

## MS4 - Phase II Stormwater Projects Documentation Requirements (7/7/04)

A signed and dated State Aid/Standard Voucher, an Expenditure Reporting Form and a signed and dated Self-Certification Form are required with all payment requests. In addition, the following documentation is required on the first payment or when the total life-to-date expenditures claimed on the payment request reaches or exceeds 25% and then again at the 50%, 75% and 100% of the total eligible contract amount, as specified in the contract. You may submit the documentation with each Quarterly Report and Reimbursement Request OR you can wait until you reach the 25%, 50%, 75% and 100% levels and submit all relevant documentation at that time. With the latter method, if you wait until 25% of contract has been expended, you must submit documentation for all costs leading up to the 25%. At 50%, you must submit documentation for all costs associated with expenditures from 25% to 50% of the contract amount, and so forth.

**NOTE: If project costs include both eligible and ineligible costs, a breakdown of those costs, a description of their relation to the project as well as an explanation of the cost share determination must be included. All documentation associated with this project must be maintained for a period of six years beyond the end of this contract term or three years beyond the close out of any federal grant under which these costs are claimed by NYSDEC, whichever is greater.**

1. Personal Services (e.g. municipal employees, time records)
  - i. Submit daily time and activity records for each individual employee, signed by the appropriate supervisor or a signed and certified summary of all personal service costs claimed (see attached sample). The records must include the employee's name and/or title, hourly rate, relation of tasks performed to the contract, including the dates and numbers of hours worked each day and total costs claimed for each individual (hourly rate times the number of hours worked).
  - ii. In most cases, time spent on the project by elected officials is not eligible for reimbursement. However, when prior approval is received by the project manager, time spent by an elected official in lieu of hiring additional staff may be reimbursable. Even when approved by the project manager, the cost will only be reimbursed at the local prevailing wage rate of the routine title used to perform the task, not at their official salary.
2. Non-Personal Services (travel, equipment, supplies & materials, contracts, Land Acquisition (for local match only) and other

- I. Travel

Signed and dated receipts for all travel expenditures or a signed and certified summary of all travel costs claimed (see attached sample) must be included. Travel receipts must include the traveler's name and/or title;

the date, origin and destination of travel, the relation of the trip to the project, the method of travel and the method of calculating mileage (i.e., rate per mile), if it is claimed.

ii. Equipment

Signed and dated copies of payment vouchers, invoices with check number and date issued or copies of canceled checks must be submitted or a signed and certified summary of all equipment costs claimed (see attached sample). Voucher or invoice should include payee, description of item, amount and its relation to the project if not clearly identified in approved project workplan.

iii. Supplies & Materials

Signed and dated copies of payment vouchers, invoices with check number and date issued or copies of canceled checks must be submitted or a signed and certified summary of all supplies and materials costs claimed (see attached sample). Voucher or invoice should include payee, description of item, amount and its relation to the project if not clearly identified in approved project workplan.

iv. Contracts

Signed and dated copies of payment vouchers, invoices with check number and date issued or copies of canceled checks must be submitted or a signed and certified summary of all contractual costs claimed (see attached sample). Voucher or invoice should include payee, description of item, amount and its relation to the project if not clearly identified in approved project workplan.

Submit signed copies of payment vouchers, invoices or canceled checks for each contract.

v. Land Acquisition (for local match only)

Submit signed copies of payment vouchers, invoices or canceled checks.  
Submit a copy of the deed.

vi. Other (please specify)

Signed and dated copies of payment vouchers, invoices with check

number and date issued or copies of canceled checks must be submitted. Voucher or invoice should include payee, description of item, amount and its relation to the project.

If indirect costs are claimed on something other than personnel services above, indicate the current rate, costs included in that rate and to which amount the indirect rate is applied.

# STATE AID VOUCHER

Voucher No. \_\_\_\_\_

1) Originating Agency	Orig. Agency Code	Interest Eligible Y <input type="checkbox"/> N <input type="checkbox"/>	
-----------------------	-------------------	--	--

Payment Date (MM)/(DD)/(YY)	OSC Use Only	Liability Date (MM)/(DD)/(YY)
-----------------------------	--------------	-------------------------------

2) Payee Id	Additional	3) Zip Code	Route	Payee Amount	MIR Date(MM)/(DD)/(YY)
-------------	------------	-------------	-------	--------------	------------------------

4) Payee Name(Limit to 30 spaces)	IRS Code	IRS Amount
-----------------------------------	----------	------------

Payee Name(Limit to 30 spaces)	Stat Type	Statistic	Indicator Dept.	Indicator-Statewide
--------------------------------	-----------	-----------	-----------------	---------------------

Address(Limit to 30 spaces)	5) Rev/Inv. No. (Limit to 20 spaces)
-----------------------------	--------------------------------------

Address(Limit to 30 spaces)	City	State	Zip	Ref/Inv. Date (MM)/(DD)/(YY)
-----------------------------	------	-------	-----	------------------------------

6) Date Paid	Check or Voucher No.	Description of Charges <small>(If Personal Service, show name, title, period covered)</small>	Amount	
			Dollars	Cents

7) State Aid Program of Applicable Statute:	Total		
8) Payee Certification: <small>I certify that the above expenditures have been made in accordance with the provisions of the Applicable Statute; that the claim is just and correct; that no part thereof has been paid except as stated; that the balance is actually due and owing; and that taxes which the State is exempt are excluded.</small>	Less Receipts		
	Net		
	<input type="checkbox"/> State Aid % Claimed		
Signature in Ink _____ Date _____			
Title _____			
Name of Municipality _____			

FOR STATE AGENCY USE ONLY

STATE COMPTROLLERS PRE AUDIT

Merchandise Received	I certify that this claim is correct and just, and payment is approved  _____ By  _____ Date		State Aid		
Date		Verified	Certified for payment of State Aid Amount  By _____		
Page No.		Audited			
By					

Expenditure						Liquidation					
Dept	Cost Center Code Cost Center Unit	Var	Yr	Object	Accum Dept. Statewide	Amount	Orig Agency	PO/Contract	Line	F/P	

Submit in duplicate

Check if Continuation form is Attached

### INSTRUCTIONS FOR PREPARING STATE AID VOUCHER

Complete on typewriter or with pen and ink. Submit in duplicate to the State Agency administering the program.

1. Insert name of State Agency to whom claim is being submitted.
2. Enter you 12 digit Municipality Code. The first 9 digits are entered in the "Payee I.D." block. The last 3 digits are entered in the first 3 positions of the "Payee Additional" block.
3. Enter your Zip Code.
4. Enter the title of the fiscal officer, the municipality name and address as you wish it to appear on the check.
5. Enter in Ref/Inc. No block, the information you will need in order to identify this payment. In no instance should this reference exceed 20 characters including spaces, commas, etc. The check stub issued to you will contain the information you furnish in the block, along with reference/invoice date, if entered in the block below Ref/Inv No.
6. Enter in body of voucher all pertinent information required by the specific column heading or any other information required to support the claim. Duly authorized signature must be shown on supporting City or County vouchers.
7. Enter in appropriate block the State Aid Program or applicable statute under which claim is authorized.
8. Completer Payee Certification. Signature and title of the municipal officer, or duly authorized representative, must appear in the space provided. Sign declaration in ink - **NO RUBBER STAMP**.

Submit directly to the State Agency which has charge of program.

If the space on this form is insufficient, start your claim on "Continuation Sheet", Form AC 1172, and bring final total forward to this form.

**Personal Services Summary**

<u>Date(s)</u>	<u>Name and/or Title</u>	<u>Hourly Rate</u>	<u>Related Contract Task</u>	<u>Number of Hours Claimed</u>	<u>Total Amount Claimed</u>
----------------	--------------------------	--------------------	------------------------------	--------------------------------	-----------------------------

**NOTE:** If daily time and activity records for each individual employee, signed by the appropriate supervisor(s), which document the above summarized personal services performed in relation to the project are not attached, the following certification must be signed prior to reimbursement of those costs.

I hereby certify that daily time and activity records for each individual detailing the specific hours devoted solely to this project which are distinguishable from work done on other projects during the same time frame, maintained in accordance with all applicable federal, state and general municipal accounting practices and procedures are available in our files for inspection. Furthermore, these files will be maintained for a period of six years beyond the end of this contract term or three years beyond the close out of any federal grant under which these costs are claimed by NYSDEC, whichever is greater.

\_\_\_\_\_  
Chief Fiscal Officer

\_\_\_\_\_  
Authorized Representative

**Travel Expenditure Summary**

<u>Date</u>	<u>Name and/or Title</u>	<u>To/From Destination</u>	<u>Related Contract Task</u>	<u>Type of Cost Per Diem, Lodging, Air, Mileage)</u>	<u>Total Amt. Claimed</u>
-------------	------------------------------	--------------------------------	----------------------------------	--	-------------------------------

**NOTE:** If travel records for each individual employee, signed by the appropriate supervisor(s), which document the above summarized travel costs performed in relation to the project are not attached, the following certification must be signed prior to reimbursement of those costs.

I hereby certify that travel reimbursement records for each individual detailing the specific travel costs devoted solely to this project which are distinguishable from work done on other projects during the same time frame, maintained in accordance with all applicable federal, state and general municipal accounting practices and procedures are available in our files for inspection. Furthermore, these files will be maintained for a period of six years beyond the end of this contract term or three years beyond the close out of any federal grant under which these costs are claimed by NYSDEC, whichever is greater.

\_\_\_\_\_  
Chief Fiscal Officer

\_\_\_\_\_  
Authorized Representative

## Equipment Summary

<u>Date</u>	<u>Payee</u>	<u>Voucher/ Check No.</u>	<u>Item Description</u>	<u>Related Contract Task</u>	<u>Total Amt. Claimed</u>
-------------	--------------	-------------------------------	-----------------------------	----------------------------------	-------------------------------

**NOTE:** If Equipment records which document the above summarized Equipment costs performed in relation to the project are not attached, the following certification must be signed prior to reimbursement of those costs.

I hereby certify that Equipment reimbursement records detailing the specific Equipment costs devoted solely to this project which are distinguishable from work done on other projects during the same time frame, maintained in accordance with all applicable federal, state and general municipal accounting practices and procedures are available in our files for inspection. Furthermore, these files will be maintained for a period of six years beyond the end of this contract term or three years beyond the close out of any federal grant under which these costs are claimed by NYSDEC, whichever is greater.

\_\_\_\_\_  
Chief Fiscal Officer

\_\_\_\_\_  
Authorized Representative

## Supplies and Materials Summary

<u>Date</u>	<u>Payee</u>	<u>Voucher/ Check No.</u>	<u>Item Description</u>	<u>Related Contract Task</u>	<u>Total Amt. Claimed</u>
-------------	--------------	-------------------------------	-----------------------------	----------------------------------	-------------------------------

**NOTE:** If Supplies and Materials records which document the above summarized Supplies and Materials costs performed in relation to the project are not attached, the following certification must be signed prior to reimbursement of those costs.

I hereby certify that Supplies and Materials reimbursement records detailing the specific Supplies and Materials costs devoted solely to this project which are distinguishable from work done on other projects during the same time frame, maintained in accordance with all applicable federal, state and general municipal accounting practices and procedures are available in our files for inspection. Furthermore, these files will be maintained for a period of six years beyond the end of this contract term or three years beyond the close out of any federal grant under which these costs are claimed by NYSDEC, whichever is greater.

\_\_\_\_\_  
Chief Fiscal Officer

\_\_\_\_\_  
Authorized Representative

## Contractual Services Summary

Please specify in description

<u>Date</u>	<u>Payee</u>	<u>Voucher/ Check No.</u>	<u>Task Description</u>	<u>Total Amount Claimed</u>
-------------	--------------	-------------------------------	-----------------------------	---------------------------------

**NOTE:** If Contractual Services records which document the above summarized Contractual Services costs performed in relation to the project are not attached, the following certification must be signed prior to reimbursement of those costs.

I hereby certify that Contractual Services reimbursement records detailing the specific Contractual Services costs devoted solely to this project which are distinguishable from work done on other projects during the same time frame, maintained in accordance with all applicable federal, state and general municipal accounting practices and procedures are available in our files for inspection. Furthermore, these files will be maintained for a period of six years beyond the end of this contract term or three years beyond the close out of any federal grant under which these costs are claimed by NYSDEC, whichever is greater.

\_\_\_\_\_  
Chief Fiscal Officer

\_\_\_\_\_  
Authorized Representative

**Expenditure and Reimbursement Report Form**  
**MS4 - Phase II Stormwater Projects Documentation Requirements (7/7/04)**

**Contract Name** \_\_\_\_\_ **Contract #** \_\_\_\_\_

**Reporting Period**

Fill in A, B and C below. Attach a signed State Aid voucher and signed Self-Certification form. If this is your first payment request of if you have met or exceeded 25%, 50%, 75% or 100% of the contract amount since your last payment request, make sure you have included all documentation information as specified on the following pages.

**A. Expenses This Reporting Period**

- |  |                 |
|--|-----------------|
| 1. Personal Services                       | \$ _____        |
| 2. Nonpersonal Services                    |                 |
| I. Travel                                  | \$ _____        |
| ii. Equipment                              | \$ _____        |
| iii. Supplies & Materials                  | \$ _____        |
| iv. Contracts                              |                 |
| a. training                                | \$ _____        |
| b. printing                                | \$ _____        |
| c. consultants                             | \$ _____        |
| d. miscellaneous contracts                 | \$ _____        |
| v. Land Acquisition (for local match only) | \$ _____        |
| vi. Other (please specify)                 | \$ _____        |
| <b>3. Total Costs</b>                      | <b>\$ _____</b> |

Describe source of local match: \_\_\_\_\_

**B. Expenses Life-To-Date (including this reporting period)**

- |  |                 |
|--|-----------------|
| 1. Personal Services                       | \$ _____        |
| 2. Nonpersonal Services                    |                 |
| I. Travel                                  | \$ _____        |
| ii. Equipment                              | \$ _____        |
| iii. Supplies & Materials                  | \$ _____        |
| iv. Contracts                              |                 |
| a. training                                | \$ _____        |
| b. printing                                | \$ _____        |
| c. consultants                             | \$ _____        |
| d. miscellaneous contracts                 | \$ _____        |
| v. Land Acquisition (for local match only) | \$ _____        |
| vi. Other (please specify) _____           | \$ _____        |
| <b>3. Total Costs</b>                      | <b>\$ _____</b> |

Describe source of local match: \_\_\_\_\_

**A. Reimbursement Summary**

TOTAL Life-to-Date Expenses	\$ _____	
State Assistance Percentage		x 50%
Reimbursable Share	\$ _____	
Minus Retainage of 10%		x 90%

TOTAL Reimbursable-to-date  
 LESS Previous Payments ( \_\_\_\_\_ )

**TOTAL Amount Due This Reporting Period** \$ \_\_\_\_\_

**SELF-CERTIFICATION FORM**

I, the undersigned, hereby certify that the attached State of New York State Aid/Standard Voucher dated \_\_\_\_\_ requesting payment in the amount of \$ \_\_\_\_\_ is reasonable, eligible and allowable based upon the specific requirements set forth in Contract No. \_\_\_\_\_ including all Appendices. I also certify that the records upon which the costs are claimed, including those claimed as local match, are maintained strictly in accordance with applicable federal, state and general municipal accounting practices and procedures, including but not limited to those costs claimed as personal services. All documentation associated with this project will be maintained for a period of six years beyond the end of this contract term or three years beyond the close out of any federal grant under which these costs are claimed by NYSDEC, whichever is greater.

I also certify that the work has been completed in conformance with the Workplan document as approved by the New York State Department of Environmental Conservation and in compliance with all applicable federal, state and local laws, ordinances, rules, regulations and standards.

\_\_\_\_\_  
**Authorized Representative**

**Date**

\_\_\_\_\_  
**Chief Fiscal Officer**

**Date**