurement for vehicles funded by the 5310 Enhanced Mobility Program. Procurement activities for items other than vehicles are the responsibility of the subrecipient and are subject to federal procurement requirements.

To comply with federal procurement requirements, subrecipients must:

- ✓ Ensure that prices are fair and reasonable by conducting an independent cost estimate (ICE) for any equipment (other than vehicles to be procured by COG), preventive maintenance and contracted transportation service that is included in the approved budget. Examples include software, dispatch, or GPS systems. See Attachment.
- ✓ Obtain written concurrence from COG prior to the purchase of goods and services, for each procurement using Federal 5310 Enhanced Mobility funds in excess of \$3,000, by submitting a request letter to COG.
- ✓ Encourage the distribution of purchases equitably among local vendors, ensuring that no geographic preferences are shown in any procurement.
- ✓ Keep an annually updated record of all estimates received and a description of why each vendor was selected.
- ✓ Convey to vendors that the purchase is made with federal funds and, by fulfilling the purchase request, the vendor is agreeing to abide by all federal terms and conditions
  - Federal Contract Clauses must be attached to any contract or purchase order issued. See attachment.
- ✓ Maintain file copies of all procurements using 5310 Enhanced Mobility funds by Fiscal Year
- ✓ Ensure that procurements do not discriminate against businesses as prohibited by federal and state law
- ✓ Check the status of a proposed vendor or contractor to ensure they are in good standing; not fraudulent, debarred or technically unqualified by verifying their status with the System for Award Management (SAM) <https://www.sam.gov/portal/SAM/#1>

## **Categories of purchases and applicable requirements:**

### **Category I - Micro purchases up to \$3,000**

For purchases up to \$3,000 oral or written solicitation may be used. At least three quotes should be received, recorded, and reviewed prior to awarding vendor. Awards are made on the judgment of the subrecipient.

### **Category II - Small Procurements between \$3,001 and \$15,000**

For purchases between \$3,001 and \$15,000, oral or written solicitation may be used. At least three quotes should be received, recorded, and reviewed prior to awarding vendor. Awards are made on “best value” as determined by the subrecipient. Obtain written concurrence from COG prior to the purchase of goods and services by submitting a request letter to COG.

### **Category III - Small Procurements between \$15,001 and \$25,000**

For purchases between \$15,001 and \$25,000, written solicitation must be used. At least three written estimates should be received, recorded, and reviewed prior to awarding vendor. Awards are made on “best value” as determined by the subrecipient. Obtain written concurrence from COG prior to the purchase of goods and services by submitting a request letter to COG.

### **Category IV – Procurements over \$25,000**

Any subrecipient conducting a procurement greater than \$25,000, using federal funding, must contact COG before initiating any procurement activity. Purchases exceeding the small purchase threshold of \$25,000 must be competitively bid using a Request for Proposal (RFP) or Invitation for Bid (IFB). No ICE is required for this type of procurement (except as proof of research into cost at application). Offers must be fairly reviewed and considered with offers and selection justification provided to COG for written concurrence before any offer is accepted or a contract is executed.

***Note:*** Sole source justifications are allowed under certain circumstances and require documentation on the lack of other vendors to do the work and how the preferred vendor is uniquely qualified. Please contact staff for consideration.

**Independent Cost Estimate (ICE) Forms:**

Estimate 1

**[INSERT NAME OF AGENCY]**

Agency LOGO/Letterhead

**Project Name:**

**Date:**

**Project Description:**

**Vendor:**

**Phone:**

**Email:**

**Item:**

**Date of Estimate:**

**Estimate:**

**Method of Obtaining Estimate** (check appropriate section)

Supporting documentation needs to be attached for Category III items (\$15,001-\$25,000):

- Published List Price:
- Past Pricing (date):
- Engineering or Technical Estimate
- Independent Third Party Estimate
- Other (specify):

**Additional Comments:**

**Prepared by:**

**Phone:**

**Email:**

**Date Prepared:**



**[INSERT NAME OF AGENCY]**

Agency LOGO/Letterhead

**Project Name:**

**Date:**

**Project Description:**

**Vendor:**

**Phone:**

**Email:**

**Item:**

**Date of Estimate:**

**Estimate:**

**Method of Obtaining Estimate** (check appropriate section)

Supporting documentation needs to be attached for Category III items (\$15,001-\$25,000):

- Published List Price:
- Past Pricing (date):
- Engineering or Technical Estimate
- Independent Third Party Estimate
- Other (specify):

**Additional Comments:**

**Prepared by:**

**Phone:**

**Email:**

**Date Prepared:**

**[INSERT NAME OF AGENCY]**

Agency LOGO/Letterhead

**Project Name:**

**Date:**

**Project Description:**

**Vendor:**

**Phone:**

**Email:**

**Item:**

**Date of Estimate:**

**Estimate:**

**Method of Obtaining Estimate:** (check appropriate section)

Supporting documentation needs to be attached for Category III items (\$15,001-\$25,000):

- Published List Price:
- Past Pricing (date):
- Engineering or Technical Estimate
- Independent Third Party Estimate
- Other (specify):

**Additional Comments:**

**Prepared by:**

**Phone:**

**Email:**

**Date Prepared:**

**Federal Contract Clauses:**

## APPLICABILITY OF THIRD PARTY CONTRACT PROVISIONS

(excluding micro-purchases, except Davis-Bacon requirements apply to contracts exceeding \$2,000)

TYPE OF PROCUREMENT					
PROVISION	Professional Services/A&E	Operations/ Management	Rolling Stock Purchase	Construction	Materials & Supplies
No Federal Government Obligations to Third Parties (by Use of a Disclaimer)	All	All	All	All	All
False Statements or Claims Civil and Criminal Fraud	All	All	All	All	All
Access to Third Party Contract Records	All	All	All	All	All
Changes to Federal Requirements	All	All	All	All	All
Termination	>\$10,000 if 49 CFR Part 18 applies.	>\$10,000 if 49 CFR Part 18 applies.	>\$10,000 if 49 CFR Part 18 applies.	>\$10,000 if 49 CFR Part 18 applies.	>\$10,000 if 49 CFR Part 18 applies.
Civil Rights (Title VI, ADA, EEO except Special DOL EEO clause for construction projects)	All	All	All>\$10,000	All	All
Special DOL EEO clause for construction projects				>\$10,000	
Disadvantaged Business Enterprises (DBEs)	All	All	All	All	All
Incorporation of FTA Terms	All	All	All	All	All
Debarment and Suspension	>\$25,000	>\$25,000	>\$25,000	>\$25,000	>\$25,000
Buy America			>\$100,000 As of Feb. 2011, FTA has not adopted the FAR 2.101 \$150,000 standard.	>\$100,000 As of Feb. 2011, FTA has not adopted the FAR 2.101 \$150,000 standard.	>\$100,000 As of Feb. 2011, FTA has not adopted the FAR 2.101 \$150,000 standard.
Resolution of Disputes, Breaches, or Other Litigation	>\$100,000	>\$100,000	>\$100,000	>\$100,000	>\$100,000
Lobbying	>\$100,000	>\$100,000	>\$100,000	>\$100,000	>\$100,000
Clean Air	>\$100,000	>\$100,000	>\$100,000	>\$100,000	>\$100,000
Clean Water	>\$100,000	>\$100,000	>\$100,000	>\$100,000	>\$100,000
Cargo Preference			Transport by ocean vessel.	Transport by ocean vessel.	Transport by ocean vessel.
Fly America	Foreign air transp. /travel.	Foreign air transp. /travel.	Foreign air transp. /travel.	Foreign air transp. /travel.	Foreign air transp. /travel.

TYPE OF PROCUREMENT					
PROVISION	Professional Services/A&E	Operations/ Management	Rolling Stock Purchase	Construction	Materials & Supplies
Davis-Bacon Act				>\$2,000 (also ferries).	
Contract Work Hours and Safety Standards Act		>\$100,000 (transportation services excepted).	>\$100,000	>\$100,000 (also ferries).	
Copeland Anti-Kickback Act Section 1 Section 2				All > \$2,000 (also ferries).	
Bonding				\$100,000	
Seismic Safety	A&E for new buildings & additions.			New buildings & additions.	
Transit Employee Protective Arrangements		Transit operations.			
Charter Service Operations		All			
School Bus Operations		All			
Drug Use and Testing		Transit operations.			
Alcohol Misuse and Testing		Transit operations.			
Patent Rights	R & D				
Rights in Data and Copyrights	R & D				
Energy Conservation	All	All	All	All	All
Recycled Products		EPA-selected items \$10,000 or more annually.		EPA-selected items \$10,000 or more annually.	EPA-selected items \$10,000 or more annually.
Conformance with ITS National Architecture	ITS projects.	ITS projects.	ITS projects.	ITS projects.	ITS projects.
ADA Access	A&E	All	All	All	All
Notification of Federal Participation for States	Limited to States.	Limited to States.	Limited to States.	Limited to States.	Limited to States.

## Procurement Resources:

- [FTA CIRCULAR 4220.1F- Third Party Contracting Guidance](#)
- [FTA's Best Practices Procurement Manual](#)

## Enhanced Mobility of Seniors and Individuals with Disabilities Program – Procurement File Documentation Checklist

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### Category of Procurement:

**Category I - Micro purchases up to \$3,000**

For purchases up to \$3,000 oral or written solicitation may be used. At least three quotes should be received, recorded, and reviewed prior to awarding vendor. Awards are made on the judgment of the subrecipient.

ICE on file for at least 3 vendors

Clear documentation of selection or rejection of each submission

Description of rationale for selection

Copy of contract, PO, MOU

Confirmation that selected vendor knows Federal funds are being used and that they have been provided a copy of Federal Clauses

Copy of invoice(s)

---

**Category II - Small Procurements between \$3,001 and \$15,000**

For purchases between \$3,001 and \$15,000, oral or written solicitation may be used. At least three quotes should be received, recorded, and reviewed prior to awarding vendor. Awards are made on “best value” as determined by the subrecipient. Obtain written concurrence from COG prior to the purchase of goods and services by submitting a request letter to COG.

ICE on file from at least 3 vendors

Clear documentation of selection or rejection of each submission

Description of rationale for selection

COG concurrence request

COG response to concurrence request

\_\_\_\_\_ Copy of contract, PO, MOU

\_\_\_\_\_ Confirmation that selected vendor knows Federal funds are being used and have been provided a copy of Federal Clauses

\_\_\_\_\_ Copy of invoice(s)

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\_\_\_\_\_ **Category III - Small Procurements between \$15,001 and \$25,000**

For purchases between \$15,001 and \$25,000, written solicitation must be used. At least three written estimates should be received, recorded, and reviewed prior to awarding vendor. Awards are made on “best value” as determined by the subrecipient. Obtain written concurrence from COG prior to the purchase of goods and services by submitting a request letter to COG.

\_\_\_\_\_ ICE on file for at least 3 vendors with written estimates attached

\_\_\_\_\_ Clear documentation of selection or rejection of each submission

\_\_\_\_\_ Description of rationale for selection

\_\_\_\_\_ COG concurrence request

\_\_\_\_\_ COG response to concurrence request

\_\_\_\_\_ Copy of contract, PO, MOU

\_\_\_\_\_ Confirmation that selected vendor knows Federal funds are being used and have been provided a copy of Federal Clauses

\_\_\_\_\_ Copy of invoice(s)

---

\_\_\_\_\_ **Category IV – Procurements over \$25,000**

Any subrecipient conducting a procurement greater than \$25,000, using federal funding, must contact COG before initiating any procurement activity. Purchases exceeding the small purchase threshold of \$25,000 must be competitively bid using a Request for Proposal (RFP) or Invitation for Bid (IFB). No ICE is required for this type of procurement (except as proof of research into cost at application). Offers must be fairly reviewed and considered with offers and selection justification provided to COG for written concurrence before any offer is accepted or a contract is executed.

\_\_\_\_\_ Initial contact with COG to advise of plan for procurement activity

- \_\_\_\_\_ Description of rationale for method of purchase
- \_\_\_\_\_ Copy of solicitation document
- \_\_\_\_\_ Request for COG concurrence with RFP or IFB
- \_\_\_\_\_ COG concurrence with RFP or IFB document
- \_\_\_\_\_ Documentation of outreach efforts to notify potential vendors of opportunity
- \_\_\_\_\_ Copies of all contractor responses (bids, proposals, quotes)
- \_\_\_\_\_ Cost analysis of winning proposal, including confirmation process was fair and equitable
- \_\_\_\_\_ Method for selecting contract type (review committee, scoring system, etc.)
- \_\_\_\_\_ Clear documentation of selection or rejection of each submission
- \_\_\_\_\_ Copy of signed and executed final contract and any extensions or addenda
- \_\_\_\_\_ Copy of invoice(s)

**VERIFICATION**

I am an Authorizing Official of the organization referenced herein and am authorized to make this verification on its behalf. The statements and certifications in the foregoing document are true to the best of my knowledge.

I declare that the foregoing is true and correct.

Signature of Authorizing Official	Date

Printed Name



## Enhanced Mobility Reporting Requirements

Frequency	Report	Due to COG
Initially	Authorizing Resolution	At award
	Cell Phone Policy	At contract
	Certs & Assurances	At award
	DBE Documentation (Statement, Assurances, Program if applicable)	At award
	Drug Free Workplace Statement	At contract
	Initial Rolling Stock Inventory Report	With first invoice
	Financials – A-133 or financial statements that adhere to generally accepted accounting principles	At application
	Matching funds	At contract
	Project Assurances	At award
	Proof of Insurance & COG as additional insured	At contract
	Title VI (Program & Complaint Status)	At award
	Vehicle Maintenance Plan	At award
	Vehicle Useful Life & Disposition Policy	At award
	Monthly	DBE Report
Match Certification		With each invoice
Preventive Maintenance Summary Sheet		With each invoice
Quarterly	Milestone Progress Report (MPR)	15 <sup>th</sup> day of the month following quarter end: 4/15, 7/15, 10/15, 1/15
	Taxi Data – last 10 trips per vehicle	15 <sup>th</sup> day of the month following quarter end: 4/15, 7/15, 10/15, 1/15
Annually	Certs & Assurances	30 days from date published
	Financials – A-133 or financial statements that adhere to generally accepted accounting principles	Upon request
	Program Measures Report (Annual Performance Measures)	15 <sup>th</sup> day of the month following Federal 4 <sup>th</sup> quarter end (9/30): 10/15
	Annual Rolling Stock Inventory Report	30 <sup>th</sup> day of the month following 4 <sup>th</sup> quarter end: 1/30
Project End	Final Invoice	30 days from contract expiration
	Final Milestone Progress Report	30 days from contract expiration and before final payment is released
	Final Performance Measures & Final Narrative Report	30 days from contract expiration and before final payment is released
	Final Rolling Stock Inventory Report	30 days from contract expiration and before final payment is released
Triennially	DBE Documentation (Statement, Assurances, Program if applicable)	60 days from date of expiration
	Title VI (Program & Complaint Status)	60 days from date of expiration

**Shaded** = additional reporting for grantees with vehicles procured with Enhanced Mobility funds

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.

<b>Goal #1:</b>				
<b>Objective /Milestone</b>	<b>Estimated Completion Date</b>	<b>Actual Completion Date</b>	<b>Narrative Description of Quarterly Activities Undertaken to Achieve Objective/Milestone</b>	<b># of Trips provided or people Receiving Services during Quarter</b>
1.				
2.				
3.				

<b>Goal #2:</b>				
<b>Objective /Milestone</b>	<b>Estimated Completion Date</b>	<b>Actual Completion Date</b>	<b>Narrative Description of Quarterly Activities Undertaken to Achieve Objective/Milestone</b>	<b># of Trips provided or people Receiving Services during Quarter</b>
1.				
2.				
3.				

If scheduled milestones or completion dates have not been met, please provide a further description of the expected impacts of this change in reporting and the efforts to recover from the delays:

**B. NARRATIVE ON OVERALL PROJECT STATUS**

Please address the following items as of the quarter end.

**Narrative**

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



Enhanced Mobility of Seniors and Individuals with Disabilities Program - Quarterly Accessible Taxi Data

Agency/Organization: \_\_\_\_\_

Reporting Period: \_\_\_\_\_

	Year/Make/Model	VIN	Agency Vehicle No.	Grant Contract No.	No. Wheelchair Passengers Served	No. Non-Wheelchair Passengers Served	Sample Data on Response Time* Attached?
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

\*response time data should cover the last 10 trips for each vehicle

*I hereby certify that all information reported in this quarterly report reflects true, accurate and complete information for the agency/organization listed and that project equipment purchased through a state or federal grant agreement is still being used in accordance with the terms and conditions of the grant agreement.*

\_\_\_\_\_  
Signature & Title

\_\_\_\_\_  
Date



Enhanced Mobility of Seniors and Individuals with Disabilities Program - Annual Performance Measures Report - Traditional 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 mobility 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)*

**II. RIDERSHIP: Actual or estimated number of rides (as measured by one-way trips) provided for seniors and individuals with disabilities on grant-supported vehicles and services.**

**A. Number of one-way trips provided in above-referenced period:**

**B. Average Route Length (One-way in miles):**

**III. Additional Comments:**

**Date Submitted:**



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

Reporting Period (Federal FY): [input box]

Agency Name: [input box]

Project: [input box]

Contract Number: [input box]

Contact Name: [input box]

Contact Phone: [input box]

Contact Email: [input box]

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 mobility 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:**

[Large empty text box for describing how the grant filled gaps in service]

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

[input box]

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

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

[input box]

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

**II. IMPROVEMENTS:**

**A. Describe increases or enhancements related to geographic coverage, service quality, and/or service times that impact availability of transportation services for seniors and individuals with disabilities as a result of your grant-related activities in above-referenced period:**

[Large empty text box for describing improvements]



**B. Describe additions or changes to physical infrastructure (e.g., transportation facilities, sidewalks, etc.), technology, and vehicles that impact availability of transportation services for seniors and individuals with disabilities as a result of your activities in above-referenced period.**

**III. RIDERSHIP: Actual or estimated number of rides (as measured by one-way trips) provided for seniors and individuals with disabilities on grant-supported vehicles and services.**

**A. Number of one-way trips provided in above-referenced period:**

**B. Average Route Length (One-way in miles):**

**Additional Comments:**

**Date Submitted:**



**Enhanced Mobility of Seniors and Individuals with Disabilities Program  
Annual Rolling Stock Inventory Report**

Agency/Organization: \_\_\_\_\_

Period of Performance: \_\_\_\_\_

	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	Title Held
1																
2																
3																
4																
5																
6																
7																

*I hereby certify that all information reported in this inventory report reflects true, accurate and complete information for the agency/organization listed and that project equipment purchased through a state or federal grant agreement is still being used in accordance with the terms and conditions of the grant agreement.*

Signature and Title \_\_\_\_\_ Date \_\_\_\_\_

**\* Replacement Cost Calculation:**  
 1 remaining months of useful life =  
 2 cost per month (vehicle cost divided by 48 months =  
 3 remaining months of useful life x vehicle cost per month  
 4 80% of calculation 3



Enhanced Mobility of Seniors and Individuals with Disabilities Program - Final/Cumulative  
Performance Measures Report - Traditional 5310 Projects

Grant Period:

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 prior Annual Performance Measure Reports can be used to calculate totals over the life of the project.

**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 mobility they would not have without program support.**

**A. Describe how this grant filled gaps in service for seniors and individuals with disabilities over the life of the project:**

**B. Number of individuals w/ disabilities served over the life of the project:**

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

**C. Number of seniors served over the life of the project:**

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

**II. RIDERSHIP: Actual or estimated number of rides (as measured by one-way trips) provided to seniors and individuals with disabilities on grant-supported vehicles and services.**

**A. Number of one-way trips provided over life of project:**

**B. Average Route Length (One-way in miles):**

**IV. EVALUATION** - How did you evaluate the response to and success of your project? Include things like feedback from stakeholders and participants, surveys, focus groups and other tools used.

**V. ACCOMPLISHMENTS** - What do you feel is your greatest accomplishment? For example, an especially successful or innovative element of your project. Include any other accomplishments of note.

**VI. LESSONS LEARNED** - What advice would you give someone starting or delivering a service like yours? What would you have done differently, or better? What modifications would you recommend?

**VII. SUSTAINABILITY** - Will the service continue? Why or why not? How will you fund it?

**VIII. COMMENTS** - Is there anything else you would like to share with us regarding your work or experience?

Date Submitted:



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

Grant Period:

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 prior Annual Performance Measure Reports can be used to calculate totals over the life of the project.

**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 mobility they would not have without program support.**

**A. Please describe how this grant filled gaps in service for seniors and individuals with disabilities over the life of the project:**

**B. Number of individuals w/ disabilities served over the life of the project:**

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

**C. Number of seniors served over the life of the project:**

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

**II. IMPROVEMENTS:**

**A. Describe increases or enhancements related to geographic coverage, service quality, and/or service times that impacted availability of transportation services for seniors and individuals with disabilities as a result of your grant-related activities, over the life of the project:**

**B. Describe additions or changes to physical infrastructure (e.g., transportation facilities, sidewalks, etc.), technology, and vehicles that impacted availability of transportation services for seniors and individuals with disabilities as a result of your activities, over the life of the project:**

**III. RIDERSHIP: Actual or estimated number of rides (as measured by one-way trips) provided for seniors and individuals with disabilities on grant-supported vehicles and services.**

**A. Number of one-way trips provided over life of the project:**

**B. Average Route Length (One-way in miles):**

**IV. EVALUATION - How did you evaluate the response to and success of your project? Include things like feedback from stakeholders and participants, surveys, focus groups and other tools used.**

**V. ACCOMPLISHMENTS - What do you feel is your greatest accomplishment? For example, an especially successful or innovative element of your project. Include any other accomplishments of note.**

**VI. LESSONS LEARNED - What advice would you give someone starting or delivering a service like yours? What would you have done differently, or better? What modifications would you recommend?**

**VII. SUSTAINABILITY - Will the service continue? Why or why not? How will you fund it?**

**VIII. COMMENTS - Is there anything else you would like to share with us regarding your work or experience?**

Date Submitted: