



**Welcome
back!**

Reimbursement and Contract Reporting Workshop

Arizona Department of Transportation

Multimodal Planning Division

September 9, 2020

Agenda

- ▶ Reimbursement Process
- ▶ Individual aspects to each reimbursement type
- ▶ Contract Reporting
 - Set up and Close-out contracts
 - Reporting payments in the LPA system
- ▶ Questions
- ▶ More at www.azdot.gov/transitguidebooks

To Login to E-Grants



Welcome to E-Grants

This is E-Grants, ADOT's Grant Management Software for Grant applications and overall management for the grant lifecycle. At this time, the E-Grants system is only available to accept transit grant applications.

Please note that Internet Explorer is the only supported browser for E-Grants. Using other browsers may cause technical issues.

Steps to Get Started:

- The initial registration for your organization must be completed by an Organization Administrator for the organization; e.g. Program Director
- Once the Organization Administrator registers the organization, they will receive an email *Notification of Access Approval* from the online systems administrator
- Once your organization is registered in the system, you can apply for grants, complete/submit reports and submit requests for reimbursement.

New Users Register [HERE](#)

Login

Username

Password

[New User Registration](#)

[Forgot Password?](#)

Use Internet Explorer to Access E-Grants

<https://egrants.azdot.gov>

Login with Username & Password

My Applications



[Back](#)

My Applications

Use the search functionality below to find a specific Application.

Search Applications

Application Types ←

Application Name

Person

Status

Organization ←

Year

Choose **Application Type**, type your **Organization Name** and click **SEARCH**.

E-GRANTS



My Home | My Applications | My Reimbursement Requests | My GAEs | My Assets

My Reports | My Administration | My Organization(s) | My Profile | Logout

SHOW HELP

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My Applications

Use the search functionality below to find a specific Application.

Search Applications

Application Types: 5310 Application 2017: 2017

Application Name:

Person:

Status: -- Select --

Organization: oro

Year:

SEARCH CLEAR

Export Results to: Screen Sort by: -- Select -- GO

Number of Results 1

Document Type	Organization	Name	Current Status	Year
5310 Application	Town of Oro Valley	5310-2017-Town of Or-00015	Active Grant	2017

1

Click on the Application **Name**.

5310 Application Menu

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5310 Application Menu

Document Information: [5310-2017-smith12314-00004](#)

 [Details](#)

Info	Document Type	Organization	Role	Current Status	Period Date / Date Due
	5310 Application	Krystal Smith 1234	AGENCY Organization Administrator	Active Grant	11/12/2016 - 01/01/2019 02/16/2020 12:00PM PST

View, Edit and Complete Forms

Select the **View Forms** button below to view, edit, and complete forms.

[VIEW FORMS](#)

Change the Status

Select the **View Status Options** button below to perform actions such as submitting applications or request modifications.

[VIEW STATUS OPTIONS](#)

Tools

Select the **View Management Tools** button below to perform actions such as adding people to this document or viewing the document history.

[VIEW MANAGEMENT TOOLS](#)

Contracts, Invoices, & Reporting

Select the **View Related Items** button below to view related items such as Contracts, Invoices, Reporting, and system messages.

[VIEW RELATED ITEMS](#)

*Under **Contracts, Invoices, & Reporting**, click on **View Related Items***

5310 Application Menu-Related Items

5310 Application Menu - Related Items

The various sections below can link to items that are associated with this document.

Document Information: [5310-2018-smith12314-00008](#)

 [Details](#)

Related Documents

Sort search results by: Filter by Document Type:

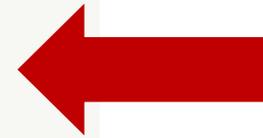
Document Type	Name	Current Status	Period Date / Date Due	Created By	Last Modified By
Reimbursement Request	Initiate a Reimbursement Request 2018				

Click on *Initiate a/an Reimbursement Request*.

5311 Reimbursement Request Start

- **Initiate** the Reimbursement Request—Select the first Month available. They must go in order.

Document Type	Name
5311 Reimbursement Request	<u>Initiate a/an November 5311 RR</u>
5311 Reimbursement Request	<u>Initiate a/an October 5311 RR</u>



Reimbursement Request Menu



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Generic Reimbursement Request Menu

Document Information: [5310RRJun-2018-smith12314-00045](#)

Parent Information: [5310-2017-smith12314-00004](#)

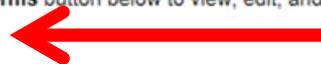
 [Details](#)

Info	Document Type	Organization	Role	Current Status	Period Date / Date Due
	Generic Reimbursement Request	Krystal Smith 1234	AGENCY Organization Administrator	Reimbursement Request in Progress	N/A - N/A N/A

View, Edit and Complete Forms

Select the **View Forms** button below to view, edit, and complete forms.

[VIEW FORMS](#)



Under **View, Edit and Complete Forms**,
Click on **View Forms**.

Reimbursement Request Menu-Forms

The screenshot shows a web application interface. At the top, there is a navigation bar with three tabs: "My Home", "My Applications", and "My Reimbursement Requests". To the right of the tabs, there are links for "My Organization(s)", "My Profile", and "Logout". A "SHOW HELP" button is located in the top right corner. Below the navigation bar, there is a "Back" button. The main heading is "Generic Reimbursement Request Menu - Forms". Below the heading, there is a message: "Please complete all required forms below." There are two lines of document information: "Document Information: 5310RRJun-2018-smith12314-00045" and "Parent Information: 5310-2017-smith12314-00004". A "Details" button is located below the parent information. Below the details, there is a section titled "Forms" which contains a table. The table has five columns: "Status", "Page Name", "Note", "Created By", and "Last Modified By". The first row of the table is highlighted in blue and contains the text "Reimbursement Request". The second row of the table contains a red arrow pointing to the "Reimbursement Request" link. Below the table, there is a "Top of the Page" button. At the bottom of the page, there is a footer with the text "Powered by IntelliGrants™" and "© Copyright 2000-2018 Agate Software, Inc."

My Home | My Applications | My Reimbursement Requests

My Organization(s) | My Profile | Logout

SHOW HELP

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Generic Reimbursement Request Menu - Forms

Please complete all required forms below.

Document Information: [5310RRJun-2018-smith12314-00045](#)
Parent Information: [5310-2017-smith12314-00004](#)

[Details](#)

Forms

Status	Page Name	Note	Created By	Last Modified By
	Reimbursement Request		DianeTest OhdeTest 4/4/2018 2:23:37 PM	DianeTest OhdeTest 4/5/2018 2:34:49 PM

Top of the Page

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Click on **Reimbursement Request**.

Reimbursement Request

Document Information: [5310RRJan-2018-smith12314-00036](#)

Parent Information: [5310-2017-smith12314-00004](#)

 [Details](#)

REIMBURSEMENT REQUEST

Instructions:

- For the service period, include the entire month or quarter for the reimbursement you are requesting.
- E-Grants will auto-fill the invoice number for you or you can update with your internal Invoice #.
- The Reimbursement Request Amount should include the total paid, not just the federal portion.
- ADOT Procured items will not display on this form.
- Any Adjustments for prior reimbursements should be documented in the comments section with supporting documentation.

Local Match Instructions

- Enter the cash match expended by source with the source identified
- All In-kind match must be approved by ADOT during the award process.
- Enter the in-kind match units (ie. Volunteer hours or sq ft. etc...) expended this billing period only.

Agency Name: Krystal Smith 1234	Billing Period: <input type="text" value="January"/> <input type="text" value="2018"/>
Grant Award Year: 2017 Grant Program: 5310	Invoice Number: <input type="text" value="1718KRY5310-01"/>
Warrant Number:	Invoice Date: Mar 28, 2018

The **Document Information** name will update with the **Billing Period** selected when you **SAVE**.

Invoice numbers must be unique.

Reimbursement Request

The screenshot displays the ADOT E-GRANTS interface. At the top, there is a navigation bar with 'My Home', 'My Applications', and 'My Reimbursement Requests'. Below this, a message box states: 'Your information has been saved and the following Page Error(s) have been found.' This is followed by a list of errors: 'A billing period is required.', 'Fare Revenue is Required for Operating.', 'Project Complete selection is required.', 'Please attach Back-up Documentation.', 'Please confirm that you have entered your contract reporting into the LPA database for this billing period.', 'Please check I agree to certify expenses submitted are eligible.', and 'Passenger Trips, Volunteer Drivers, Project Revenue, Personal Vehicles, Deadhead Miles, Major Incidents, Total Project, Major Injuries, Vehicle Service, Fatalities, and Fare Revenue are required for Operating awards.' Below the error messages is a 'Page Warning(s)' box: 'You have selected Yes for Project Complete. No further billing will be allowed.' At the bottom, there is a 'Back' button and document information: 'Document Information: 5310RR-smith12314-00421' and 'Parent Information: 5310-2018-smith12314-00008'. A breadcrumb trail shows 'You are here: > Reimbursement Request Menu > Forms Menu > Reimbursement Request'.

A list of error messages will display.

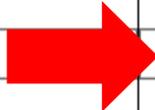
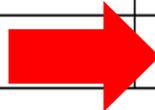
You will receive a Page Warning if an award line has been marked complete.

5310 Reimbursement Request

Project Title	Fed Match Ratio	Reimbursement Request	Fares/ Deduction	Total Request	Contract Cumulative	Balance	Award Amount	% Expended	Federal Portion	Local Match Portion	Project Complete
MM Computers 1	80%	\$1,000.00		\$1,000.00	\$1,000.00	\$61,500.00	\$62,500.00	2%	\$800.00	\$200.00	<input type="radio"/> Yes <input checked="" type="radio"/> No
MM Computers 2	80%			\$0	\$0	\$250,000.00	\$250,000.00	0%	\$0	\$0	<input type="radio"/> Yes <input checked="" type="radio"/> No
MM Staffing 1	80%			\$0	\$0	\$25,000.00	\$25,000.00	0%	\$0	\$0	<input type="radio"/> Yes <input checked="" type="radio"/> No
MM Staffing 2	80%			\$0	\$0	\$50,000.00	\$50,000.00	0%	\$0	\$0	<input type="radio"/> Yes <input checked="" type="radio"/> No
MM Program Manager 1	80%			\$0	\$0	\$25,000.00	\$25,000.00	0%	\$0	\$0	<input type="radio"/> Yes <input checked="" type="radio"/> No
MM Program Manager 2	80%			\$0	\$0	\$37,500.00	\$37,500.00	0%	\$0	\$0	<input type="radio"/> Yes <input checked="" type="radio"/> No
Operating 1	50%	\$15,000.00	\$0	\$15,000.00	\$15,000.00	\$5,000.00	\$20,000.00	75%	\$7,500.00	\$7,500.00	<input type="radio"/> Yes <input checked="" type="radio"/> No
Operating 2	50%		\$0	\$0	\$0	\$40,000.00	\$40,000.00	0%	\$0	\$0	<input type="radio"/> Yes <input checked="" type="radio"/> No
14 Pass Cut with Lift VIN 2558	90%	\$69,000.00		\$69,000.00	\$69,000.00	\$0	\$69,000.00	100%	\$62,100.00	\$6,900.00	<input checked="" type="radio"/> Yes <input type="radio"/> No
14 Pass Cut 4x4 with Lift VIN 6987	90%			\$0	\$0	\$87,000.00	\$87,000.00	0%	\$0	\$0	<input type="radio"/> Yes <input checked="" type="radio"/> No
9 Pass Cut with Lift VIN 1257	90%			\$0	\$0	\$66,392.22	\$66,392.22	0%	\$0	\$0	<input type="radio"/> Yes <input checked="" type="radio"/> No
9 Pass Cut 4x4 with Lift VIN 5846	90%			\$0	\$0	\$86,446.67	\$86,446.67	0%	\$0	\$0	<input type="radio"/> Yes <input checked="" type="radio"/> No
7 Pass Mini No Ramp VIN 6328	80%			\$0	\$0	\$26,785.00	\$26,785.00	0%	\$0	\$0	<input type="radio"/> Yes <input checked="" type="radio"/> No
7 Pass Mini with Ramp VIN 4158	80%			\$0	\$0	\$46,500.00	\$46,500.00	0%	\$0	\$0	<input type="radio"/> Yes <input checked="" type="radio"/> No
ADA Van VIN 6332	80%			\$0	\$0	\$56,018.75	\$56,018.75	0%	\$0	\$0	<input type="radio"/> Yes <input checked="" type="radio"/> No
Transit Van VIN 4785	80%			\$0	\$0	\$63,282.50	\$63,282.50	0%	\$0	\$0	<input type="radio"/> Yes <input checked="" type="radio"/> No
12 Pass Van No Lift VIN 5421	90%			\$0	\$0	\$25,000.00	\$25,000.00	0%	\$0	\$0	<input type="radio"/> Yes <input checked="" type="radio"/> No
Totals		\$85,000.00	\$0	\$85,000.00	\$85,000.00	\$951,425.14	\$1,036,425.14	8%	\$70,400.00	\$14,600.00	

Enter your total *Reimbursement Request* amount (Federal and Local). *Fares/Deduction* is required for Operating projects.

5311 E-Grants: Finalize Budget – make sure final budget = final award (from Ex. A)

ADMINISTRATION BUDGET	Year 1 Request	Year 2 Request	Final Budget (AWARDED)	Federal Request	Local Match	Subcontracted?
Transit Manager/Coordinator	\$34,070			\$28,210	\$7,053	<input type="radio"/> Yes <input checked="" type="radio"/> No
Professional Services	\$1,250	\$1,294		\$1,035	\$259	<input checked="" type="radio"/> Yes <input type="radio"/> No
Administrative Supplies	\$695	\$719		\$575	\$144	<input type="radio"/> Yes <input checked="" type="radio"/> No
Fringe Benefits (Admin)	\$13,566	\$14,040		\$11,232	\$2,808	<input type="radio"/> Yes <input checked="" type="radio"/> No
						<input type="radio"/> Yes <input type="radio"/> No
						<input type="radio"/> Yes <input type="radio"/> No
Total Administration Costs	\$63,111		\$0	\$52,116	\$13,029	

5311 Reimbursement Entry

- ▶ Enter Your Expenditures on the first open column for Administration, Operating / Intercity, and Capital.



Administration	Match Ratio	Reimbursement Requests	Contract Cumulative	Balance	Approved Budget	% Expended	Project Complete
Program Manager	80 / 20	<input type="text" value="2012.43"/>			\$19,708.00	%	<input type="radio"/> Yes <input type="radio"/> No
Transit Manager / Coordinator	80 / 20	<input type="text" value="1486.00"/>			\$15,678.00	%	<input type="radio"/> Yes <input type="radio"/> No

5311 Intercity In-Kind

Operating / Intercity funds	Match Ratio	Reimbursement Requests	Contract Cumulative	Balance	Approved Budget	% Expended	Pro Co
Supervisor(s)	58 / 42	\$3,406.40	\$71,489.98	(\$28,243.98)	\$43,246.00	165.31%	
Mechanic(s)	58 / 42		\$12,759.00	\$14,281.00	\$27,040.00	47.19%	
Driver Salaries	58 / 42	\$8,039.20	\$160,527.39	(\$31,941.39)	\$128,586.00	124.84%	
Fringe Benefits	58 / 42	\$2,831.27	\$54,936.81	(\$5,218.81)	\$49,718.00	110.50%	
Fuel	58 / 42		\$73,432.49	\$52,030.51	\$125,463.00	58.53%	
Driver Training & Certifications	58 / 42		\$580.00	\$4,420.00	\$5,000.00	11.60%	
Uniforms	58 / 42		\$1,895.00	\$2,105.00	\$4,000.00	47.38%	
Vehicle Licenses	58 / 42			\$1,000.00	\$1,000.00	0.00%	
In-Kind (Ops/Intercity)	58 / 42	\$1,996.10	\$28,375.60	\$18,379.40	\$46,755.00	60.69%	
Total Operating/Intercity Costs		\$16,272.97	\$405,605.30	\$171,202.70	\$576,808.00	70.32%	
Revenue Earned ie Fares		\$2,791.36*	\$48,454.95	(\$8,454.95)	\$40,000.00	121.14%	
Net Operating Costs		\$13,481.61	\$357,150.35	\$179,657.65	\$536,808.00	66.53%	
Operating Local Share		\$3,567.23	\$94,501.98	\$47,537.41	\$142,039.40	66.53%	
Operating Federal Share		\$4,926.18	\$130,502.74	\$65,646.91	\$196,149.64	66.53%	
Intercity Local Share		\$2,095.04	\$55,501.16	\$27,918.80	\$83,419.96	66.53%	
Intercity Federal Share		\$2,893.15	\$76,644.47	\$38,554.53	\$115,199.00	66.53%	

Enter your intercity in-kind costs (using the intercity in-kind calculator)



5311 Intercity – Reimbursement Request

Operating / Intercity funds	Match Ratio	Reimbursement Requests	Contract Cumulative	Balance	Approved Budget	% Expended	Project Complete	
							<input type="radio"/> Yes	<input checked="" type="radio"/> No
Operating Supplies	58 / 42	<input type="text" value="\$10,000.00"/>	\$10,000.00	\$344,648.00	\$354,648.00	2.82%		
Total Operating/Intercity Costs		\$10,000.00	\$10,000.00	\$344,648.00	\$354,648.00	2.82%		
Revenue Earned ie Fares		<input type="text" value="\$500.00"/> *	\$500.00	\$147,251.00	\$147,751.00	0.34%		
Net Operating Costs		\$9,500.00	\$9,500.00	\$197,397.00	\$206,897.00	4.59%		
Total Federal		\$5,510.00	\$5,510.00	\$119,408.26	\$120,000.00	4.59%		
Intercity Federal Share		<input type="text" value="\$918.33"/> *	\$918.33	\$19,081.67	\$20,000.00	4.59%		
Intercity Local Share		\$665.00	\$665.00	\$13,817.76	\$14,482.76	4.59%		
Operating Federal Share		\$4,591.67	\$4,591.67	\$95,408.55	\$100,000.00	4.59%		
Operating Local Share		\$3,325.00	\$3,325.00	\$69,088.95	\$72,413.79	4.59%		

If you do not receive intercity funds, enter 0

If you receive intercity funds, enter the amount of intercity Federal share

Reimbursement Intercity % requested	17%	Intercity % awarded	17%
Monthly Federal Intercity Amount based on Award	<input type="text" value="\$918.33"/>	NOTE: Use Intercity worksheet if not using awarded intercity percent to calculate monthly federal intercity amount. Intercity/Inkind Calculation Worksheet	

A link to the intercity in-kind calculator is provided

Cash and In-kind Match



Account: Cash at Bank | Account Number: 1-100

Date	Details	Debit	Credit	Balance	
1-Jan	Opening Balance	460 96		460 96	Dr
31-Jan	Cash Receipts Journal	13,920 58		14,381 54	Dr
31-Jan	Cash Payments Journal		16,468 53	(2,086 99)	Cr
28-Feb	Cash Receipts Journal	16,870 02		14,783 03	Dr
28-Feb	Cash Payments Journal		17,563 23	(2,780 20)	Cr
31-Mar	Cash Receipts Journal	38,410 10		35,629 90	Dr
31-Mar	Cash Payments Journal		28,702 80	6,927 10	Dr



Reimbursement Requests

Recording In-Kind Contributions

- Non-cash (in-kind) match may be used as local match ONLY if the applicant formally documents the value of each non-cash amount.
- Non-Agency donation or expenditure on behalf of the program.
- Enter into the General Ledger as income and expenditure
- Cannot be used to match another grant
- Attach backup documentation

Cash Match = Cost

Project Title	Fed Match Ration	Reimbursement Request	Fares/ Deduction	Total Request	Contract Cumulative	Balance	Award Amount	% Expended	Federal Portion	Local Match Portion	Project Complete
Preventive Maintenance	80%	\$3,382.08	\$0	\$3,382.08	\$3,382.08	\$2,867.92	\$6,250.00	54%	\$2,705.66	\$676.42	<input type="radio"/> Yes <input checked="" type="radio"/> No
Operating	50%	\$57,037.70	\$0	\$57,037.70	\$57,037.70	\$32,962.30	\$90,000.00	63%	\$28,518.85	\$28,518.85	<input type="radio"/> Yes <input checked="" type="radio"/> No
Totals		\$60,419.78	\$0	\$60,419.78	\$60,419.78	\$35,830.22	\$96,250.00	63%	\$31,224.51	\$29,195.27	

Cash Match Only	
Local Match Expended	Source
\$29,195.27	In House
\$29,195.27	Total Cash Match

Cost + In-kind = Reimbursement Total

Expenses (Cost) = \$6,250

In-Kind Match = \$1562.50*

Total = \$7,812.50*

*The Egrants system rounds automatically

Project Title	Fed Match Ration	Reimbursement Request	Fares/ Deduction	Total Request	Contract Cumulative	Balance	Award Amount	% Expended	Federal Portion	Local Match Portion	Project Complete
SU Mobility Management	80%	\$3,906.25		\$3,906.25	\$25,019.23	\$14,588.27	\$39,607.50	63%	\$3,125.00	\$781.25	<input type="radio"/> Yes <input checked="" type="radio"/> No
Rural Mobility Management	80%	\$3,906.25		\$3,906.25	\$25,019.25	\$47,873.25	\$72,892.50	34%	\$3,125.00	\$781.25	<input type="radio"/> Yes <input checked="" type="radio"/> No
Totals		\$7,812.50	\$0	\$7,812.50	\$50,038.48	\$62,461.52	\$112,500.00	44%	\$6,250.00	\$1,562.50	

Cost + In-kind = Reimbursement Total

In-Kind Match					
In-Kind Match Units Expended	Billing Period In-Kind Match Total	Project Title	Source of Donations / Service		Value of Service / Donation
	\$0	Mobility Manager Administration & Staffing	Gila-Pinal Rides Committee - Participation	In-Kind	\$50.00 per Hour
	\$0	Mobility Manager Administration & Staffing	Gila-Pinal Rides Committee - Mileage	In-Kind	\$0.54 per Mile
1	\$50.00	Mobility Manager Administration & Staffing	CAG TTAC - MM Items - Participation	In-Kind	\$50.00 per Hour
	\$0	Mobility Manager Administration & Staffing	CAG TTAC - MM Items - Mileage	In-Kind	\$0.54 per Mile
18	\$1,350.00	Mobility Manager Administration & Staffing	CAG Management Cmtt - MM Items - Participation	In-Kind	\$75.00 per Hour
301	\$162.54	Mobility Manager Administration & Staffing	CAG Management Cmtt - MM Items - Mileage	In-Kind	\$0.54 per Mile
Total	\$1,562.54				

In-Kind Match for this agency comes from participation in coordinated meetings

Additional Documentation

ATTACH BACK-UP DOCUMENTATION DELETE
36479-ADOTTRACKING1STAND2NDQTR.xlsx

BACK-UP DOCUMENTATION is required.

ATTACH BACK-UP DOCUMENTATION

Cash Match Only	
Local Match Expended	Source
\$4,100.00	
\$0	Total Cash Match

Approved Indirect Cost Allocation Rate
2.00%

Cash Match Only amount should be equal to or exceed the requested **Local Match Portion**.

In-Kind Match					
In-Kind Match Units Expended	Billing Period In-Kind Match Total	Project Title	Source of Donations / Service		Value of Service / Donation
1	\$200.00	Mobility Management	County	In-Kind	\$200.00 per Each
Total	\$200.00				

In-Kind Match data is pulled from the **Local Match** page on your grant application.

MATCH TRACKING	
Total In-Kind match approved	\$10,000.00
Total In-Kind Expended to date	\$400.00
Remaining Balance In-Kind	\$9,600.00
Billing Period Cash Match	\$0
Billing Period Total Match Paid	\$200.00

PERFORMANCE DATA					
* Passenger Trips	6	Cost/Pass. Trip:	\$333.33	* Volunteer Drivers (people)	0
* Project Revenue Miles	6	Cost/Mile:	\$333.33	* Personal Vehicles in Service	0
* Deadhead Miles	0	Cost/Serv. Hr:	\$0	* Major Incidents	0
* Total Project Miles	6	Passenger/Mile:	1.00	* Major Injuries	0
* Vehicle Service Hours	3	Passenger/Srv. Hr:	2.00	* Fatalities	0
* Fare Revenue	0				

All fields must be completed in the **Performance Data** section. Enter zeros in areas that do not apply.

Back-up Documentation

- ▶ General Ledger Computer Generated or Excel with all invoices as back-up
- ▶ Reimbursements must be made by your organization before entering into General Ledger
- ▶ Should be clear and tie to the reimbursement line item

Sample Back-up Documentation

MAY 2017

Fund 205 Transit System - Division 3120 Transit Operating

City of ABC Transit Account Number	City of ABC Transit Account Description	Current Month Itemized Transactions	Corresponding ADOT Fund Description	Total Amount Invoiced	Notes
205-3120-500-10	Salaries				
205-3120-500-10-10	Regular (Full-time)	23,161.23			
205-3120-500-10-20	Temporary (Part-time)	2,237.97			
205-3120-500-10-30	Overtime (when applicable)	588.69			
	TOTAL SALARIES	25,987.89	Driver Salaries	25,987.89	
205-3120-500-20	Employee Benefits				
205-3120-500-20-10	Group Health Insurance	5,862.67			
205-3120-500-20-11	Group Dental Insurance	476.01			
205-3120-500-20-12	Group Vision Insurance	142.10			
205-3120-500-20-20	Group Life Insurance	152.65			
205-3120-500-20-25	EAP (Employee Assistance Program)	26.28			
205-3120-500-20-30	Social Security	1,573.48			
205-3120-500-20-40	Medicare	368.01			
205-3120-500-20-50	Arizona Retirement System	2,726.47			
205-3120-500-20-51	ACR (Alternate Contribution Rate)	0.00			
205-3120-500-20-70	State Compensation Insurance	1,477.96			
205-3120-500-20-80	State Unemployment Insurance	0.00			
	TOTAL EMPLOYEE BENEFITS	12,805.63	Fringe Benefits	12,805.63	

Reimbursement Request

Please confirm, as part of the DBE program, all contract payments invoiced have been entered in LPA system.
<https://arizonalpa.dbesystem.com/>

Click on link to enter contract reporting information.

I Agree

As required by 2 C.F.R. 200.415, by checking the box below, the grantee is signing this report.

I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I have engaged in local and regional coordination activities to the best of my ability. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812). Supporting documentation shall be available to auditors and/or ADOT representatives upon request and if required, pursuant to contract clause 2.r, provided as an attachment.

I Agree

COMMENTS

0 of 3000

*By selecting **I Agree** you are certifying you have completed the requirements. Click Save button.*

Reimbursement Request

 Your information has been saved and the following Page Error(s) have been found.

- The Total Cash Match Expended must be equal or greater than the Total Local Match Portion Requested.
- Please confirm that you have entered your contract reporting into the LPA database for this billing period.
- Please check I agree to certify expenses submitted are eligible.

 Page Warning(s)

You have selected Yes for Project Complete. No further billing will be allowed.



The system will display error messages for incomplete data or when system business rules are not met. You will need to go back and make necessary corrections as instructed.

 [Back](#)

Document Information: [5310RRFeb-2018-smith12314-00037](#)

Parent Information: [5310-2017-smith12314-00004](#)

 [Details](#)

REIMBURSEMENT REQUEST

Instructions:

- For the service period, include the entire month or quarter for the reimbursement you are requesting.
- E-Grants will auto-fill the invoice number for you or you can update with your internal Invoice #.
- The Reimbursement Request Amount should include the total paid, not just the federal portion.
- ADOT Procured items will not display on this form.
- Any Adjustments for prior reimbursements should be documented in the comments section with supporting documentation.

Local Match Instructions

- Enter the cash match expended by source with the source identified
- All In-kind match must be approved by ADOT during the award process.
- Enter the in-kind match units (ie. Volunteer hours or sq ft. etc...) expended this billing period only.

Reimbursement Request

 Page Information
The information has been saved.



*If all errors are corrected, you will see this message,
“[The information has been saved.](#)”*

 Page Warning(s)
You have selected Yes for Project Complete. No further billing will be allowed.

 [Back](#)

Document Information: [5310RRMar-2018-smith12314-00038](#)

Parent Information: [5310-2017-smith12314-00004](#)



 [Details](#)

REIMBURSEMENT REQUEST

Instructions:

- For the service period, include the entire month or quarter for the reimbursement you are requesting.
- E-Grants will auto-fill the invoice number for you or you can update with your internal Invoice #.
- The Reimbursement Request Amount should include the total paid, not just the federal portion.
- ADOT Procured items will not display on this form.
- Any Adjustments for prior reimbursements should be documented in the comments section with supporting documentation.

Local Match Instructions

- Enter the cash match expended by source with the source identified
- All In-kind match must be approved by ADOT during the award process.
- Enter the in-kind match units (ie. Volunteer hours or sq ft. etc...) expended this billing period only.

Select [Document Information](#) filename to return to [Reimbursement Request Menu](#) page.

Reimbursement Request Menu

[Back](#)

5310 Application Menu

Document Information: [5310-2017-smith12314-00004](#)

[Details](#)

Info	Document Type	Organization	Role	Current Status	Period Date / Date Due
	5310 Application	Krystal Smith 1234	AGENCY Organization Administrator	Active Grant	11/12/2016 - 01/01/2019 02/16/2020 12:00PM PST

View, Edit and Complete Forms

Select the **View Forms** button below to view, edit, and complete forms.

[VIEW FORMS](#)

Change the Status

Select the **View Status Options** button below to perform actions such as submitting applications or request modifications.

[VIEW STATUS OPTIONS](#)



Tools

Select the **View Management Tools** button below to perform actions such as adding people to this document or viewing the document history.

[VIEW MANAGEMENT TOOLS](#)

Contracts, Invoices, & Reporting

Select the **View Related Items** button below to view related items such as Contracts, Invoices, Reporting, and system messages.

[VIEW RELATED ITEMS](#)

*Under **Change the Status**, Click on **View Status Options**.*

Reimbursement Request Menu- Status Options

 [Back](#)

Generic Reimbursement Request Menu - Status Options

Select a button below to execute the appropriate status push.

Document Information: [5310RRJun-2018-smith12314-00045](#)

Parent Information: [5310-2017-smith12314-00004](#)

 [Details](#)

Possible Statuses

REIMBURSEMENT REQUEST SUBMITTED

[APPLY STATUS](#)



REIMBURSEMENT REQUEST CANCELLED

[APPLY STATUS](#)

*Under **Possible Statuses** - **Reimbursement Request Submitted**, click on **Apply Status**.*

Initiating Multiple Requests Not Allowed

 [Back](#)

 Global Errors

Additional Reimbursement Request can not be initiated if previous ones have not been completed.

Only one reimbursement request can be submitted at a time. If you attempt to initiate a 2nd request before the 1st request is approved by the Program Manager, you will get the error message above.

When to Submit Reimbursements?

- ▶ 5311 Monthly
- ▶ 5310 Monthly or Quarterly
- ▶ **45 days** after the end of the month or quarter reimbursements are due
- ▶ November 15th -Contractual end date

What If?

- ▶ No Expenses to bill
- ▶ An over payment from the grant
- ▶ Fares

Reimbursements Unavailable?

- ▶ Status of Grant must be Active in order to Reimburse
- ▶ Changing contracts
- ▶ Adding funds
- ▶ Already Initiated the Reimbursement?

Eligible Expenses

▶ Cost Reimbursement Criteria

- Be necessary and reasonable for proper and efficient performance and administration of the project
- Be an eligible expense
- Be treated consistently
- Be determined in accordance with GAAP
- Not be included as a cost used to meet cost sharing or matching requirements of any other federal award
- Be adequately documented

Eligible Expenses

- ▶ **Direct Costs** – Those that can be associated on a one-to-one basis with an approved service (e.g. wages, fuel, maintenance costs)
 - Most are variable that change with the amount of service provided
- ▶ **Indirect Costs** – include planning, accounting, legal services, etc.
 - Agencies must have an approved ICAP in order to be reimbursed for indirect costs
 - Transit employees who are not 95-100% dedicated to transit must document for hourly reimbursement from the grant

Pause for Reimbursement Questions ?

Any E-Grants questions can be directed to:

Diane Ohde at dohde@azdot.gov

Contract Reporting

- ▶ On every reimbursement request, you are certifying that you are reporting your contracting opportunities into the LPA/DBE database.

Please confirm, as part of the DBE program, all contract payments invoiced have been entered in LPA system.
<https://arizonalpa.dbesystem.com/>

I Agree*

- ▶ Payments to Vendors
- ▶ Purchase orders
- ▶ ***If you use the funds to a 3rd party--Report***

Contract Reporting

- ▶ www.azdot.gov/transitguidebooks
- ▶ *See More Information*
- ▶ *LPA Reporting Guide for assistance*

[Using the LPA DBE System](#)

Demonstration Agencies

- ▶ Jason Hunter- Marana Health Center
-Contract Set-up

- ▶ Angelica Coronado -City of Bisbee –
Payments and Contract Close-out

Transit Subrecipient Reporting

- ▲ Log into the ADOT LAP DBE System at <https://arizonalpa.dbesystem.com/>
- ▲ Username is your email address
- ▲ For Password and Account support; select the “LOG IN” Button in the center of the screen



Do we report?

- ▶ **Gas—Wex or other** ▶ Yes
- ▶ **Utilities** ▶ No
- ▶ **Trash** ▶ If it is a contract
- ▶ **Staff Salaries** ▶ No
- ▶ **Cleaning Service** ▶ Yes
- ▶ **Auditor / Lawyer** ▶ Yes
- ▶ **TSO Mobile / Cell phone service** ▶ Yes

Closing Contracts

- ▶ When should we close the contract?
- ▶ How long can it stay open?
- ▶ How do we close contracts?

Compliance / Oversight

- ▶ Keep copies of All receipts
- ▶ Check receipts against the invoice
- ▶ Check reimbursements against the DBE reporting

Questions ?

THANK YOU!

Transit Program Managers:

Aubree Perry aperry2@azdot.gov

or

Lindsay Post lpost@azdot.gov

or

Sara Allred sallred@azdot.gov