

PROGRESS REPORT FORM

- Post the Progress Report on the Solid Waste Information Clearinghouse (see the [CPG website](#) for instructions on how to register as a user).
- Report progress during the same time frame as the billing period listed on Section 8 of the A-19 form.
- Describe activities during that time period that are grant eligible and in the scope of work in the grant agreement.
- Call the grant officer for clarification if needed on any part of the Progress Report forms.

ALL FORMS

- Place the grant agreement number and payment request number on A19, B2, and all C2's.

FORM C2

- Column 1:** Ensure that the expenses are grouped by task and the appropriate task number given. (It says "element" because these forms are used for programs other than CPG, as well). Write each invoice on a separate line.
- Check that all charges are CPG eligible and fit within the scope of work as described in the grant agreement. Place each Payee in **Column 2**, Invoice Number in **Column 4**, and Warrant Number (if any) in **Column 6**.
- Column 3:** Describe each item. For example, if Payee was "Kinkos" Item might be "Print recycling brochures." (Do not use "miscellaneous")
- Column 5:** The Date Cost Incurred refers to the date you received the item or the date the service was performed. If charging for overhead, calculate 25% of salaries and benefits and place as a separate line item.
- Provide back-up documents for each item listed on C2, such as copies of actual invoices, receipts, or timesheets. Check that each back-up document agrees with the amount listed on the C2 for charges and the date of cost incurred, and note the reason on your backup document if the amounts do not match.

FORM B2

- Column 1:** Write the number of each task.
- Column 2:** Copy each task's total cash expenditures from the C2, in column 7.
- Column 3:** Eligibility is always 100% unless your grant officer specifies otherwise.
- Column 4:** Place the total for each element (usually the same totals as Column 2).
- Column 5:** Complete by copying Column 6 of the B2 of the last payment request. Put \$0 if this is the first request.
- Column 6:** Add each element of Column 4 plus Column 5 and enter the sum of each element in Column 6. Confirm that column 6 does not exceed the budgeted amount for that task. If it does, contact your grant manager.
- Column 7:** Place each element's total budget in Column 7, found in the last amendment, or grant agreement.
- Column 8:** Enter totals of each element. They should be the same as Column 6 - if over budget, the same as Column 7.
- Place the totals for each column in the last line on the bottom row of the first table.
- Multiply the total in **Box 9** by 0.75 and enter the amount in the last box of **Line 11**.

FORM A-19

- Enter Grant Officer's name in **Section 1** and recipient's name, mailing address and Federal Tax ID in **Section 2**.
- Enter payment request number in **Section 3**, and grant agreement number (starts with a "G") in **Section 4**.
- Vendor's Certificate:** Check to make sure it is complete – ending with "disabled veteran's status."
- Section 5:** Write signature in **blue ink**. The signature date must be on or after the last day of the billing period.
- Section 7:** Enter the beginning and ending date of the grant agreement.
- Section 8:** Enter the earliest date and last date of costs incurred that you are requesting reimbursement.
- Section 9:** Enter funding source listed on the front page of the grant agreement or most recent amendment.
- Section 10:** Enter the state share grant amount, listed on the front page of the grant agreement or most recent amendment..
- Section 11:** Enter the amount of Box 11 found on the B2.
- Section 12:** Enter previous cumulative amount requested – found in Section 13 of previous A-19. Put \$0 if none.
- Section 13:** Enter current payment due. This amount is 75% of the total of column 2 on the B2. Be sure you are not over budget. Fiscal will not pay over the budgeted amount for each task.
- Section 14:** Enter the state share amount remaining in the grant after this payment is processed (Section 10 minus Section 11). Check your figures by adding totals in Section 12 & 13. They should equal the total in Section 11.

To ask about the availability of this document in a version for the visually impaired call the Waste 2 Resources Program at 360-407-6900. Persons with hearing loss, call 711 for Washington Relay Service. Persons with a speech disability, call 877-833-6341.