

BLM and OCTA Cost Share Procedure in Idaho

There are two parts to the process: applying for the grant; and requesting reimbursements from the grant.

I. Applying for the Grant

Grant managers should ensure that the grant being requested is appropriate for OCTA before actually submitting the request for the grant to BLM. They should contact the Preservation Officer (currently Dave Welch; but to get current information on the proper individual to inform, contact OCTA headquarters: OCTA@indepmo.org.) This should be a very simple “okay” process.

Grant Managers are those who take responsibility for ensuring not only that the on-the-ground work is done, but also that the paperwork is turned in correctly to both BLM and OCTA. Typically they are the ones who prepare and submit the applications.

For continuing projects, Use standard form 424 (Rev 9-2003), Application for Federal Assistance, usually called SF424. In addition, use SF424A, Budget Information for Non-Construction Programs, (Rev 7/1997), and Attachment C, Budget Breakdown. Copies of these forms can be obtained from the Grants Management Officer in electronic or paper form, and are also provided with this procedure. Pictures of the forms are included on the last pages of this procedure. For new projects, apply through Grants.gov. The process uses the same forms, just through the system, and also includes a narrative proposal added.

Applicants usually work with one of the BLM Field Representatives (in Idaho, Richard Hill, or Frank Jenks) to begin the process. Melinda Ritacco, Grants Management Officer, is the awarding official, and the only one to obligate funds, make changes to the agreement, or approve payments. Once the grant request has been approved, Melinda Ritacco ensures that the Grant Manager receives copies of the Assistance Agreement, Form 1511-1 (Form 1511-2 for modifications).

The grant manager should send copies of the Assistance Agreement, which will have a DLA Agreement number, to the CCSP coordinator for OCTA.

Dave Welch, OCTA Preservation
4374 Vashon Drive NE
Lacey WA 98516
360-923-0438
welchdj@comcast.net

Marley Shurtleff, OCTA CCSP
1700 Blaine Ave NE
Renton WA 98056
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Richard Hill
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1405 Hollipark Drive
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Frank Jenks
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Melinda Ritacco
Grants Management Officer
Bureau of Land Management
Idaho State Office
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Boise ID 83709
208-373-4018
Melinda_Ritacco@blm.gov

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II. Requesting Reimbursements from the Grant

A. Preparing the Grant Reimbursements Request

The grant manager and others will perform specified activities to fulfill the requirements of the grant. Once a specific activity or session has been completed, the grant manager is responsible to ensure that needed information is collected from all participants. The items required for BLM reimbursement are:

- Receipts for travel housing costs
- A record of the individuals miles traveled in support of the project
- A copy of Form A (OCTA Reimbursement Form A), with miles traveled converted to dollars at the going rate (noted), and Per Diem (as indicated on the Assistance Agreement).

The requirement to provide receipts for fuel costs and meal costs is replaced by the straight per diem or per mile allotment.

The grant manager should refer back to the Assistance Agreement (DLA XXXXX) to determine answers to any financial questions; and should then fill out Form 270, the Request for Advance or Reimbursement. An example of the blank form is attached at the end of this procedure, followed by one filled out.

The funds for the reimbursement (Item 9 on the form) may come either to the project manager or the Idaho chapter Treasurer. If the funds go to the Idaho Chapter Treasurer, that individual will also need to receive copies of the Grant Reimbursement Request so that funds can be distributed appropriately when they are received.

B. Preparing the OCTA Volunteer Hours Form

Up to 12 hours daily can be recorded as being spent in support of the project. Hours should be kept "portal to portal," or in other words, from the time the volunteer leaves home, until the volunteer returns to home. Volunteer hours information is used by OCTA to demonstrate to Congress the levels of volunteer support that the association provides.

The Grant Manager should provide participants with Form B, Volunteer Hours, for recording their time, and any incidental expenses that they are not able to submit for reimbursement from BLM.

Each participant must fill out a separate Form B for each month they participate in the project, even if they list only one day on the form.

C. Preparing Excel Cover Sheet for Submission

Once all participants have completed the forms, the Project Manager should complete a cover sheet detailing the expenses and the volunteer hours worked by each participant. A basic Excel form **Reimbursement Cover Sheet.xls** has been set up for this purpose, and is provided with this procedure. An image is shown in the last pages of the procedure.

Modify the form as necessary to include needed information.

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D. Submitting Reimbursement Requests and Volunteer Hours

Send originals of the following pages to the OCTA Coordinator. Keep a copy for yourself.

1. Signed Request for Advance or Reimbursement (Example in following pages.)
2. Signed OCTA Reimbursement Form A for each participant who will receive per diem or travel dollars at the going rate, plus receipts for housing.
3. OCTA Volunteer Hours form B, one per person, for each month they worked. (Do not combine information from months or more than one person on one form.)
4. Cover Sheet summarizing the expenses and volunteer hours.

The OCTA COORDINATOR will submit the originals, with an invoice (image included in the illustrations at the back of this document), to the BLM representative (Melinda Ritacco). Copies of submissions will be provided to OCTA headquarters, as records against which the BLM check can be evaluated and disbursed to the proper people once it is received.

III. Further information about forms and regulations may be found in the following links.

Requesting Reimbursements from the Grant.

OMB Regulations - <http://www.whitehouse.gov/omb/circulars/>

OMB Forms - http://www.whitehouse.gov/omb/grants/grants_forms.html

Federal Travel Regs -

<http://www.gsa.gov/Portal/gsa/ep/channelView.do?pageTypeId=8199&channelPage=/ep/channel/gsaOverview.jsp&channelId=-14863>

Attachments follow:

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Sample of Form 270, Page 1 of 2

REQUEST FOR ADVANCE OR REIMBURSEMENT <small>(See instructions on back)</small>		OMB APPROVAL NO. 0348-0004		PAGE _____ OF _____ PAGES
		1. TYPE OF PAYMENT REQUESTED a. <input type="checkbox"/> ADVANCE <input type="checkbox"/> REIMBURSEMENT b. <input type="checkbox"/> FINAL <input type="checkbox"/> PARTIAL		2. BASIS OF REQUEST <input type="checkbox"/> CASH <input type="checkbox"/> ACCRUAL
3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED		4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY		5. PARTIAL PAYMENT REQUEST NUMBER FOR THIS REQUEST
6. EMPLOYER IDENTIFICATION NUMBER	7. RECIPIENT'S ACCOUNT NUMBER OR IDENTIFYING NUMBER	8. PERIOD COVERED BY THIS REQUEST FROM (month, day, year) _____ TO (month, day, year) _____		
9. RECIPIENT ORGANIZATION Name: Number and Street: City, State and ZIP Code:		10. PAYEE (Where check is to be sent if different than item 9) Name: Number and Street: City, State and ZIP Code:		
11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS/ADVANCES REQUESTED				
PROGRAMS/FUNCTIONS/ACTIVITIES ▶	(a)	(b)	(c)	TOTAL
a. Total program outlays to date <small>(As of date)</small>	\$	\$	\$	\$ 0.00
b. Less: Cumulative program income				0.00
c. Net program outlays (Line a minus line b)	0.00	0.00	0.00	0.00
d. Estimated net cash outlays for advance period				0.00
e. Total (Sum of lines c & d)	0.00	0.00	0.00	0.00
f. Non-Federal share of amount on line e				0.00
g. Federal share of amount on line e				0.00
h. Federal payments previously requested				0.00
i. Federal share now requested (Line g minus line h)	0.00	0.00	0.00	0.00
j. Advances required by month, when requested by Federal grantor agency for use in making prescheduled advances				
1st month				0.00
2nd month				0.00
3rd month				0.00
12. ALTERNATE COMPUTATION FOR ADVANCES ONLY				
a. Estimated Federal cash outlays that will be made during period covered by the advance				\$
b. Less: Estimated balance of Federal cash on hand as of beginning of advance period				
c. Amount requested (Line a minus line b)				\$ 0.00
<small>AUTHORIZED FOR LOCAL REPRODUCTION</small>		<small>(Continued on Reverse)</small>		<small>STANDARD FORM 270 (Rev. 7-07) Prescribed by OMB Circulars A-102 and A-110</small>

Sample of Form 270, Top of Page 2

13. CERTIFICATION		
I certify that to the best of my knowledge and belief the data on the reverse are correct and that all outlays were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested. This space for agency use	SIGNATURE OR AUTHORIZED CERTIFYING OFFICIAL TYPED OR PRINTED NAME AND TITLE	DATE REQUEST SUBMITTED April 22, 2008 TELEPHONE (AREA CODE, NUMBER, EXTENSION)

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Sample Completed Form 270, Page 1

REQUEST FOR ADVANCE OR REIMBURSEMENT <i>(See instructions on back)</i>		OMB APPROVAL NO. 0348-0004		PAGE 1 OF 1 PAGES	
		1. TYPE OF PAYMENT REQUESTED a. "X" one or both boxes <input type="checkbox"/> ADVANCE <input checked="" type="checkbox"/> REIMBURSEMENT b. "X" in applicable box <input type="checkbox"/> FINAL <input checked="" type="checkbox"/> PARTIAL		2. BASIS OF REQUEST <input checked="" type="checkbox"/> CASH <input type="checkbox"/> ACCRUAL	
3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED USDOJ		4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY DLA 070241		5. PARTIAL PAYMENT REQUEST NUMBER FOR THIS REQUEST 2	
6. EMPLOYER IDENTIFICATION NUMBER 84-0962140	7. RECIPIENT'S ACCOUNT NUMBER OR IDENTIFYING NUMBER Idaho Chapter	8. PERIOD COVERED BY THIS REQUEST FROM (month, day, year) 3/1/08 TO (month, day, year) 3/31/08			
9. RECIPIENT ORGANIZATION Name: Idaho Chapter OCTA, Bill Wilson, Treasurer Number and Street: 5204 Waterwheel Drive City, State and ZIP Code: Boise, ID, 83703-3130		10. PAYEE (Where check is to be sent if different than item 9) Name: OCTA Headquarters Number and Street: 524 S. Osage Street City, State and ZIP Code: Independence, MO 64050-3824			
11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS/ADVANCES REQUESTED					
PROGRAMS/FUNCTIONS/ACTIVITIES ▶	(a)	(b)	(c)	TOTAL	
a. Total program outlays to date <i>(As of date)</i>	\$	\$	\$ 503.81	\$ 503.81	
b. Less: Cumulative program income				0.00	
c. Net program outlays <i>(Line a minus line b)</i>	0.00	0.00	503.81	503.81	
d. Estimated net cash outlays for advance period				0.00	
e. Total <i>(Sum of lines c & d)</i>	0.00	0.00	503.81	503.81	
f. Non-Federal share of amount on line e				0.00	
g. Federal share of amount on line e			503.81	503.81	
h. Federal payments previously requested				0.00	
i. Federal share now requested <i>(Line g minus line h)</i>	0.00	0.00	503.81	503.81	
j. Advances required by month, when requested by Federal grantor agency for use in making prescheduled advances	1st month			0.00	
	2nd month			0.00	
	3rd month			0.00	
12. ALTERNATE COMPUTATION FOR ADVANCES ONLY					
a. Estimated Federal cash outlays that will be made during period covered by the advance				\$	
b. Less: Estimated balance of Federal cash on hand as of beginning of advance period					
c. Amount requested <i>(Line a minus line b)</i>				\$ 0.00	
AUTHORIZED FOR LOCAL REPRODUCTION		(Continued on Reverse)		STANDARD FORM 270 (Rev. 7-67) Prescribed by OMB Circulars A-102 and A-110	

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Sample Completed OCTA Form A, Reimbursement Request, not yet signed

OCTA Reimbursement Form A		Challenge Cost-share Grant																																																																																																											
Project	<u>DLA 070241</u>																																																																																																												
Name	<u>James W. McGill (Sample; not actual submission)</u>																																																																																																												
Date(s)	<u>March 22, 28-9, 2008</u>																																																																																																												
Location	<u>Goodale's Cutoff North of Emmett/ and Fairfield area</u>																																																																																																												
Activity	<u>Marking Trail with Carsonite Posts</u>																																																																																																												
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Expenses</th> <th>Rate</th> <th>Day 1</th> <th>Day 2</th> <th>Day 3</th> <th>Day 4</th> <th>Day 5</th> <th>Day 6</th> <th>Day 7</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Date</td> <td></td> <td>22-Mar</td> <td>28-Mar</td> <td>29-Mar</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Auto</td> <td>0.505</td> <td>\$ 63.13</td> <td>\$ 103.53</td> <td>\$ 75.25</td> <td></td> <td></td> <td></td> <td></td> <td>\$ 241.91</td> </tr> <tr> <td>Airfare*</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Per diem</td> <td>\$30</td> <td>\$ 29.25</td> <td>\$ 29.25</td> <td>\$ 29.25</td> <td></td> <td></td> <td></td> <td></td> <td>\$ 87.75</td> </tr> <tr> <td>Lodging*</td> <td>TBD</td> <td></td> <td>\$86.40</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>\$86.40</td> </tr> <tr> <td>Supplies*</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Total expenses</td> <td></td> <td>\$92.38</td> <td>\$ 219.18</td> <td>\$ 104.50</td> <td></td> <td></td> <td></td> <td></td> <td>\$416.06</td> </tr> <tr> <td>Travel miles (auto)</td> <td></td> <td>125</td> <td>206</td> <td>149</td> <td></td> <td></td> <td></td> <td></td> <td>479</td> </tr> <tr> <td>Volunteer hours</td> <td colspan="9">Displayed on Volunteer Hours form B.</td> </tr> </tbody> </table>										Expenses	Rate	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Total	Date		22-Mar	28-Mar	29-Mar						Auto	0.505	\$ 63.13	\$ 103.53	\$ 75.25					\$ 241.91	Airfare*										Per diem	\$30	\$ 29.25	\$ 29.25	\$ 29.25					\$ 87.75	Lodging*	TBD		\$86.40						\$86.40	Supplies*										Total expenses		\$92.38	\$ 219.18	\$ 104.50					\$416.06	Travel miles (auto)		125	206	149					479	Volunteer hours	Displayed on Volunteer Hours form B.								
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* Receipt required. Receipts for meals and fuel not required.																																																																																																													
<div style="border: 1px solid black; padding: 5px; min-height: 40px;"> Description of supplies: </div>																																																																																																													
Signature	_____							Date	_____																																																																																																				
Project approval	_____																																																																																																												
This form and appropriate receipts should be returned to the project leader no later than 30 days after the event.																																																																																																													

Sample BLM Cost Share Reimbursement Cover Sheet

BLM Cost Share Reimbursement Cover Sheet									
Idaho BLM Expense Reimbursement Request & Volunteer Hours Report									
Agreement Number: DLA070241									
Name	Dated	Mileage at rate	Airfare	Per diem	Car Rental	Lodging	Supplies*	Total	Vol Hours
James McGill	1Q08	\$241.91		\$87.75				\$329.66	30.0
Patty King McGill	1Q08			\$87.75		\$86.40		\$174.15	30.0
Total		\$241.91		\$175.50		\$ 86.40		\$ 503.81	60.0
* Postage and research expenses									
<div style="font-size: small;"> Mileage Rate Information BLM 08 Mileage Rate: \$0.505 </div>									

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Sample Invoice from OCTA to BLM

OREGON-CALIFORNIA TRAILS ASSOCIATION

524 South Osage St./P.O. Box 1019

Independence, MO 64051-0519

INVOICE

Date: April 22, 2008

Invoice # (not established; how should we do this?)

Melinda Ritacco
Grants Management Officer
Bureau of Land Management
Idaho State Office
1387 S. Vinnell Way
Boise ID 83709

DESCRIPTION

DLA 070241

Marking Goodale's Cutoff North of Emmett, and the Fairfield area with Carsonite Posts.

This invoice requests BLM reimbursement in the amount of **\$503.81**.

Invoice Submitted by: Marley Shurtleff, CCSP Coordinator
Email: shurtgarymarley@comcast.net

OCTA is a 501(c)(3) Not for Profit Organization: EIN 84-0962140

Coordinator's Signature: _____

Date: _____