

Appendix A

Reimbursement Request Instructions and Forms

The following information will assist grantees with completing the reimbursement request forms for the project. Sample copies of the following forms with detailed instructions are included in this appendix:

- Regional Mobility Grant Program – Operating Grants Reimbursement Request
- Regional Mobility Grant Program – Capital Equipment and Vehicle Grant Reimbursement Request
- Regional Mobility Grant Program – Capital Construction Grant Reimbursement Request

Reimbursement request forms are in Excel format. The Washington State Department of Transportation (WSDOT) provides grantees with a personalized electronic reimbursement request form containing formulas that calculate the reimbursement and the charge to each funding source. Hidden pop up boxes with helpful information have been added to the forms. Move the cursor over a flagged cell and instructions will appear.

Note: WSDOT will not process quarterly reimbursement requests from grantees if the corresponding quarterly progress report has not been received. This also applies to having your projects Performance Measurement Plan reviewed and approved by WSDOT. Reimbursement requests and progress reports must be completed on the proper forms. Other forms will not be accepted. Also, WSDOT will not accept forms that have been reformatted or modified to include additional information.

Regional Mobility Grant Program – Operating Grants Reimbursement Request Form

Reimbursement request forms for Regional Mobility operating grants may be submitted monthly or quarterly.

Instructions to Complete the Form

The instructions below are included with the electronic version of the reimbursement request form that WSDOT distributes via email. Some information is already entered on the form. Notify WSDOT if changes are needed.

1. The following information contained in the heading section must be completed:
 - a. **Organization and Address** – Organization’s name and address where the payment will be sent.
 - b. **Agreement Number** – Number shown on the WSDOT agreement for this project.
 - c. **Vendor ID Number** – Number assigned to your organization by the Internal Revenue Service or by WSDOT. This number is used as your vendor identification.
 - d. **Progress Bill Number** – Enter 1 for first reimbursement submitted, 2 for second reimbursement, and so on.

- e. **Reimbursement Request Date** – Date the form was completed.
 - f. **Final Request** – Enter “yes” if this is the final reimbursement request.
 - g. **Billing Period** – Time period expenses were incurred.
2. Enter the following operating expenses and revenue associated with the project.
- a. **Gross Expenses** – Total operating expenses during the billing period for the transportation services defined for your project in the agreement. Include in-kind expenses if also included in local match.
 - b. **Fares and Donations** – Any income received from passengers for transportation services provided to them.
 - c. **Ineligible Expenses** – Total of any ineligible expenses and/or depreciation of equipment purchased with federal and/or state funds. Some examples of ineligible expenses are:
 - Depreciation on vehicles funded with WSDOT grant funds.
 - Expenses incurred outside the timeframe of the grant period.
 - Travel expenses for trips taken outside of the state of Washington without pre-approval from WSDOT.
 - Expenses reimbursed by WSDOT or any other organizations under scholarship programs, including portions paid with local funds.
 - Annual or sick leave earned outside of the grant period.
 - Cost of organized fund raising, including financial campaigns, solicitations of gifts and bequests, and similar expenses to raise capital or obtain contributions.
 - Fines and penalties except when incurred as a result of compliance with specific provisions of a federal award or written instructions by an awarding agency that authorizes such payments in advance.
 - Bad debts.

Note: A more comprehensive listing of allowable and unallowable expenses may be found in OMB Circular A-87, Attachment B, Selected Items of Cost.

- d. **Net Expenses** – The balance after the Fares, Donations, and Ineligible Expenses are subtracted from the Gross Expenses. This will be automatically calculated by a formula encoded in the electronic form.
 - e. **Local Match** – The total of all other funds your organization receives for your transportation services that directly relate to your project including any in-kind (see [Chapter 2](#)). Funds diverted to a capital and/or other restricted reserve account should not be included.
3. **Total Amount Requested** – Subtract the Local Match from the Net Expenses. This will be automatically calculated by a formula encoded in the electronic form.

4. **Signature Block** – The reimbursement request form must be signed by the appropriate authorized individual at your organization. WSDOT requires an original signature on all reimbursement request forms.

Regional Mobility Grant Program – Capital Equipment and Vehicle Grant Reimbursement Request Form

Reimbursement request forms for Regional Mobility capital projects may be submitted at any time. If submitting a reimbursement request for a vehicle purchase, forms must be submitted no later than 30 days after the acceptance of the vehicle.

Note: Quarterly progress reports are still required to be submitted electronically even if a reimbursement request form is not submitted.

Instructions to Complete the Form

The instructions below are included with the electronic version of the reimbursement request form that WSDOT emails to you. Some information is already entered on the form. Notify WSDOT if changes are needed.

1. The following information contained in the heading section must be completed:
 - a. **Organization Name and Address** – Organization’s name and the address where the reimbursement will be sent.
 - b. **Reimbursement Request Date** – Date the form was completed.
 - c. **IFB or RFP Publish Date** – Date the invitation for bid or request for proposal was published.
 - d. **Contract Award Date** – Date the contract was executed with the vendor.
 - e. **Contract Completion Date** – Date the last vehicle under the contract was accepted. If additional vehicles are expected to be delivered under this contract, leave this box blank.
 - f. **Agreement Number** – Number shown on the WSDOT agreement for this project.
 - g. **Vendor ID Number** – Number assigned to your organization by the Internal Revenue Service or by WSDOT. This number is used as your vendor identification.
 - h. **Progress Bill Number** – Enter 1 for first reimbursement submitted, 2 for second reimbursement, and so on.
 - i. **Final Request** – Enter “yes” if this is the final reimbursement request.
2. **Equipment** – The information in this section will vary based on the type of equipment purchased. All information must be provided before WSDOT will issue payment.
 - a. **Equipment Description**
 - **Vehicles** – Year, make, and model of each vehicle purchased.
 - **Other Equipment** – Equipment description.

- b. **VIN/Serial Number**
 - **Vehicles** – Vehicle Identification Number (VIN).
 - **Other Equipment** – Serial number from each piece of equipment.
 - c. **Grantee Vehicle Number** (vehicles only) – Number assigned to each vehicle by your organization.
 - d. **Gross Vehicle Weight** (not applicable for vans or other equipment) – Gross weight of the vehicle.
 - e. **Passenger Seats/Wheelchair Securements** – Number of passengers each vehicle will accommodate, followed by the number of wheelchair securement areas.
 - f. **ADA Accessible** – Indicate whether the vehicle is accessible to persons with disabilities.
 - g. **Date Accepted** – Date that your organization notified the vendor that the vehicle had been accepted.
3. **Cost** – Enter the amount shown on the vendor invoices less any pre-payment discounts, rebates and/or refunds given. Additionally, public transit agencies must deduct the transit tax portion of the local sales tax paid on the vehicles since the transit tax is not eligible for reimbursement by WSDOT.
 4. **Factory Visit Trip** – If your organization conducted an onsite visit to the manufacturer, a Factory Visit Trip Expense Worksheet must be completed. After the worksheet is completed, transfer the calculated costs to the reimbursement request form.
 5. **Less Local Match** – Calculate your organization’s local share using the percentages provided in the contract.
 6. **Reimbursement Requested** – Subtract the local share from the total costs.
 7. **Signature Block** – The reimbursement request form must be signed by the appropriate authorized individual at your organization. WSDOT requires an original signature.
 8. When billing WSDOT for the cost of procuring a vehicle, the implementing organization must submit:
 - a. A Regional Mobility Grant Vehicle Self-Certification form, acknowledging compliance with applicable procurement regulations and procedures. Note that this can be completed in advance. The self-certification form serves in lieu of the following:
 - Visual inspection Road Test Forms
 - Post-Delivery Purchaser’s Requirements Certification Form
 - Post-Delivery Buy-America Compliance Certification Form
 - Post-Delivery FMVSS Compliance Certification Form
 - b. Invoices from vendors.
 - c. Copy of the Vehicle Registration Certificate, with WSDOT as the legal owner.
 - d. Copy of the insurance certificate covering the vehicle, or proof of self-insurance.

- e. Copy of the grantee's visual acceptance letter to the vendor.
- f. If you are billing out-of-state travel costs associated with procurement of the vehicles (such as a Factory Visit Trip, to inspect the facilities in which the vehicles will be produced) a Factory Visit Trip Expense Worksheet and backup, with out-of-state travel approval letter from WSDOT, and a copy of the report must also be submitted.

Regional Mobility Grant Program – Capital Construction Grant Reimbursement Request Form

Reimbursement request forms for Regional Mobility Grant capital construction projects may be submitted monthly or quarterly.

Instructions to Complete the Form

The instructions below are included with the electronic version of the reimbursement request form that WSDOT emails to you. Some information is already entered on the form. Notify WSDOT if changes are needed.

1. The following information contained in the heading section must be completed:
 - a. **Organization Name and Address** – Organization's name and address where the reimbursement will be sent.
 - b. **Agreement Number** – Number shown on the WSDOT agreement for this project.
 - c. **Vendor ID Number** – Number assigned to your agency by the Internal Revenue Service or by WSDOT. This number is used as your vendor identification.
 - d. **Progress Bill Number** – Enter 1 for first reimbursement submitted, 2 for second reimbursement, and so on.
 - e. **Reimbursement Request Date** – Date the form was completed.
 - f. **Final Request** – Enter "yes" if this is your final reimbursement.
 - g. **Billing Period** – Time period for expenses incurred.
2. Enter your construction expenses and revenue for the phases of the project when work was performed, such as design, right of way, and construction. It is important to note the amount budgeted in your grant agreement for each of these phases so you do not bill more than the amount budgeted for each phase. The amounts budgeted for each phase can be changed through an amendment upon request.
 - a. **Gross Expenses** – Total construction expenses during the billing period for the project activities defined for the activity in the agreement.
 - b. **Local Match** – This space on the form consists of the difference between total allowable gross expenses and the amount requested. Local match contributions can also include project funds contributed by other entities if the funds are not awarded by WSDOT through a competitive process. Also, funds diverted to a capital or other restricted reserve account should not be included as match.

There are two options for documenting matching funds:

- **Billing the Match** – The match percentage is 20% of the total project cost. specified in your grant agreement to calculate the match amount.

- **Showing the Match** – Provide documentation demonstrating how the amount required in your grant agreement has been spent, in addition to the amount the RMG program has reimbursed.
3. **Total Amount Requested** – Subtract the Local Match from the Net Expenses. This will be automatically calculated by a formula in the electronic form.
 4. **Signature Block** – The reimbursement request must be signed by the appropriate authorized individual at your organization. WSDOT requires an original signature.
 6. Required documents for Regional Mobility Grant construction reimbursement requests:
 - a. For internal costs (such as salaries and costs paid directly by your agency) a summary printout from your accounting department, showing the type and amount of each cost, is sufficient. This also includes payments for consultants, or agencies providing temporary staff.
 - b. For any contractor invoices paid on the project for construction and management, attach a cover sheet from the contractor, and/or something signed by your agency showing that the cost is approved for payment. This does not include service providers such as temp agencies or consultants, which can be considered internal costs, per instructions above.
 - c. If you are billing WSDOT for overhead costs, provide some information on your rate structure, or how you calculate the percentage rate used to charge overhead/indirect costs. This information should be provided with your first billing (or the first billing in which indirect costs are charged) but does not have to be provided for later billings, provided your indirect rates remain consistent.