How to Complete a Request for Reimbursement

FY2024-2025 Solid Waste Grants

North Central Texas Council of Governments

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Overview

- Grant funding will be made on a reimbursement basis for eligible expenses incurred and paid by the grant recipient.

- Grant recipients must submit a Request for Reimbursement at least quarterly, but not more frequently than once a month, for reimbursement of actual allowable costs.

- Grant recipients must submit Requests for Reimbursement via email with all appropriate documentation.

- **If no funds were spent within a quarterly period, grant recipients are required to submit an explanation for why no funds were spent and when they are expected to be spent.**

- **Grant recipients are strongly encouraged to spend ALL available grant funding so that no funds are "returned" to NCTCOG.**

- This presentation will provide instructions for completing a request for reimbursement. Should any additional questions arise, please contact your grant manager.

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Request for Reimbursement

- A Request for Reimbursement contains the following tabs

    1. Summary Page

    2. Expense Itemization Detail

    3. Matching Funds Summary Page

    4. Matching Itemization Detail

- *If your ILA does not include Matching Funds, you do not need to fill out the Matching Funds tabs.*

- Grant managers will provide each grant recipient the template Request for Reimbursement.

Regional Solid Waste Grants Program
Summary of Grant Expenditures Form
North Central Texas Council of Governments
[Entity] [Grant Number]
Reimbursement Request Number [XX]

1. Date:	[Insert Date Here]
2. Final Reimbursement Request:	[Insert Yes or No]

Budget Categories	Total Approved Budget	Total Reimbursed To Date	Expenditures This Report	Remaining Budget
Equipment	$ -	$ -	$ -	$ -
Contractual	$ -	$ -	$ -	$ -
Construction	$ -	$ -	$ -	$ -
Other	$ -	$ -	$ -	$ -
Total:	$ -	$ -	$ -	$ -

Itemize expenditures on the "expense itemization detail" tab for each budget category expenditure.

Backup documentation (purchase orders, invoices, receipts, bank statements, etc.) are required to be included with the reimbursement request and must be retained by the grant recipient.

Signature/Title Certification

I certify to the best of my knowledge and belief that this report is correct and complete, and that all outlays and unliquidated obligations are for the purposes set forth in the award documentation.

Typed or Printed Name and Title of Certifying Official:	
Signature of Authorized Certifying Official:	
Telephone (area code, number, and extension):	
Date Report Submitted:	

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Summary Page

➡ The approved budget and associated categories can be found in Attachment B of your Interlocal Agreement (ILA).

➡ Approved expenditures must be in the correct budget category on the request for reimbursement in order to qualify for reimbursement.

Regional Solid Waste Grants Program
Summary of Grant Expenditures Form
North Central Texas Council of Governments
[Entity] [Grant Number]
Reimbursement Request Number [XX]

1. Date:	[Insert Date Here]
2. Final Reimbursement Request:	[Insert Yes or No]

Budget Categories	Total Approved Budget	Total Reimbursed To Date	Expenditures This Report	Remaining Budget
Equipment	$ -	$ -	$ -	$ -
Contractual	$ -	$ -	$ -	$ -
Construction	$ -	$ -	$ -	$ -
Other	$ -	$ -	$ -	$ -
Total	$ -	$ -	$ -	$ -

Itemize expenditures on the "expense itemization detail" tab for each budget category expenditure.

Backup documentation (purchase orders, invoices, receipts, bank statements, etc.) are required to be included with the reimbursement request and must be retained by the grant recipient.

Signature/Title Certification

I certify to the best of my knowledge and belief that this report is correct and complete, and that all outlays and unliquidated oblig...

| Typed or Printed Name and Title |
| Signature of Authorized Certifying |
| Telephone (area code, number, a |
| Date Report Submitted: |

ATTACHMENT B
PROJECT BUDGET AND DETAILED COST SHEETS

Table 1: Project Budget

Budget Categories	Funding Approved
Equipment (unit cost of $5,000 or more, and Controlled Assets up to $4,999)	$0
Contractual (other than for Construction)	$0
Construction	$0
Detailed "Other" Expenses Budget	$0
TOTAL COST	**$0**

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Summary Page

- The Total Reimbursed to Date column will need to be filled out based on previous approved requests for reimbursements.

- This column helps NCTCOG keep track of your grant progress.

- The "Expenditures This Report" and "Remaining Budget" columns will auto-populate as you fill out the Request for Reimbursement. Please do not edit or override the formulas in these cells.

Regional Solid Waste Grants Program
Summary of Grant Expenditures Form
North Central Texas Council of Governments
[Entity] [Grant Number]
Reimbursement Request Number [XX]

| 1. Date: | [Insert Date Here] |
| 2. Final Reimbursement Request: | [Insert Yes or No] |

Budget Categories	Total Approved Budget	Total Reimbursed To Date	Expenditures This Report	Remaining Budget
Equipment	$ -	$ -	$ -	$ -
Contractual	$ -	$ -	$ -	$ -
Construction	$ -	$ -	$ -	$ -
Other	$ -	$ -	$ -	$ -
Total:	$ -	$ -	$ -	$ -

Itemize expenditures on the "expense itemization detail" tab for each budget category expenditure.

Backup documentation (purchase orders, invoices, receipts, bank statements, etc.) are required to be included with the reimbursement request and must be retained by the grant recipient.

Signature/Title Certification

I certify to the best of my knowledge and belief that this report is correct and complete, and that all outlays and unliquidated obligations are for the purposes set forth in the award documentation.

Typed or Printed Name and Title of Certifying Official:	
Signature of Authorized Certifying Official:	
Telephone (area code, number, and extension):	
Date Report Submitted:	

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Summary Page

➡ The Signature/Title Certification must be completed in order to qualify for reimbursement.

➡ The Signature of the Authorized Certifying Official must be hand signed or must be an official e-signature that includes the time and date (see example below).

John Doe Digitally signed by John Doe
Date: 2020.02.25 13:49:53 -06'00'

Regional Solid Waste Grants Program
Summary of Grant Expenditures Form
North Central Texas Council of Governments
[Entity] [Grant Number]
Reimbursement Request Number [XX]

1. Date:	[Insert Date Here]
2. Final Reimbursement Request:	[Insert Yes or No]

Budget Categories	Total Approved Budget	Total Reimbursed To Date	Expenditures This Report	Remaining Budget
Equipment	$ -	$ -	$ -	$ -
Contractual	$ -	$ -	$ -	$ -
Construction	$ -	$ -	$ -	$ -
Other	$ -	$ -	$ -	$ -
Total:	$ -	$ -	$ -	$ -

Itemize expenditures on the "expense itemization detail" tab for each budget category expenditure.

Backup documentation (purchase orders, invoices, receipts, bank statements, etc.) are required to be included with the reimbursement request and must be retained by the grant recipient.

Signature/Title Certification

I certify to the best of my knowledge and belief that this report is correct and complete, and that all outlays and unliquidated obligations are for the purposes set forth in the award documentation.

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Signature of Authorized Certifying Official:	
Telephone (area code, number, and extension):	
Date Report Submitted:	

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Expense Itemization Detail

➡ The Expense Itemization Detail Page will include an itemized list of each expense that was purchased and paid for during the reporting period.

➡ As stated previously, each item must be in the correct budget category in order to qualify for reimbursement. The proper category can be found in Attachment B of the ILA.

➡ The subtotals for each category will auto-populate as you complete the reimbursement. Please do not edit any formulas on this sheet.

Regional Solid Waste Grants Program
ITEMIZATION OF ALL BUDGET CATEGORIES

EQUIPMENT EXPENDITURES

ITEM DESCRIPTION	INVOICE NUMBER	QUANTITY	UNIT COST	TOTAL EXPENDITURE
			$ -	$ -
			$ -	$ -
			$ -	$ -
			$ -	$ -
			$ -	$ -
			$ -	$ -
SUBTOTAL EQUIPMENT EXPENDITURES:				$ -

CONTRACTUAL EXPENDITURES

SUBCONTRACTOR	INVOICE NUMBER	PURPOSE	TOTAL EXPENDITURE
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
SUBTOTAL CONTRACTUAL EXPENDITURES:			$ -

CONSTRUCTION EXPENDITURES

SUBCONTRACTOR	INVOICE NUMBER	PURPOSE	TOTAL EXPENDITURE
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
SUBTOTAL CONSTRUCTION EXPENDITURES:			$ -

OTHER EXPENDITURES

ITEM DESCRIPTION	INVOICE NUMBER	QUANTITY	UNIT COST	TOTAL EXPENDITURE
			$ -	$ -
			$ -	$ -
			$ -	$ -
			$ -	$ -
			$ -	$ -
			$ -	$ -
SUBTOTAL OTHER EXPENDITURES:				$ -

SUBTOTAL EQUIPMENT EXPENDITURES:	$	-
SUBTOTAL CONTRACTUAL EXPENDITURES:	$	-
SUBTOTAL CONSTRUCTION EXPENDITURES:	$	-
SUBTOTAL OTHER EXPENDITURES:	$	-
TOTAL EXPENDITURES:	$	-

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Expense Itemization Detail

➤ When completing the Expense Itemization Detail Page, it is important to include an accurate description of each item, the quantity, and unit cost.

➤ If there were shipping costs associated with the purchase of the items, the shipping costs must be on their own line item to match with the backup documentation.

➤ The total expenditure column in the "Equipment" and "Other" categories will auto-populate based on the quantity and unit cost of the line item. Please do not override the formula in those cells.

Regional Solid Waste Grants Program
ITEMIZATION OF ALL BUDGET CATEGORIES

EQUIPMENT EXPENDITURES

ITEM DESCRIPTION	INVOICE NUMBER	QUANTITY	UNIT COST	TOTAL EXPENDITURE

SUBTOTAL EQUIPMENT EXPENDITURES:

CONTRACTUAL EXPENDITURES

SUBCONTRACTOR	INVOICE NUMBER	PURPOSE	TOTAL EXPENDITURE

SUBTOTAL CONTRACTUAL EXPENDITURES:

CONSTRUCTION EXPENDITURES

SUBCONTRACTOR	INVOICE NUMBER	PURPOSE	TOTAL EXPENDITURE

SUBTOTAL CONSTRUCTION EXPENDITURES:

OTHER EXPENDITURES

ITEM DESCRIPTION	INVOICE NUMBER	QUANTITY	UNIT COST	TOTAL EXPENDITURE

SUBTOTAL OTHER EXPENDITURES:

SUBTOTAL EQUIPMENT EXPENDITURES:
SUBTOTAL CONTRACTUAL EXPENDITURES:
SUBTOTAL CONSTRUCTION EXPENDITURES:
SUBTOTAL OTHER EXPENDITURES:
TOTAL EXPENDITURES:

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Required Backup Documentation

- Each Request for Reimbursement requires the appropriate backup documentation in order to be approved.

- Required backup documentation includes:

  - Purchase Orders (or an explanation as to why no purchase order was obtained)

  - Invoices (receipts are acceptable in some cases)

  - Proof of Payment

    - Copies of canceled checks OR

    - Credit card statement <u>AND</u> bank statement showing that the credit card statement was paid

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Matching Funds

- If your project includes Matching Funds in the Interlocal Agreement under Attachment B, it is important that you track and retain accepted backup documentation related to these funds in the event that NCTCOG has additional funding to allocate.

- **There is no guarantee that matching funds will be reimbursed.**

- The Matching Summary Page and Matching Itemization Detail Page operate exactly like the Summary Page and Expense Itemization Detail Page.

- *If your ILA does not include Matching Funds, you do not need to fill out the Matching Funds tabs.*

LIST MATCHING DETAILS
NOTE: Appropriate documentation must be included in order to receive credit for any eligible matching items. (i.e. proof of payment, proof of value etc).

Click here to enter text.

Regional Solid Waste Grants Program
Matching Summary
North Central Texas Council of Governments
[Entity] [Grant Number]

Budget Categories	Previous Expenditures	Expenditures This Report	Total In-Kind Expenditures
Equipment	$ -	$ -	$ -
Contractual	$ -	$ -	$ -
Construction	$ -	$ -	$ -
Other	$ -	$ -	$ -
Total:	$ -	$ -	$ -

Itemize expenditures on the matching itemization detail tab for each budget category expenditure.

Backup documentation (purchase orders, invoices, receipts, bank statements, etc.) will be required to reimburse any matching funds if more funding becomes available. There is no guarantee that matching funds will be reimbursed. Please retain all of the documentation related to matching funds.

Signature/Title Certification

I certify to the best of my knowledge and belief that this report is correct and complete, and that all outlays and unliquidated obligations are for the purposes set forth in the award documentation.

Typed or Printed Name and Title of Certifying Official:	
Signature of Authorized Certifying Official:	
Telephone (area code, number, and extension):	
Date Report Submitted:	

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Contact | Connect

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