

OREGON WATERSHED ENHANCEMENT BOARD (OWEB)
775 Summer Street NE Ste 360, Salem, OR 97301-1290
GRANT BILLING INSTRUCTIONS
For All applications received Prior to January 01, 2014

The following information is intended to help speed up your grant payments. OWEB procedures, rules, and current forms must be followed or used for payments to be received without delay. All forms are available on the OWEB website at: <http://oregon.gov/OWEB> -“Click” on Forms located at the left side of page.

Budget Category Amendments:

Your OWEB Project Manager (Project Manager for the Board listed on page 1 of the Grant Agreement) or the Grant Program Manager has the authority to adjust budget categories within your Grant Agreement, if the work falls within the parameters of the original project application.

A Budget Amendment must be approved **prior** to accruing additional expenses. All equipment purchases, not included in the original application, must be pre-approved by OWEB. To request Budget Amendments, use the Budget Amendment Request Form (see page 15). When are Budget Amendments required? – Go to OWEB’s website to the Forms page for “Budget Amendment Conditions.”

OWEB payment/billing forms provided to Grantee:

1. Request for Release of Funds; the **“October 10, 2011 pdf” version will be required as of 01-01-12.** **OWEB will now accept Administration and Post Implementation Status Reporting expenses when listed on the signed “Request for Release of Funds” form** (see page 5). These Expenditures must also be listed on your Expense Tracking Spreadsheets.
2. Tax ID Form (see pages 6 & 7); (Only required if a new payee or current payee has information changes).
3. Requirements for Travel Expenses, including maximum rates allowed by the State of Oregon and OWEB (see pages 8 & 9). Mileage Log example (see page 12).
Lodging and per diem rates increased as of 10-01-11
Mileage rates increased as of 01-01-13
4. Sample: Expense Tracking Spreadsheet (Excel) - (see page 11).—**QuickBooks can also be used.**
5. Match Form to be used with Final Report (see page 14).
6. First Payment check list (see page 16).

The most common delays for payments are:

1. 25% Non-OWEB match not secured prior to “first” payment request;
2. Permits, landowner agreements, licenses or other agreements, as required in the Grant Agreement, not submitted to OWEB prior to or with the “first” Request for Release of Funds form;
3. Receipts are not adequate to cover previously advanced payments;
4. The Request for Release of Funds is not signed;
5. The Request for Release of Funds does not reflect the same budget categories/amounts as shown in Exhibit A of the Grant Agreement **or as Amended;**
6. Current email address/phone numbers are not listed on the Request for Release of Funds form; and
7. Advances have exceeded the 120-day limit for requiring receipts.

Requesting Release of Funds:

1. Verify that a signed copy of the Grant Agreement has been returned to OWEB.
2. Fax completed and signed Tax ID Form, (Only required for Vendors NOT previously set up on the State of Oregon payment system) (see pages 6 & 7 for instructions).
3. Send completed Request for Release of Funds to your OWEB Project Manager (listed Page 1 of Grant Agreement).
4. Along with the Request for Release of Funds, send receipts / invoices and an expense tracking spreadsheet (see Excel example on page 11) showing which budget category of the Grant Agreement the expense was incurred under (see Exhibit A on page 10). Grantees may use their own spreadsheet formats (QuickBooks, Excel, etc.) to track expenses; however, expenses must be tracked individually, grouped and totaled by budget categories (as listed in Exhibit A of the Grant Agreement or as revised in approved Budget Amendments), listed for the entire duration of the grant (beginning to end) and submitted with each payment request. (Upon request, examples of QuickBooks spreadsheets can be provided by OWEB's Fiscal Department)
 - (a) Invoices and receipts must be legible;
 - (b) Dates, amounts and descriptions must be clearly readable; Dates, the work was performed, must appear on the invoice--(Dates can be handwritten on the invoice).
 - (c) No Purchase Orders, statements, credit card or VISA statements are allowed without actual detailed invoices attached. OWEB does not pay finance charges, interest on loans, late fees or tips.
 - (d) Once a receipt has been submitted, DO NOT re-submit another copy of the same receipt.
 - (e) Copies of contracts may be requested if invoices do not provide adequate detail.
5. Payment Requests may be billed as an advance or reimbursement only (see Exhibit A of your grant agreement).
6. Receipts are required within 120 days of payment processing for all advances.

OWEB will not reimburse project expenses incurred (received) prior to the effective date of or after the completion date of the Grant Agreement. The grant becomes effective on the date of the last signature, shown on the Grant Agreement signature page and ends per the Grant Completion Date shown on page 1 of the Grant Agreement.

Requirements for Landowner receipts submitted to OWEB for reimbursement:

1. Supplies/Materials:

Reimbursement to a project landowner for sale of general supplies to the project:

- A. OWEB will reimburse Grantee for new materials purchased by the landowner provided a vendor receipt is received documenting that the item was purchased during the grant period (i.e., after the grant agreement is fully executed and before the grant completion date).
- B. OWEB will NOT reimburse Grantee for USED or INVENTORIED landowner materials (i.e., used or inventoried fence posts, wire, gates, pipe, culverts, etc.) These items may be used as non-OWEB match.

Reimbursement to a project landowner for sale of natural resource supplies to the project (e.g., logs, boulders, gravel, or other similar materials):

OWEB may reimburse Grantee for natural resource supplies, which are provided by the project landowner and which were extracted /obtained from the landowner's property where the project is taking place. Prior to such reimbursement:

- A. Grantee must verify that payment to a landowner for natural resource supplies does not exceed fair market value. Fair market value will be documented by the Grantee providing quotes from three separate local vendors. OWEB will consider accepting quotes from just two separate local vendors if Grantee provides a justification for why a third quote could not be obtained. The amount OWEB will reimburse will not exceed the average of all the quotes.

Requirements for Landowner receipts submitted to OWEB for reimbursement: (Continued)

- B. Grantee must either provide copies of any issued licenses, approvals, or permits that are required for the landowner to extract or remove the natural resource, or provides written documentation that permits, approvals or licenses are not required.

2. Labor Costs:

- (a) Contractor's invoice **or**
- (b) Landowner invoice - signed by the landowner;
- (c) Labor charges must show:
 - Names of persons paid (for landowner invoices only);
 - Dates the work was performed;
 - Description of work performed;
 - Hours worked and hourly rates **or** Number of acres and rate per acre; and
 - Total costs.

3. Equipment Costs:

- (a) Contractor invoice (Copy of actual invoice required);
- (b) Landowner Invoice (must be signed by Landowner);
- (c) Landowner and Contractor invoices must show:
 - Description of equipment;
 - Rates per hour (use NRCS equipment hold down hourly rates for Landowner invoices only–NRCS website-www.or.nrcs.usda.gov/) Contact your local NRCS office for rates.
 - Dates the work was performed; and
 - Total paid.

Effective January 01, 2010 - “Actual” payroll expense may be billed on Grantee letterhead (see example on page 13). **Detailed QuickBooks expense transaction sheets are also accepted**, if they show:

1. Dates for which expenses were incurred;
2. Position description and name of person being paid;
3. Amounts; and
4. Must be signed & dated by authorized Grantee or Fiscal Agent.

Expenditures billed in this manner are still subject to audit. Actual payroll records must be kept on record by the Grantee or Fiscal Agent.

Travel must be broken down by: (see example of travel log on page 12)

1. Dates;
2. Time of departure and arrival from official work station;
3. Destinations and reason for travel;
4. Receipts for lodging are required;
5. Meals can be claimed by submitting actual receipts or by claiming per diem; however, actual expenses cannot be higher than the maximum per diem rates. Tips on meals are not reimbursable; and
6. To claim meeting expenses (such as supplies, food and refreshments) you must provide:
 - (a) A meeting agenda;
 - (b) A list of meeting attendees; and
 - (c) Actual receipts for expenditures.

The rates shown for Lodging are allowed daily rates per individual (see page 9). (Actual expenses are allowed and may be reimbursed, up to an amount that does not exceed the allowable per diem rate). Costs for lodging may be shared under the following conditions:

- a. The total cost of the room may not exceed the individual allowable daily rate multiplied by the number of individuals occupying the room. (Example: The standard rate allowed is \$77.00 plus tax per individual. If two individuals stay in a room the allowable daily amount would be up to \$154.00 plus tax).
- b. Documentation required:
 - Lodging receipt showing dates, actual amounts paid and preferably number of occupants.
 - If one lodging receipt is submitted, it should list the names of persons (names may be hand written on receipt).
- c. Whenever possible, the Grantee should have each individual submit a separate travel claim for their allowed portion of the total lodging.

Administration, Post-Implementation Status Reporting (PISR) and Final Unspent Funds

“New” – Effective January 01, 2012, Grantees will be required to use the new –“October 10, 2011 pdf” version of the “Request for Release of Funds” form, available on OWEB’s website. With the use of the new form, signed letterhead for Administration, PISR Expense and Final Unspent Funds notification will no longer be required.

Administration - (OAR 695-005-0030(5) - may be billed at an amount not-to-exceed 10% (or a lesser % if listed in the Grant Agreement) of the current direct costs being advanced or reimbursed. Upon submission of receipts, a maximum 10% administration expense credit will be allowed. (OWEB may audit Administration costs for proof of actual expenditures.)

Administration is to be used “only” for the specific project for which the grant was awarded. It is not intended to cover the Grantee’s overall operating program.

**OREGON WATERSHED ENHANCEMENT BOARD
REQUEST FOR RELEASE OF FUNDS**



Grantee Name: Rainbow WSC

Grantee's Fiscal Agent: Rainbow SWCD Phone: 503-999-9999

Project Number: 212-999-1111 Project Name: D. Creek Restoration

Payment Request Number _____ OR Final Request X

In accordance with the terms of the Grant Agreement, I request funds as follows:

Budget Category (per Grant Agreement)	Current Budget Amount	Total of All Amounts Previously Paid	CURRENT Request Amount	TOTAL Requested to Date	Remaining Budget
Pre-Implementation	\$500.00	\$475.00	\$0.00	\$475.00	\$25.00
Project Management	\$2,500.00	\$1,975.00	\$300.00	\$2,275.00	\$225.00
In-House Personnel	\$2,000.00	\$2,000.00	-\$250.00	\$1,750.00	\$250.00
Contracted Services	\$45,000.00	\$36,000.00	\$9,560.00	\$45,560.00	-\$560.00
Travel	\$1,500.00	\$1,425.00	\$377.82	\$1,802.82	-\$302.82
Supplies/Materials	\$14,500.00	\$8,675.00	\$4,000.00	\$12,675.00	\$1,825.00
Equipment	\$1,000.00	\$450.00	\$413.00	\$863.00	\$137.00
Outreach	\$250.00	\$250.00	-\$0.82	\$249.18	\$0.82
Fiscal Administration	\$6,725.00	\$5,125.00	\$1,425.00	\$6,550.00	\$175.00
Post-implementation Status Reporting	\$400.00	\$0.00	\$400.00	\$400.00	\$0.00
Effectiveness Monitoring	\$2,000.00	\$0.00	\$2,000.00	\$2,000.00	\$0.00
Plant Establishment	\$1,500.00	\$0.00	\$1,500.00	\$1,500.00	\$0.00
TOTALS	\$77,875.00	\$56,375.00	\$19,725.00	\$76,100.00	\$1,775.00

Receipts/invoices and an expense tracking spreadsheet are required to document all funds previously received from OWEB for this project within 120 days of the date of the check.

Signature on this form replaces the requirement of submitting letterhead as a receipt for (a) Fiscal Administration and (b) Post-Implementation Status Reporting. All other OWEB receipt requirements remain in effect.

By signing this request, I declare that expenses for this project are to the best of my knowledge true, correct, and complete. Grantee's signature on this form certifies that all funds being requested under the "Current Request Amount" column are for project activities that either do not require permit(s)/license(s), or copies of required permit(s)/ license(s) for project activities have been provided to the OWEB Project Manager.

Grantee's Authorized Signature: xxxxxxxxxxxxxxxxxxxx Date: 06-30-13

Print Signature Name: D. Smith Title: Director

Grantee Contact Phone Number for Billing Questions: 503-999-9999 x100 Fax: 503-999-1111

Grantee Contact E-mail Address: rainbowswcd@org

This Request must be forwarded to the OWEB Project Manager for Signature below

<p>I find this request to be consistent with the Grant Agreement and all funding conditions have been met. OWEB Project Manager: <u>xxxxxxxxxxxxxxxxxxxx</u> Date: <u>xxxxxxxx</u></p>
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W-9

(Substitute)

REQUEST FOR TAXPAYER IDENTIFICATION AND CERTIFICATION

YOU RECEIVED THIS FORM because a state agency may make a payment to you for services, supplies, or as a reimbursement. **YOU ARE REQUIRED BY IRS** to provide complete and accurate tax identification information.

READ THE INSTRUCTIONS ON THE REVERSE SIDE BEFORE COMPLETING THIS FORM.

Accurately completing this form will assist us in establishing your account for payment processing.

1. NAME & ADDRESS

Telephone:

Fax:

2. BUSINESS NAME

 Sole Proprietor: Enter your individual name as shown on your social security card in the Name & Address box. You may enter your business, trade, or "doing business as (DBA)" name on the Business Name line.

4. ORGANIZATION TYPE

You Must Check One Only. Make sure that the organization type corresponds to the tax identification number.

- Single Owner LLC
 Individual/Sole Proprietorship
 State of Oregon Employee
 Attorney-At-Law
 Corporation, except Medical Corporations
 Medical Corporation
 Medical/Health Care, not Incorporated
 Non-Profit (copy of Exemption Notice required)
 Partnership, LLC, LLP
 Trust
 Government Agency
 Local Government/Political Subdivision

State Use Only

VIO

6	Y	T
7	Y	I
1	N	E
5	Y	P
5	N	O
5	Y	N
5	Y	N
5	N	G
5	Y	T
7	Y	T
3	N	G
4	N	G

3. TAX IDENTIFICATION NUMBER (TIN)

You must provide your TIN (SSN or EIN) whether or not you are required to file a tax return. Payers must generally withhold at the current IRS backup withholding rate for taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. See back of form for applicable penalties and instructions.

If you do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form and give it to the requestor. You will be subject to backup withholding on all 1099-MISC reportable payments until you provide your TIN to the requestor

5.

The number shown on this form is my correct taxpayer identification number, **and** I am a U.S. person (including a U.S. resident alien), **and**

READ THE INSTRUCTIONS ON THE REVERSE SIDE BEFORE RESPONDING TO THE NEXT ITEM
Under penalties of perjury, I certify that I am not subject to backup withholding because: a) I am exempt from backup withholding, or b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding.

You must cross out the above paragraph if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return.

To sign up for direct deposit payment service and receive convenient, electronic payments, log-on to

<http://www.oregon.gov/DAS/EGS/FBS/SFMS/pages/ach.aspx>

on the internet. Click on Forms and Brochures. Then select Direct Deposit (ACH) Authorization Form

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

6. AUTHORIZED SIGNATURE _____

NAME (Print or Type) _____

TITLE _____ DATE _____

(If representing a business/organization)

INSTRUCTIONS

WHY YOU RECEIVED THIS FORM: A State of Oregon agency has established an account for the named person or business. Payments may be made for services, supplies, or as a reimbursement. All information supplied is confidential and will be for the purpose of reporting to IRS those payments already subject to such reporting requirements or may be disclosed to federal law enforcement and intelligence agencies to combat terrorism.

NAME & ADDRESS: Verify that the name and address on the form are correct. **If not correct, draw a line through the incorrect information and write the correct information to the side.** If using a SSN the name must be written on the form exactly as it appears on your social security card. If using a FEIN the name must be written on the form exactly as it appeared on Form SS-4, Application for Employer Identification Number. Enter your telephone and fax numbers, if incorrect or missing.

BUSINESS NAME: Enter any business, trade, or "doing business as (DBA)" name. The **TIN, ORGANIZATION TYPE and NAME** must all be for the same entity.

TAX IDENTIFICATION NUMBER (TIN): Verify that the TIN is correct for the entity named on the form. This number can be either a FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN) or SOCIAL SECURITY NUMBER (SSN). If the tax identification number preprinted on the form is incorrect, draw a line through it and write in the correct number.

ORGANIZATION TYPE: The following definitions and type of number required may help identify the correct selection:

Single Owner LLC- Individual -	Any business owned by a single member. Give name of the owner. The IRS prefers a SSN.
Sole Proprietorship- State of Oregon Employee - Attorney-At-Law -	A private person. Give SSN of the individual. Any business or venture owned by a single person. Give name of the owner. The IRS prefers a SSN. An employee of the State of Oregon on the state payroll system. Give SSN of the individual. Attorney-at-Law, either incorporated or non-incorporated. Give either SSN of the individual or FEIN of the organization.
Corporation Except Medical -	Any corporation formed under the laws of any U.S. state or territory except for non-profit, governmental or medical/health care corporations. Give FEIN of the organization.
Medical Corporation-INC Medical/Health Care – non INC	Any corporation that provides a medical or health care service. Give FEIN of the organization. Any business or venture that provides medical or health care services, but is not incorporated. Give legal name and TIN of the organization or owner.
Non-Profit -	Any non-profit organization formed under the laws of any U.S. state or territory. Give name and FEIN of the organization. A copy of your EXEMPTION CERTIFICATE is required.
Partnership -	Any business or venture owned by two or more partners. Includes LLP and LLC. Must have a FEIN. If you are a single-member LLC enter the owner's name in the NAME & ADDRESS box. Enter the LLC's name on the BUSINESS NAME line.
Government Agency -	Any part of the government of the United States or of any state, or any political subdivision of a state other than Oregon, or a foreign government. Give FEIN of the organization.
Local Government -	Any local government agency or political subdivision of the State of Oregon. Include your political subdivision number.

Certification: IRS requires an individual or organization that is subject to backup withholding to have withholdings at a rate set by the IRS, from any 1099-MISC reportable payment. The amount deducted is paid directly to IRS. Backup withholding is NOT a monthly or quarterly payroll tax withholding. You are subject to backup withholding if: **1)** you have received a special notice telling you so, or **2)** you failed to provide a correct Taxpayer ID Number (TIN) as requested, or **3)** you failed to report interest or dividend income. Sign the form to certify under penalties of perjury all items listed in box 5. Return the form to the address below.

PENALTIES-

Failure to Furnish TIN - If you fail to furnish your correct TIN to a requestor, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not willful neglect.

Civil Penalty for False Information With Respect to Withholding – If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal Penalty for Falsifying Information – Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs – If the requestor discloses or uses TINs in violation of Federal law, the requestor may be subject to civil and criminal penalties.

SIGNATURE: Sign the form to certify that the information on the form is valid. Print or type your name below the signature.

Return this form by mail to:

**Oregon Department of Administrative Services
State Controller's Division
Statewide Financial Management System
155 Cottage St. NE U60
Salem, OR 97301-3970**

This form may be faxed to: (503) 378-8940

AFTER READING THE INSTRUCTIONS you may contact SFMS at (503) 373-1044 ext. 240 for additional information. Thank you for your cooperation.

To sign up for direct deposit payment service and receive convenient, electronic payments, log-in to <http://www.oregon.gov/DAS/EGS/FBS/SFMS/pages/ach.aspx> on the Internet and click on **Forms and Brochures**.

TRAVEL AND OTHER EXPENSES

It is the policy of the State of Oregon (State) that all travel shall be allowed only when the travel is essential to the normal discharge of State responsibilities. All travel shall be conducted in the most efficient and cost-effective manner resulting in the best value to the State. The travel must comply with all the requirements set forth in this section and must be for Official State business only. Personal expenses shall not be authorized at any time. Current State of Oregon travel rules are located at: <http://www.oregon.gov/DAS/CFO/SARS/policies/oam/40.10.00.pdf>

Employee/contractor/volunteer understands and agrees that travel expenses shall be reimbursed only in accordance with rates approved by the Department of Administrative Services and in effect at the time the expense was incurred. The current approved rates for reimbursement of travel expenses are set forth below. Employee/contractor/volunteer understands and agrees that the rates are subject to change and govern reimbursement of any travel expenses incurred after the date of the change. **Rates are updated periodically.** Check the website listed on Page 8. The reason or purpose for all travel expense reimbursement requests must be identified.

Current approved rates are as follows:

- Mileage:** Mileage for travel in a private automobile, while employee/contractor/volunteer is acting within the course and scope of his/her duties under this Grant and driving over the most direct and usually traveled route, will be reimbursed at a **rate of .565 cents per mile (effective 01-01-13)**. To qualify for mileage reimbursement, employee/contractor/volunteer must hold a valid, current driver’s license for the class of vehicle to be driven and carry personal automobile liability insurance in the amounts not less than those required (i) the Oregon Financial Responsibility Law (ORS 806.060) or (ii) the jurisdiction in which the vehicle is being operated, whichever is greater. No mileage reimbursement will be paid for the use of motorcycles or mopeds. **Individual dates, from/to destinations, reason for travel and number of miles per trip must be shown for reimbursement.**
- Meals:** The in-State per diem rate for meals is \$46 per day (see page 8 of these instructions for any exceptions). Out-of-State per diem for meals is the specified federal per diem rate for the locality. For purposes of calculating individual meals, where the Employee/Contractor/Volunteer is entitled only to a partial day reimbursement, the following amounts are used (non-overnight lunches are not allowed):

	Prior to	6:00 AM to	12:01 to	After
<u>Initial Day of Travel –LEAVE :</u>	<u>6:00 AM</u>	<u>Noon</u>	<u>6:00 PM</u>	<u>6:00 PM</u>
Meal Allowance Percentage	100%	75%	50%	25%
	Prior to	6:00 AM to	12:01 to	After
<u>Final Day of Travel –RETURN</u>	<u>6:00 AM</u>	<u>Noon</u>	<u>6:00 PM</u>	<u>6:00 PM</u>
Meal Allowance Percentage	25%	50%	75%	100%

Per diem expenses are reimbursable during the employee/contractor/volunteer's necessary overnight travel while acting within the course and scope of his/her duties under this grant. **Individual dates, from/to destinations and reason for travel must be shown.**

- Lodging:** The State will reimburse employee/contractor/volunteer for their actual lodging cost up to the specified federal per diem lodging rates for the locality (see Item 5). Reimbursement rates for lodging are **NOT** considered “per diem” and receipts are required for reimbursement.
- Other Travel Expenses:** In addition to meals and lodging, out-of-state travel expenses will be reimbursed for airfare and rental vehicles only if employee/contractor/volunteer is acting within the course and scope of his/her duties under this grant. Receipts are required for all out-of-state expenses. All employees/contractors/volunteers will fly “coach class”, unless the employee/contractor/volunteer pays the difference. All employees/contractors/volunteers will be limited to an economy or compact size rental vehicle, unless the employee/contractor/volunteer pays the difference.

Any Exceptions to the expense items listed above, employee/contractor/volunteer will obtain separate written approval of the State’s Representative, prior to incurring any expense for which reimbursement will be sought.

- Per Diem Rates:** The next page shows maximum lodging and per diem rates for different areas of Oregon. **These rates DO NOT include tax.**

TIPS ARE NOT REIMBURSABLE.

**OREGON WATERSHED ENHANCEMENT BOARD
TRAVEL REIMBURSEMENT / ALLOWANCE GUIDELINES**

LODGING EFFECTIVE OCT. 1, 2013 – SEPT. 30, 2014 Standard Rates Rates do not include tax	<p style="text-align: center;">Lodging / Meals 83.00 / 46.00 plus tax</p>
<p style="text-align: center;">COUNTIES WITH HIGHER RATES</p> Jackson / Klamath Washington Deschutes (9/1 – 6/30) Deschutes (7/1 – 8/31) Clackamas Lane Lincoln (9/1 – 6/30) Lincoln (7/1 – 8/31) Multnomah Clatsop (9/1 – 6/30) Clatsop (7/1 – 8/31)	<p style="text-align: center;">Lodging / Meals</p> 83.00 / 46.00 106.00 / 51.00 89.00 / 61.00 107.00 / 61.00 90.00 / 61.00 94.00 / 51.00 94.00 / 56.00 121.00 / 56.00 126.00 / 66.00 96.00 / 51.00 138.00 / 51.00 plus tax
Non-Commercial Lodging Rate	<p style="text-align: center;">25.00</p>
Mileage Rates effective January 1, 2013	January 01, 2013 through current=.565/mile April 17, 2012 through Dec 31, 2012 = .555/mile January 1, 2011 through April 16, 2012 = .51/mile January 1, 2010 through Dec. 31, 2010 = .50/mile January 1, 2009 through Dec. 31, 2009 = .55/mile For Past Rates http://www.gsa.gov/mileage
DAY Travel – Lunch not allowed <u>Allowable Per Diem</u> Breakfast (25%) Dinner (50%)	Leave 2 hours before work schedule Arrive 2 hours after work schedule
OVERNIGHT Travel <u>Allowable Per Diem (Departure):</u> 100% 75% 50% 25% <u>Allowable Per Diem (Arrival):</u> 25% 50% 75% 100%	<p style="text-align: center;"> Leave on or before - 6:00 AM Leave on or before - 12:00 Noon Leave on or before - 6:00 PM Leave after - 6:00 PM Arrive Prior to - 6:00 AM Arrive on or Prior to - 12:00 Noon Arrive on or Prior to - 6:00 PM Arrive After - 6:00 PM </p>
Out-of State Travel rates may be located on the Internet at the following website: http://www.gsa.gov/perdiem	

EXHIBIT A
SCHEDULE FOR RELEASE OF FUNDS

All fund requests must be submitted using the most current Request for Release of Funds form signed by the Grantee or the Grantee’s authorized agent. Funds are released upon presentation of receipts, invoices or bills for purchases or work accomplished. If a landowner is requesting reimbursement for materials and supplies provided for the project, OWEB may reimburse Grantee for certain costs, pursuant to the landowner receipts guidance provided in OWEB’s Grant Billing Instructions at: http://www.oregon.gov/OWEB/forms_linked.aspx.

Funds may also be released in advance on the basis of a detailed estimate of expenses. Receipts/invoices and an expense tracking spreadsheet must be submitted to document **all funds** received from the Board for this project within 120 days of the date of the check. Failure to comply may delay new grants from being issued, and other grant payment requests and amendments.

Authorized travel expenses will be reimbursed at State of Oregon rates. Receipts for lodging are required for reimbursement. In-house personnel costs include: gross wages, payroll taxes, health insurance, retirement benefits, accrued leave liability, and workers compensation insurance. Fiscal administration costs include: accounting, auditing, contract management and fiscal reporting expenses, including final report expenses for this grant. Definitions of Budget Categories can be found at: http://oregon.gov/OWEB/forms/budget_categories_defs_sept06.pdf.

The grant budget consists of the elements listed below. Modifications to the budget elements only, as shown in Exhibit A, may be approved for change upon signature of the Board’s Project Manager.

OWEB Funds	
Pre-Implementation	\$0.00
Project Management	\$2,500.00
In-House Personnel	\$2,000.00
Contracted Services	\$40,000.00
Travel	\$1,500.00
Supplies/Materials	\$20,000.00
Equipment	\$1,000.00
Outreach	\$250.00
Categories Subtotal	\$67,250.00
Fiscal Administration (OAR 695-005-0030(5))*	\$6,725.00
Post-Implementation Status Reporting	\$400.00
Effectiveness Monitoring	\$2,000.00
Plant Establishment	\$1,500.00
Grant Total	\$77,875.00

***Not to exceed 10% of the Categories Subtotal**

Note: The final 10% of the grant (\$7,788.00) will be released for payment upon receipt of all grant expense documentation and acceptance of the Project Completion Report by the Board. OAR 695-005-0060(8)

Rainbow SWCD
 Actual Expenditure Tracking Spreadsheet –Grant 212-999-1111
 January 23, 2013 to August 26, 2013

Example Form Only – Budget Amendments included

Date	Vendor Name	Invoice Number	Pre-Implem	Project Mgt	In-House	Contract Services	Travel	Supplies	Equip	O/R	Admin	PISR	EM	PE	TOTALS
	Budget Amounts	-----	500.00	2,500.00	2,000.00	45,000.00	1,500.00	14,500.00	1,000.00	250.00	6,725.00	400.00	2,000.00	1,500.00	77,875.00
01/23-03/31-13	Rainbow WSC	P/R sheet		900.00	1,000.00										1,900.00
01/23-03/31/13	John Markum	Travel Log					673.57								673.57
02/23/13	Ace Engineering	1234	475.00												475.00
02/26/13	ABC Printing	4625								249.18					249.18
03/14/13	ABC Fencing	352						8,190.00							8,190.00
03/15/13	Jakes Equipment	11448							863.00						863.00
04/09-05/08/13	John Markum	Travel Log					175.16								175.16
04/09-05/08/13	Rainbow WSC	P/R sheet		200.00	400.00										600.00
04/15/13	Johnson Construct	4625				45,560.00									45,560.00
07/06-08/26/13	John Markum	Travel Log					954.09								954.09
08/15/13	ABC Fencing	490						4,485.00							4,485.00
07/06-08/26/13	Rainbow WSC	P/R sheet		1,175.00	350.00										1,525.00
08/26/13	Rainbow SWCD	RRF									6,550.00				6,550.00
08/26/13	Effective Monitoring	letterhead												1,500.00	1,500.00
08/26/13	Plant Establishment	Letterhead											2,000.00		2,000.00
08/26/13	5 yrs PISR	RRF									400.00				400.00
		Totals	475.00	2,275.00	1,750.00	45,560.00	1,802.82	12,675.00	863.00	249.18	6,550.00	400.00	2,000.00	1,500.00	76,100.00

Note: Expenses must be tracked and submitted for the "Entire Project Period"- (Beginning of Grant to Current Date).
 Totals to Date must be shown by "Each" budget category and in the "Totals" grant columns.

RRF is Request for Release of Funds form

Rainbow SWCD Home Office: Salem
 Report for Grant 212-999-1111
 For: John Markum

EXAMPLE ONLY

Date	Time Left	Time Returned	Destination	Number of Miles	Amount Rate .565cents per Mile	Meals	Lodging (Receipts Required)	Parking Motel tax etc	TOTAL TRAVEL
1/23/2013			fencing davis creek	120	67.80				67.80
1/24/2013			fencing davis creek	120	67.80				67.80
1/25/2013			fencing davis creek	120	67.80				67.80
2/6/2013			fencing davis creek	120	67.80				67.80
2/7/2013			fencing davis creek	120	67.80				67.80
3/8/2013	10 AM		Salem to Roseburg	130	73.45	34.50	77.00		184.95
3/8/2013			Parking / Motel Tax					16.04	16.04
3/9/2013		8 PM	Roseburg to Salem	155	87.58	46.00			133.58
4/9/2013			fencing davis creek	155	87.58				87.58
5/8/2013			fencing davis creek	155	87.58				87.58
7/6/2013			fencing davis creek	155	87.58				87.58
7/8/2013			fencing davis creek	155	87.58				87.58
7/17/2013			fencing davis creek	155	87.58				87.58
7/25/2013	6 AM	7 PM	Portland & return (Day Travel)	83	46.90	49.50			96.40
8/2/2013			tree planting davis creek	180	101.70				101.70
8/8/2013			tree planting davis creek	205	115.83				115.83
8/9/2013			tree planting davis creek	154	87.01				87.01
8/16/2013			fencing sloan creek	154	87.01				87.01
8/25/2013			fencing sloan creek	154	87.01				87.01
8/26/2013			fencing sloan creek	206	116.39				116.39
TOTALS				2796	1,579.79	130.00	77.00	16.04	1,802.82

673.57

175.16

954.09

(Letterhead)

March 31, 2013

To: OWEB
775 Summer Street NE Suite 360
Salem, OR 97301-1290

From: Rainbow SWCD
PO Box 111
Salem, OR 97225

Grant Number 212-999-1111

Actual Project Mgt expenses paid for the period 01-23-13 to 03-31-13 are as follows:

Project Mgt

John Markum	(10 hrs @ \$30/hr)	= \$ 300.00
Dave Jones	(20 hrs @ \$30/hr)	= \$ 600.00

Total Payroll Expenses	\$900.00
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Authorized Grantee Signature

Date

NOTE: Payroll expenses are gross wages, payroll taxes, health insurance, retirement benefits, accrued leave liability, and workers compensation insurance. **Effective January 01, 2010** – If you are using letterhead to document actual payroll expenses; dates the expense was incurred, hourly rates, the number of hours and amounts must be shown by budget category and names of individuals. The letterhead must be signed and dated.

Substitute for this letterhead: If a “QuickBooks” accounting system is submitted showing actual payroll expense, an “All Transactions Detail” expense sheet can be provided, if (a) dates, (b) position description, (c) names of employees and (d) amounts are shown. The QuickBooks expense sheet must also be signed and dated.

**OREGON WATERSHED ENHANCEMENT BOARD
FORM for BUDGET AMENDMENTS**

GRANT NUMBER 212-999-1111

EXAMPLE ONLY

Grant Budget Categories	Original Budget	Change #1	Change #2	Change #3	Revised Budget
Pre-Implementation	\$0.00	\$0.00	\$500.00	\$0.00	\$500.00
Project Management	\$2,500.00	\$0.00	\$0.00	\$0.00	\$2,500.00
In-House Personnel	\$2,000.00	\$0.00	\$0.00	\$0.00	\$2,000.00
Contract Services	\$40,000.00	\$5,000.00	\$0.00	\$0.00	\$45,000.00
Travel	\$1,500.00	\$0.00	\$0.00	\$0.00	\$1,500.00
Supplies/Materials	\$20,000.00	-\$5,000.00	-\$500.00	\$0.00	\$14,500.00
Equipment	\$1,000.00	\$0.00	\$0.00	\$0.00	\$1,000.00
Outreach	\$250.00	\$0.00	\$0.00	\$0.00	\$250.00
Fiscal Administration	\$6,725.00	\$0.00	\$0.00	\$0.00	\$6,725.00
Post-Implementation Status Reporting	\$400.00	\$0.00	\$0.00	\$0.00	\$400.00
Effectiveness Monitoring	\$2,000.00	\$0.00	\$0.00	\$0.00	\$2,000.00
Plant Establishment	\$1,500.00	\$0.00	\$0.00	\$0.00	\$1,500.00
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
GRANT TOTAL	\$77,875.00	\$0.00	\$0.00	\$0.00	\$77,875.00

JUSTIFICATION FOR CHANGE: Attach written justification for requested budget change. This form can be approved by your OWEB Project Mgr via email if this form is an attachment to the approving email. Otherwise, signatures are required below.

Grantee Signature: _____

Date: _____

OWEB Project Mgr Approval: _____

Date: _____

- 1. Grant Budget Categories / Original Budget:** Reproduce each budget line item exactly as they appear in Exhibit A of your approved Grant Agreement. All Budget Categories (original & proposed) must be shown, even when categories are adjusted to -0-.
- 2. Change Columns:** Show proposed line item budget changes in Change #1 column. If, at a later date, you need to request an additional budget change, Show proposed change in Change #2 column. (For a third budget change request use the Change #3 column). When entering new numbers in any change column, DO NOT make changes to numbers entered in previous change columns. **Enter decreases as a negative number - (Example: -150.00).**
- 3. Revised Budget rows:** Totals are automatically calculated across columns for these rows. **DO NOT enter any numbers in Revised Budget Category column.**
- 4. Grant Total columns:** Overall Grant Totals are automatically calculated in these columns. **DO NOT enter any numbers in the Grant Totals row.**

FIRST PAYMENT CHECK LIST

In order to process your first payment request, the following must be received by OWEB.

Submit with First Payment Request

1. Permits (Refer to Grant Agreement for requirements).
2. Land Use Page must be completed and signed by your Local or County Planning official. (Required for Restoration grants, may be required for Education & Outreach grants).
3. Landowner Agreements (Refer to Grant Agreement for requirements).
4. Other Contractor Agreements, Grazing Plans, etc., (Refer to Grant Agreement for requirements).
5. Completed and Signed “Current” Request for Release of Funds form.
6. Secured match signatures must be on the Match Form (from Application) or signed letters referenced on the Match Form are submitted. (Must have 25% of the OWEB award amount secured before first payment will be released).
7. **Be sure to check Exhibit B. Special Conditions in your Grant Agreement for other requirements.**

To help with grant administration, please use the OWEB Grant Management System (OGMS) at <http://oregon.gov/OWEB>. “Click” on Managing a Grant-Fiscal Services located on the right side of page. “Click” on OGMS login. The user id is “grantee” and the password is “oweb.” (all lower case).

You may obtain your own unique “user id: and “password”. This will provide a Grantee with an activity report on their grants for the past 30 days and may allow for Time Extension Amendments and Final Reports to be submitted on-line.

Contact Leilani Sullivan at (503) 986-0183 to request your own login.