



# Clean **Ohio** Fund

Ohio Department of Development  
Office of Redevelopment  
Riffe Office Building  
77 South High Street, 26<sup>th</sup> Floor  
Columbus, Ohio 43215

## Clean Ohio Revitalization Fund and Clean Ohio Assistance Fund

## Disbursement Request Procedures

## **INTRODUCTION**

The disbursement procedures described herein apply to the Clean Ohio Revitalization Fund and the Clean Ohio Assistance Fund grant awards administered by the Ohio Department of Development's Office of Redevelopment. Note that assessments can only be funded by the Clean Ohio Assistance Fund.

Updates to these procedures will be electronically posted at [www.clean.ohio.gov](http://www.clean.ohio.gov) Please check the website periodically to ensure that you have the latest procedures and policy documents.

## **PAYMENTS**

Payments will be made to reimburse the Grantee for eligible expenses that were incurred during the period of and in accordance with the approved Grant Agreement. All contractors whose work is to be paid with Clean Ohio Fund monies must be procured through a "competitive bidding" process. A Disbursement Form and Status of Funds Report form must accompany all grant disbursement requests.

Payments will be made to the Grantee via Electronic Fund Transfer. If the Grantee does not have an existing "Authorization Agreement for Direct Deposit of State Warrants" with the State Auditor's office, the Grantee must arrange for Electronic Fund Transfer for its Federal Identification Number (FTI) by submitting form OBM-1234 (Rev.11/07) along with a voided check to the State Auditor's Office. The Authorization Agreement for Direct Deposit of State Warrants form and instructions are provided in the Attachments at the back of this document.

The Office of Redevelopment will conduct a qualitative review of the disbursement request within 30 days of receipt of the request. During this time, the grant budget will be updated to reflect the project costs for that period, proof of payment to contractors and consultants from the previous disbursement (if previous funds were disbursed) will be verified, and the grantee will be notified of any discrepancies or missing information. Funds will not be disbursed without proof of payment for previous costs reimbursed. If there are no discrepancies or missing information, the disbursement request will be forwarded to the director for approval. Upon approval by the director, the disbursement request will be forwarded to the finance department for payment. Lastly, the disbursement request is entered into the state finance system, and the grantee will receive the funds in approximately 10 business days.

## **PROCEDURE MANUAL CONTENTS**

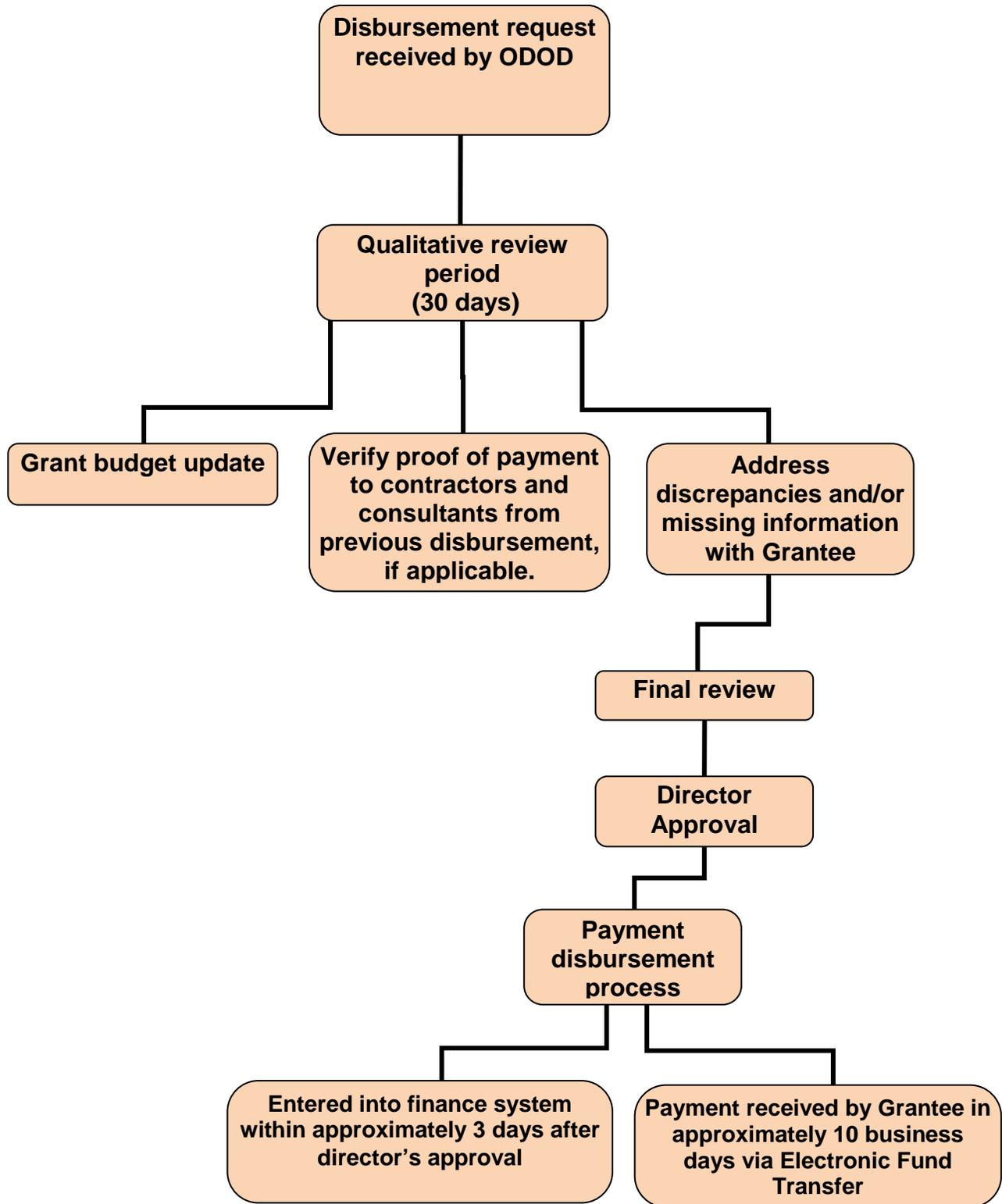
This manual contains the following information:

1. Disbursement process flow charts
2. Prerequisites for the Clean Ohio Revitalization Fund prior to disbursement processing
3. Prerequisites for the Clean Ohio Assistance Fund prior to disbursement processing
4. Requirements for disbursement requests
5. Requirements for contractor invoices
6. Requirements for consultant invoices
7. Grant Agreement amendments

## **COMPLIANCE**

Failure to comply with this provision and these procedures, the grant agreement, Clean Ohio Revitalization Fund or Clean Ohio Assistance Fund policies, or all applicable laws (including O.R.C. 122.65-122.659) may result in delayed payments or other corrective action affecting the applicable grant.

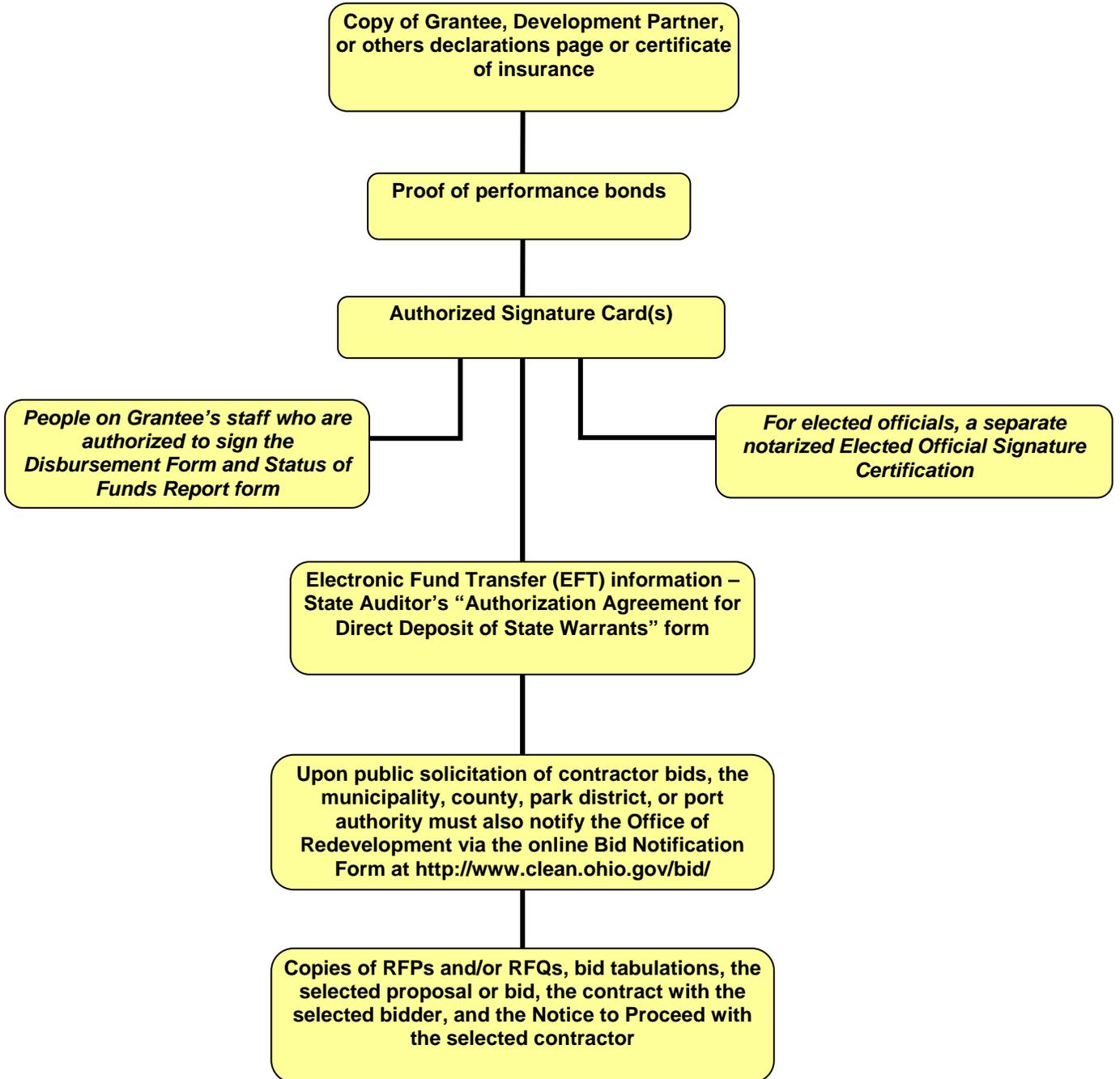
# Disbursement Process Overview



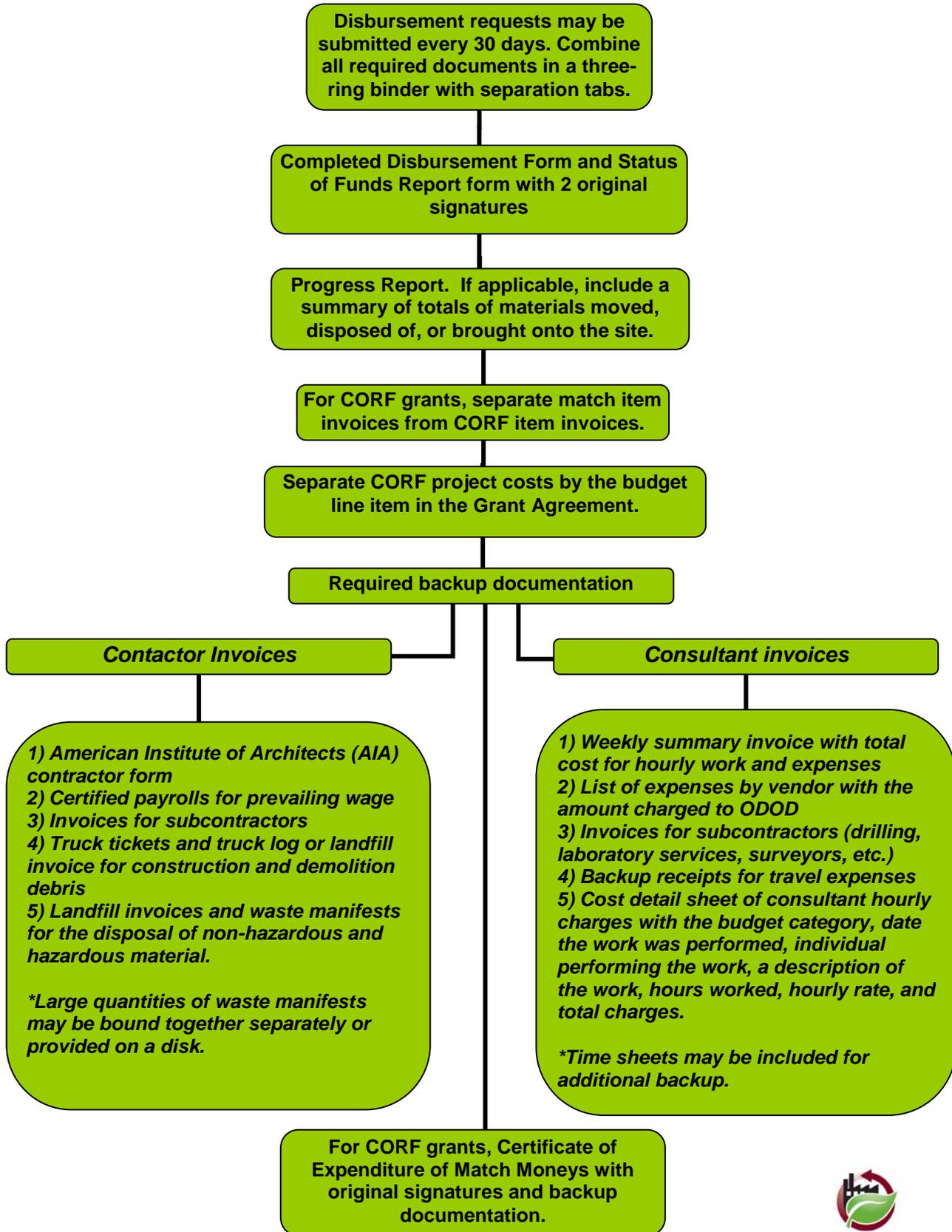
CleanOhioFund

# Three Stages of Reimbursement

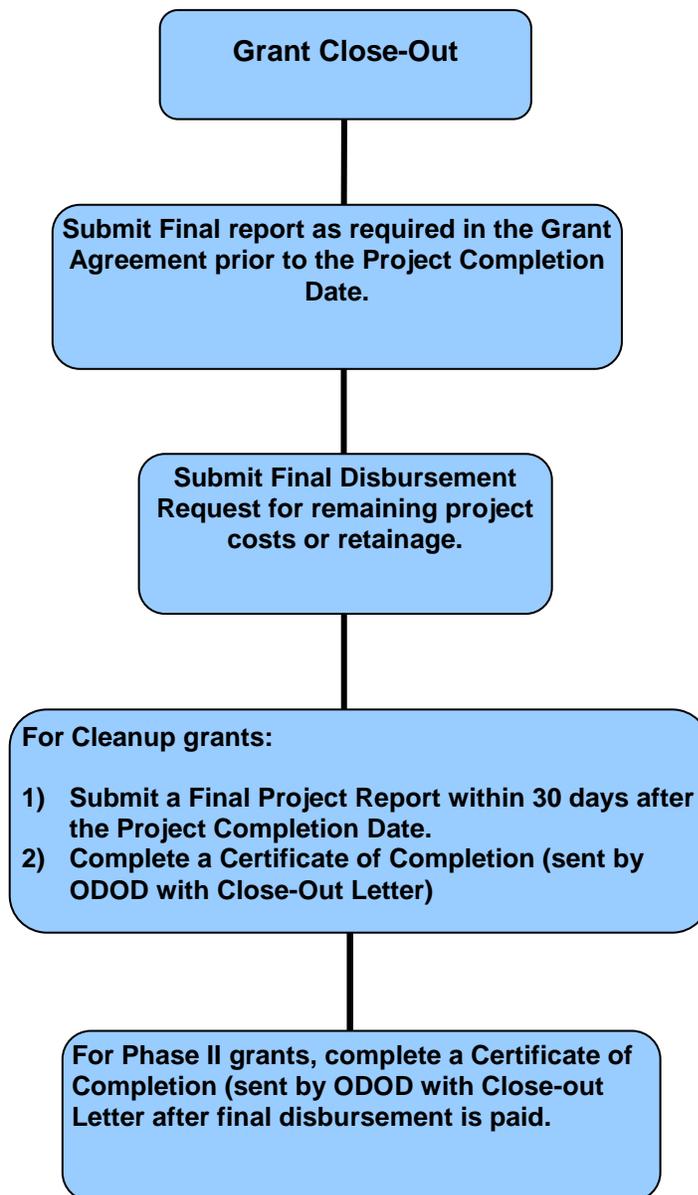
## First Stage - Prerequisites



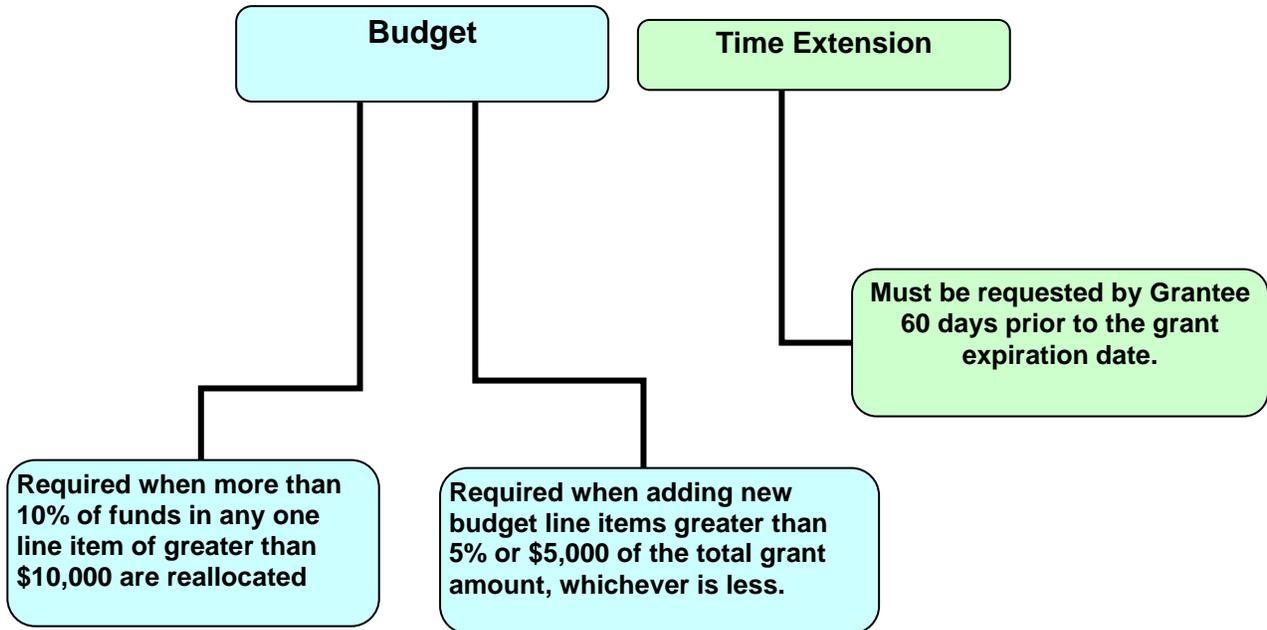
## Three Stages of Reimbursement Second Stage – Disbursement Requests



## Three Stages of Reimbursement Third Stage – Final Disbursement



# Grant Agreement Amendments



# 1. DISBURSEMENT PREREQUISITES FOR THE CLEAN OHIO REVITALIZATION FUND

Prior to processing a disbursement request for the Clean Ohio Revitalization Fund, the Office of Redevelopment must be in receipt of the following:

## 1. Insurance and Declarations

Copy of declarations page or certificate of insurance showing Grantee or others comprehensive general liability insurance coverage. Grantee or others shall obtain and maintain comprehensive general liability insurance with a minimum of one million dollars (\$1,000,000) combined single limit, for claims that may arise from their operations under this Agreement, naming Grantor and the State of Ohio as additional insured parties. The evidence of insurance sent to Grantor shall contain a clause to the effect that cancellations, reductions, or restrictions shall not be made without thirty (30) days prior written notice to Grantor. If Grantee is self-insured, Grantee may, in lieu of the above requirement, submit to Grantor a letter from Grantee's auditor stating substantially that it would protect and indemnify Grantor and the State of Ohio in a like manner.

## 2. Authorized Signature Cards

Authorized Signature Card(s) containing the signatures of individuals on the Grantee's staff who are authorized to sign the Disbursement Form and Status of Funds Report form. For elected officials, in addition to the Authorized Signature Card, a separate and notarized Elected Official Signature Certification must be executed. Only the signatures of persons authorized on current signature cards on file will be accepted. New signature cards must be submitted whenever there is a change to the persons authorized to sign the Disbursement Form and Status of Funds Report form. The Authorized Signature Card and a sample of an Elected Official Signature Certification are provided in the Attachments at the back of this document.

## 3. Request for Proposals/Qualifications

Documents regarding the procurement of the environmental consultant services, which may include a copy of the Request for Qualifications or Request for Proposals, a copy of the bid tabulations or other appropriate summary documents, copies of the selected proposal or response, and a copy of the contract with the selected consultant. The procurement of services for which reimbursement is requested from Clean Ohio Fund monies shall be through a competitive qualification-based procurement process if the aggregate cost of such services is equal to or greater than twenty-five thousand dollars (\$25,000.00). This process shall be in accordance with either the municipality's, county's, or port authority's own procurement procedures or with the procedures outlined in the Ohio Revised Code (ORC) Chapter 153.

## 4. Procurement of Goods

Documents regarding the procurement of goods, which should include a copy of the Request for Proposals, a copy of the bid tabulations or other appropriate summary documents, copies of the selected proposal or response, and a copy of the contract with the selected contractor. The procurement of contractors for which reimbursement is requested from Clean Ohio Fund monies shall be through a competitive procurement process if the aggregate cost of such goods is equal to or greater than twenty-five thousand dollars (\$25,000.00). Requirements for the procurement of goods include:

- Bid Specifications: Bid specifications must be prepared for procurement of demolition and cleanup/remediation goods. In no case shall the Clean Ohio Fund application document be used as the sole bid specification.
- Competitive Bidding: All contractors must be procured through a “competitive bidding” process that includes the solicitation and receipt of at least three quotes. This process shall be in accordance with either the municipality’s, county’s, park district’s, or port authority’s own procurement procedures or with the procedures outlined in the Ohio Revised Code (ORC) Chapter 153. **Upon public solicitation of contractor bids, the municipality, county, park district, or port authority must also notify the Office of Redevelopment via the online bid notification form.**

#### 5. Environmental Contingencies

For Grant Agreements with environmental contingencies (Attachment C to the Grant Agreement), an original report signed by Grantee and Grantee’s Certified Professional or Professional Engineer (as applicable) indicating that all contingencies have been completed, and any other information required by Attachment C.

## **2. DISBURSEMENT PREREQUISITES FOR THE CLEAN OHIO ASSISTANCE FUND**

Prior to processing a disbursement request for the Clean Ohio Assistance Fund, the Office of Redevelopment must be in receipt of the following:

#### 1. Insurance and Declarations

Copy of declarations page or certificate of insurance showing Grantee or others comprehensive general liability insurance coverage. Grantee or others shall obtain and maintain comprehensive general liability insurance with a minimum of one million dollars (\$1,000,000) combined single limit, for claims that may arise from their operations under this Agreement, naming Grantor and the State of Ohio as additional insured parties. The evidence of insurance sent to Grantor shall contain a clause to the effect that cancellations, reductions, or restrictions shall not be made without thirty (30) days prior written notice to Grantor. If Grantee is self-insured, Grantee may, in lieu of the above requirement, submit to Grantor a letter from Grantee’s auditor stating substantially that it would protect and indemnify Grantor and the State of Ohio in a like manner.

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requested from Clean Ohio Fund monies shall be through a competitive qualification-based procurement process if the aggregate cost of such services is equal to or greater than twenty-five thousand dollars (\$25,000.00). This process shall be in accordance with either the municipality's, county's, or port authority's own procurement procedures or with the procedures outlined in the Ohio Revised Code (ORC) Chapter 153.

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- Competitive Bidding: All contractors must be procured through a "competitive bidding" process that includes the solicitation and receipt of at least three quotes. This process shall be in accordance with either the municipality's, county's, park district's, or port authority's own procurement procedures or with the procedures outlined in the Ohio Revised Code (ORC) Chapter 153. **Upon public solicitation of contractor bids, the municipality, county, park district, or port authority must also notify the Office of Redevelopment via the online bid notification form.**

### **3. DISBURSEMENT REQUESTS**

The disbursement requests may be submitted every 30 days and must be bound in 3-ring binders with a table of contents and tabs separating invoice sections. Items included in the disbursement request must be organized by the budget line from the budget in Attachment A in the Grant Agreement and by date. A Disbursement Form and Status of Funds Report form is included in the Attachments at the back of this document.

The following items must be included with the disbursement request:

#### 1. Disbursement Form and Status of Funds Report Form

The Disbursement Form and Status of Funds Report form must be submitted with two original authorized signatures. The form summarizes the dollars requested for the major categories of funding: acquisition; demolition; remediation/ cleanup; infrastructure; and assessments.

#### 2. Progress Report

The progress report shall include a description of all work completed for each task, beginning and end dates of field work, proposed tasks and objectives for upcoming work on the Project, and any recent significant events regarding the Project. The contractor progress must be included in the progress report in a brief narrative format. A sample progress report is provided in the Attachments at the back of this document. The following information should also be included in the progress report, if applicable:

- Number of soil borings and monitoring wells installed
- Number of buildings demolished

- Amount of soil or materials moved, removed, disposed of, or brought onto the site.
- Charged rate per ton for any materials brought onto the site such as soil, topsoil, gravel, etc.

### 3. Proof of Payment for Costs Reimbursed from Previous Disbursement Request

Copies of cancelled checks or a payment register to verify payment of all contractor and consultant invoices that were included with the previous disbursement request. Funds will not be disbursed without proof of payment for previous costs reimbursed.

### 4. Certification of Expenditures of Match Moneys

A Certification of Expenditures of Match Moneys with original signatures and backup documentation. The backup documentation must be sufficient to confirm actual expenditures of match moneys (i.e. invoices, copies of payment checks, closing statements for acquisition, etc.). A Certification of Expenditures of Match Moneys form is provided in the Attachments.

### 5. Photographs

Photographs of project progress and significant events. Digital photographs may be provided on a disk.

### 6. Consultant and contractor invoices

Consultant and contractor invoices in time and materials format with backup documentation. The invoices must also include budget tables showing the disbursement request breakdown against the current grant budget, line by line. Separate contractor and consultant invoice requirements are described in the following sections.

## **4. CONTRACTOR INVOICES**

Contractor invoices must include the following items organized by budget line and date:

1. American Institute of Architects (AIA) contractor form
2. Certified payrolls
3. Invoices from subcontractors
4. Landfill invoices and waste manifests for the disposal of non-hazardous and hazardous material. Large quantities of waste manifests may be bound together as a single group or provided on a disk as long as invoices for the disposal are clearly marked with total quantities
5. Truck tickets and a truck log or landfill invoice for construction and demolition debris.

Daily worksheets from contractors may also be included for clarity.

## **5. CONSULTANT INVOICES**

Consultant invoices must be prepared with the following information:

1. Weekly summary invoice with total cost for hourly work and expenses
2. A list of expenses by vendor with the amount charged to Urban Development
3. Invoices for subcontractors (drilling, laboratory services, surveyors, etc.)
4. Backup receipts for travel expenses. The Ohio Office of Budget and Management's Travel Policy for travel reimbursement is provided in the Attachments at the back of this document

5. A table of environmental consultant hourly charges with the budget category, date the work was done, individual performing the work, a description of the work, hours worked, hourly rate and total charged. Time sheets may be included for additional backup. A sample consultant cost detail sheet is provided in the Attachments at the back of this document.

NOTE: Reimbursement will not be provided for invoices containing blended hourly rates for work completed by consultants to Grantees under the Clean Ohio Revitalization Fund or Clean Ohio Assistance Fund programs. Any Grantee requesting reimbursement for work performed by individuals from either program must have a unique hourly rate accompanied by the appropriate supporting documentation.

## **6. GRANT AGREEMENT AMENDMENTS**

A grant amendment is required for grant term extensions and revisions to the grant budget. The grantee must request a grant term extension 60 days prior to the grant expiration date. Grant amendments are required for the following revisions to the budget:

### 1. Reallocation

The grant budget must be amended to reallocate more than ten percent (10%) of the funds in any one line item that is greater than ten thousand dollars (\$10,000).

### 2. New budget items

The grant budget must be amended for new budget line items that are more than five percent (5%) of the total grant amount or greater than five thousand dollars (\$5,000), whichever is less.

Upon receipt of the amendment request from the grantee, the amendment process timeline is:

1. Director approval – 1 to 2 days
2. Legal review – 2 to 3 days
3. Three copies sent to grantee for signature – length of time varies
4. Three signed copies forwarded to legal department for final signature – 2 to 3 days
5. One copy with original signatures returned to grantee

# **Attachments**

State of Ohio  
Office of Redevelopment  
Disbursement Form and Status of Funds Report

**Section One: Request for Payment**

Ohio Department of Development Office of Redevelopment 77 S. High St., 26th Floor Columbus, OH 43215-6130 Contact Person/Telephone Number:	Name and Address of Grantee:	Grant Number: Draw Number: Dates For This Draw Number: From: Thru:
<b>F</b>	<b>F</b>	<b>F</b> <b>A</b> <b>A</b> <b>A</b>

**Section Two: Status of Clean Ohio Funds and Match Funds**

	Grant Agreement	Expended	State Use Only
1. Grantee's Clean Ohio Fund	\$ <b>F</b> -	\$ <b>A</b> -	Recd By: <b>D</b> Date: <b>D</b>
2. Grantee's Match Fund	\$ <b>F</b> -	\$ <b>A</b> -	Controlling Board ID: <b>D</b>
3. Total Project Costs	\$ <b>C</b> -	\$ <b>C</b> -	PO Number: <b>D</b>
4. Percent Match (To total costs)	\$ <b>C</b> -	# <b>C</b> / <b>C</b>	Vendor ID No. <b>D</b>

**Section Three: Itemization of Expenditures**

Activity Name	Activity Budget	Amount of This Draw	Previous Amount Drawn	Cumulative Amount Drawn	Balance
Acquisition	\$ <b>F</b> -	\$ <b>A</b> -	\$ <b>A</b> -	\$ <b>C</b> -	\$ <b>C</b> -
Demolition	\$ <b>F</b> -	\$ <b>A</b> -	\$ <b>A</b> -	\$ <b>C</b> -	\$ <b>C</b> -
Remediation/Clean Up	\$ <b>F</b> -	\$ <b>A</b> -	\$ <b>A</b> -	\$ <b>C</b> -	\$ <b>C</b> -
Infrastructure	\$ <b>F</b> -	\$ <b>A</b> -	\$ <b>A</b> -	\$ <b>C</b> -	\$ <b>C</b> -
Assessment (Assistance Fund Only)	\$ <b>F</b> -	\$ <b>A</b> -	\$ <b>A</b> -	\$ <b>C</b> -	\$ <b>C</b> -
Budget Tracking	\$ <b>C</b> -		\$ <b>C</b> -	\$ <b>C</b> -	\$ <b>C</b> -
<b>Total of This Draw:</b>		\$ <b>C</b> -			

**Section Four: Certification (Two Signatures Are Required) Itemization of Expenditures**

I certify that this Request for Payment is in accordance with the terms and conditions of the Grant Agreement(s) cited and is proper for payment to Grantee's depository. I also certify that the data reported above is correct and that back-up detailed documentation has been submitted.

Date: <b>A</b>	Signature: <b>A</b>	Title: <b>A</b>
Date: <b>A</b>	Countersignature: <b>A</b>	Title: <b>A</b>

Approved: **D** Date: **D** State Use Only OUD55 (Rev. 11/11)

## **DISBURSEMENT FORM & STATUS OF FUNDS REPORT FORM INSTRUCTIONS**

The Disbursement Form & Status of Funds Report Form can be downloaded from the Clean.Ohio.gov website on the Brownfield Revitalization page.

**All F's:** Fixed data that may not change for the life of the Grant Agreement. These fields are to be filled in by the Ohio Department of Development (ODOD) and checked by the grantee. If changes occur they will be done on a case-by-case basis.

**All A's:** Data to be filled in by the applicant.

**All C's:** Calculated by a formula. No need to fill in.

**All D's:** To be filled in by ODOD.

### **Comments for specific fields:**

- ❖ **Draw Number:** start with 1 (for each Grant Agreement) and increment by one for each subsequent submission.
- ❖ **State Use Only: Recd by Date:** the date ODOD receives the form and initials of person making the entry.
- ❖ **State Use Only: Controlling Board ID** from the Grant Agreement.
- ❖ **State Use Only: PO Number** from the state financial computer system.
- ❖ **State Use Only: Vendor ID** from the state financial computer system.
- ❖ **Previous Amount Drawn:** taken from the Cumulative Amount Drawn of the previous Report.
- ❖ **Cumulative Amount Drawn:** the sum of Amount of This Draw plus Previous Amount Drawn.
- ❖ **Balance:** Activity Budget minus Cumulative Amount Drawn
- ❖ **Budget Tracking:** Sum of the other entries in the same column of Section Three.
- ❖ **Total of This Draw:** Sum of the other entries in this column of Section Three.
- ❖ **Section Four:** *Two signatures are required and the signatures must be supported by an Authorized Signature Card.*



# AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT OF EFT PAYMENTS

- To sign up for EFT, please **TYPE or PRINT** the information requested in SECTIONS 1-3. The information provided must be **legible**. SECTION 4 must be signed & dated. **Please return original form to: Ohio Shared Services, ATTN: Vendor Maintenance, 4310 E. Fifth Avenue, Columbus, OH 43219.**
- **Please attach** a copy of a voided check (if a savings account, a letter from your bank stating your account & routing number). If changing banking information, SECTION 3 must be completed with new financial information.
- Any account changes must be reported to Ohio Shared Services thirty (30) days prior to actual change.
- Payee must keep Ohio Shared Services informed of any name, address, or bank changes in order to receive important information about benefits and remain qualified for payments.

## SECTION 1

TYPE OF TRANSACTION:		<input type="checkbox"/> ADD	<input type="checkbox"/> CHANGE	<input type="checkbox"/> DELETE
NAME OF COMPANY OR INDIVIDUAL: <input style="width: 90%;" type="text"/>				
ADDRESS: <input style="width: 95%;" type="text"/>				
CITY STATE & ZIP: <input style="width: 95%;" type="text"/>				
PHONE: <input style="width: 30%;" type="text"/>		EMAIL: <input style="width: 60%;" type="text"/>		
FEDERAL TAX ID/SOCIAL SECURITY: <input style="width: 100%;" type="text"/>				

## SECTION 2 – CURRENT FINANCIAL INFORMATION

FINANCIAL INSTITUTION NAME: <input style="width: 60%;" type="text"/>		PHONE: <input style="width: 30%;" type="text"/>
ADDRESS: <input style="width: 95%;" type="text"/>		
TYPE OF ACCOUNT: <input type="checkbox"/> SAVINGS <input type="checkbox"/> CHECKING		
TRANSIT ROUTING/ABA NUMBER: <input style="width: 100%;" type="text"/>		
ACCOUNT NUMBER AT ABOVE INSTITUTION: <input style="width: 100%;" type="text"/>		

## SECTION 3 – NEW FINANCIAL INFORMATION

FINANCIAL INSTITUTION NAME: <input style="width: 60%;" type="text"/>		PHONE: <input style="width: 30%;" type="text"/>
ADDRESS: <input style="width: 95%;" type="text"/>		
TYPE OF ACCOUNT: <input type="checkbox"/> SAVINGS <input type="checkbox"/> CHECKING		
TRANSIT ROUTING/ABA NUMBER: <input style="width: 100%;" type="text"/>		
ACCOUNT NUMBER AT ABOVE INSTITUTION: <input style="width: 100%;" type="text"/>		



## AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT OF EFT PAYMENTS

### SECTION 4

- Whereby authorize Ohio Office of Budget and Management to initiate credit entries to our account in the financial institution identified above and also debit entries, if necessary, for any credit entries that are determined to be in error. We additionally authorize the financial institution to credit or debit the same to our account.
- This authority is to remain in effect until revoked by us in writing to Ohio Shared Services.

SIGNATURE:

DATE:

OSS USE ONLY:

DATE RECEIVED	DATE ENTERED	INITIALS	OAKS VENDOR ID NUMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



## AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT OF EFT PAYMENTS

### INSTRUCTIONS FOR COMPLETING THE AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT OF STATE WARRANTS

#### SECTION 1

- A. Place a check-mark to indicate the type of transaction:  
"Add" indicates a **new** authorization  
"Change" indicates a **change** to an existing authorization  
"Delete" indicates a request for **termination** of direct deposit
- B. Enter the complete name and address of the company or individual participating in the EFT program.
- C. Enter your company's Federal Tax Identification number or your Social Security number if you, as an individual are participating. If you are a state employee, please enter your e-code number.

#### SECTION 2 AND SECTION 3

- A. Enter the name and address of the financial institution authorized to conduct transaction. Complete Section 2 if you are changing your banking information.
- B. Place a check-mark to indicate the type of account to which funds are to be deposited. Enter the financial institution's Transit Routing/ABA number in the spaces provided. This is a nine digit number that is shown on your check. It may also be obtained by contacting your financial institution and requesting its Transit Routing/ABA number.
- C. Enter the account number to which the EFT Transactions are to be accredited. If less than 17 characters are needed, begin at the left margin and leave any unused spaces blank.

An e-mail or faxed version of this form is not acceptable as a signature is required. Forward the signed authorization form along with a copy of a voided check for a checking account or "spec sheet" from your financial institution for a savings account to:

Ohio Shared Services  
ATTN: Vendor Maintenance  
4310 E. Fifth Ave. Columbus, OH 43219

#### SUBMIT FORM TO:

**Mail:** Ohio Shared Services  
ATTN: Vendor Maintenance  
4310 E. Fifth Ave. Columbus, OH 43219

#### QUESTIONS? PLEASE CONTACT:

**Phone:** 1 (877) OHIO - SS1 (1-877-644-6771)  
1 (614) 338-4781  
**E-mail:** [vendor@ohio.gov](mailto:vendor@ohio.gov)

**Authorized Signature Card for Disbursement Form and Status of Funds Report**

Project Number:

Grant Issued in Favor of (Recipient):

Issued By:     The State of Ohio  
                  Department of Development  
                  Office of Redevelopment  
                  77 S. High St., 26<sup>th</sup> Floor  
                  Columbus, OH 43215-6130

Typed Name, Signature and Title:

***Note: Two Signatures are Required to Sign and Countersign a Disbursement Form and Status of Funds Report***

I certify that the above signatures are of the individuals authorized to sign the Disbursement Form and Status of Funds Reports.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Authorizing Official (Recipient)

**SAMPLE**  
**Elected Official Signature Certification**  
(To appear on letterhead of applicant)

---

Signature of Elected Official

Date

This is to certify that the above is the signature of

---

Name

Title

of

---

(grantee organization)

Subscribed and duly sworn before me according to law, by the above mentioned individual this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_ at \_\_\_\_\_, County of \_\_\_\_\_, and State of \_\_\_\_\_.

---

Signature of Notary

*This certification is needed when the elected official is authorized to sign form OUD55 – Disbursement Form and Status of Funds Report.*

**Progress Report**  
Sample

Progress Report No. \_\_\_\_\_

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

City of \_\_\_\_\_  
[Address]

Project: \_\_\_\_\_

Grant No. \_\_\_\_\_

**I. Tasks**

Acquisition: Beginning/End Dates \_\_\_\_\_  
Describe Work Completed for this Task: \_\_\_\_\_

\_\_\_\_\_

Demolition: Beginning/End Dates \_\_\_\_\_  
Describe Work Completed for this Task: \_\_\_\_\_

\_\_\_\_\_

Clean Up/Remediation: Beginning/End Dates \_\_\_\_\_  
Describe Work Completed for this Task: \_\_\_\_\_

\_\_\_\_\_

Infrastructure: Beginning/End Dates \_\_\_\_\_  
Describe Work Completed for this Task: \_\_\_\_\_

\_\_\_\_\_

**II. Proposed Tasks/Objectives for Next Invoice**

Acquisition: \_\_\_\_\_

Demolition: \_\_\_\_\_

Clean Up/Remediation: \_\_\_\_\_

Infrastructure: \_\_\_\_\_

**III. Certification**

I hereby certify that to the best of my knowledge the above information is true and correct.

\_\_\_\_\_  
[Authorized representative of Grantee]



# Ohio Office of Budget and Management

## Travel Policy (Effective May 1, 2009)

This is a summary of amended Rule 126-1-2 of the Ohio Administrative Code. Refer to the rule for complete information and requirements.

### Prohibitions

- No reimbursement for entertainment, alcoholic beverages, travel insurance, or traffic fines and parking tickets.
- No reimbursement for lodging or meals (except conference meals) within 45 miles of both your residence **and** headquarters.

### In-State & Out-of-State Travel

There is no distinction between in-state and out-of-state travel. The OBM travel rule refers to either continental U.S. travel or out-of-country travel. Continental U.S. travel is travel within the United States and Canada. Out-of-country is travel outside of the United States and Canada.

### Transportation Expenses

- Travel by common carrier (bus, railroad, airline, etc.) may be reimbursed at the lowest available rate. Business class air travel is allowed for some specified international travel. Air travel within Ohio is authorized only for agency directors, assistant directors, and deputy directors; other state employees may fly within Ohio only if flying is more economical than any other type of travel.
- Travel by privately owned automobiles may be reimbursed for mileage incurred at the rate of **45 cents/mile**.
- Receipts are required for miscellaneous transportation expenses, such as parking, taxis, car rental, etc., that exceed \$10/day. All receipts are required if transportation expenses accumulate to \$25 or more in one day.
- There is no reimbursement for mileage commuting from your residence to your headquarters nor from your headquarters to your residence.

### Lodging

- Overnight lodging must be more than 45 miles from both your residence and headquarters.
- Receipts are required for all lodging expenses.
- If you are away for more than one week (including a weekend), you may be reimbursed for reasonable miscellaneous expenses such as laundry, dry cleaning, personal telephone calls, postage. You must submit a receipt for any expense that exceeds \$1.
- The reimbursement rate for lodging in commercial establishments within the Continental U.S. is **\$80/night** plus applicable taxes *or* the lowest government rate in the area with approval from the state agency head or his/her designee.

## **Meals**

There is a statewide per diem rate for meal reimbursement that includes gratuities. OBM may update the per diem annually to adjust to the revisions to the Federal per diem schedule. Reimbursement for meals is authorized only when overnight lodging is required.

Meal reimbursement for a full calendar day does not require an allocation for breakfast, lunch, and dinner. You may determine how to allocate the allowed amount for meals. Meal receipts are not required.

Standard meal reimbursement rates (including tips) are set forth below:

- Breakfast \$6
- Lunch \$9
- Dinner \$12
- Incidentals \$4
- Total        \$31**

The \$31 reimbursement is pro-rated as follows:

- Up to \$10 if traveling anytime after midnight but no later than 10 AM.
- Up to \$13 if traveling anytime after 10 AM but no later than 4 PM.
- Up to \$16 if traveling anytime after 4 PM but no later than Midnight.

**Note: With the adoption of the per diem, travelers will only be reimbursed at the per diem rate. If a traveler spends more than the per diem and has receipts to document the expense, he/she will only be reimbursed at the per diem rate.**

Sample Consultant Invoice

	Quantity	Unit Price	Total
<b>Remedial Plan Review</b>			
Geologist			
J. Smith	6.00	\$50.00 /hour	\$300.00
CADD			
T. Brown	4	\$45.00 /hour	\$180.00
Sr. Environmental Scientist			
B. Brown	2	\$80.00 /hour	\$160.00
		<b>Subtotal for Remedial Plan Review</b>	<b>\$640.00</b>
<b>Soil Sampling</b>			
Technician			
J. Jones	12	\$40.00 /hour	\$480.00
T. Miller	1	\$40.00 /hour	\$40.00
CADD			
T. Brown	2	\$45.00 /hour	\$90.00
Materials			
field supplies	1	\$20.00	\$20.00
Subcontractors			
Analytical Lab, Inc.	1	\$5,000.00	\$5,000.00
		<b>Subtotal for Soil Sampling</b>	<b>\$5,630.00</b>
		<b>Total Due</b>	<b>\$6,270.00</b>

**[Project Name]**  
**[Grantee Name]**  
**Invoice-Cost Detail-[CORF Grant #]**  
**Period:**

<b>Budget Line</b>	<b>Date Work Done</b>	<b>Job Class</b>	<b>Description of Work</b>	<b>Hrs</b>	<b>Hourly Rate</b>	<b>Total Charged</b>
Remedial Plan Review	5/3/04	Geologist	Review Plan	6	\$50.00	\$300.00
	5/3/04	CADD	create site drawing	4	\$45.00	\$180.00
	5/10/04	Sr. Environmental Scientist	Project meeting	2	\$80.00	\$160.00
Soil Sampling	5/10/04	Technician	field sampling	2	\$40.00	\$80.00
	5/10/04	Technician	sample preparation	1	\$40.00	\$40.00
	5/17/04	CADD	pepare sample location drawing	2	\$40.00	\$80.00
	5/17/04	Technician	field sampling	10	\$40.00	\$400.00