

SPENDING PLAN

- Update spending plan if changed from previously submitted plan. This information meets ECY's requirement to OFM for the sale of bonds in preparation for your upcoming payment requests, and must be kept up-to-date.

PROGRESS REPORT FORMS

- Report progress during the same time frame as the billing period listed on Section 8 of the A-19 form.
- Describe all activities during that time period that are grant eligible and in the scope of work in the grant agreement. (See page 57 of the RAG Guidelines for information about progress reports.)
- Call the grant manager 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 expenses are grouped by task and place appropriate task number in column.
- Check that all charges are eligible per guidelines and fit within the scope of work as described in the grant agreement.
- If charging for overhead, calculate 25% of salaries and benefits and place as a separate line item.
- Column 2:** Enter the name of each payee.
- Column 3:** Describe each item. (Do not use "miscellaneous")
- Column 4:** Enter the invoice number.
- Column 5:** The Date Cost Incurred refers to the date you received the item or the date the service was performed.
- Column 6:** Enter warrant number (if any).
- 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.

FORM B2

- Column 1: Enter the number of each task.
- Column 2:** Enter each task's total cash expenditures noted on the C2 in column 7.
- Column 3:** Eligibility is 100% for each element unless your grant manager specifies otherwise.
- Column 4:** Enter the total for each task (usually the same totals as Column 2).
- Column 5:** Complete by copying Column 6 from 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:** Enter each element's total budget obtained from the previous B2, the last amendment or the grant agreement.
- Column 8:** Enter totals of each element. They should be the same as Column 6 or if over budget, the same as Column 7.
- Place the totals for each column in the bottom row of the first table.
- Multiply total in **Box 9** by the fund share percent reported in your agreement under "Fund Source" and place total in **Box 11**.

FORM A-19

- Section 1: Enter Project Manager.
- Section 2:** Enter mailing address and Federal Tax ID number.
- Section 3:** Enter payment request number.
- Section 4:** Enter the Ecology grant agreement number (begins with an "L" or "G").
- Vendor's Certificate:** Check to make sure it is complete – ending with "disabled veteran's status."
- Section 5:** Place signature in blue ink. The signature date must be on or after the last day of the billing period.
- Section 7:** Enter the beginning date and ending date of the agreement.
- Section 8:** Enter the earliest date and last date of costs incurred that you are requesting reimbursement.
- Section 9:** Enter the funding source listed on the front page of the grant agreement.
- Section 10:** Enter the maximum eligible grant amount, which is the state share amount of the grant agreement.
- Section 11:** Enter the total of Box 11 found on the B2.
- Section 12:** Enter previous cumulative amount requested – found in Section 13 of previous A-19 PR. Put \$0 if none.
- Section 13:** Enter current payment due.
- 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*