

# VIRGINIA SAFE ROUTES to SCHOOL Non-Infrastructure Grant



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*These procedures are for Project Directors administering Safe Routes to School grants provided by the Virginia Department of Transportation through the Safe Routes to School Non-Infrastructure Grant Program.*

## **I. Safe Routes to School Program Grant Agreement**

This section outlines information about the Safe Routes to School Program Grant Agreement. The individual component pages of the Safe Routes to School Program Agreement are incorporated and summarize the terms of the agreement between the Subgrantee (the sponsoring agency or program sponsor) and the Virginia Department of Transportation. By signing the Safe Routes to School Program Agreement, the Subgrantee certifies and assures that it will fully comply with all applicable agency, state and federal laws, regulations and policies.

The Project Director will receive two copies of the grant agreement. Both copies should be signed and returned to the VDOT SRTS Program Coordinator. Once VDOT has signed the agreement you will receive one of the copies of the fully executed agreement for your records.

### **A. SRTS Program Agreement - Statement of Work**

1. Before signing the Program Agreement, review information in the Statement of Work. This information is summarized from your SRTS Program application.
  - In addition to funded items and tasks, required evaluation components of your program are in this section.
  - If you have any questions about what has been included in this section, contact the VDOT SRTS Program Coordinator prior to securing the “Signatures of Authorizing Approving Officials”.

### **B. SRTS Program Agreement Approved Budget**

- Review budget reflecting total award. If corrections to the budget based on eligible items in the application are needed, please contact the VDOT SRTS Program Coordinator as soon as possible.

### **C. SRTS Program Agreement Special Conditions and General Terms and Conditions**

1. Review all conditions regarding SRTS Program purpose, equipment, reports and deliverables, monitoring, audits, closing out the SRTS Program, federal and state policy and regulations, etc.
2. Provide the Subgrantee’s contact name and mailing address under Article 25 C on the last page of the agreement.

### **D. SRTS Program Agreement Signature Page**

1. “Subgrantee” is the sponsoring agency.
2. “Grant Title” includes the name of school or program, e.g., a school division.
3. UPC# -6-digit will be used to identify this program (*will be included with executed agreement*)
4. The Period of Performance or “Grant Period” begins on the date indicated, **or** the date the Virginia Department of Transportation Department (the Department) receives and executes this signed/dated Safe Routes to School Program Agreement (**whichever is later**).

5. "Project Director" is the person with the sponsoring agency who will be responsible for filing progress reports and reimbursement requests, and contacting the SRTS Program Coordinator with any questions, or coordinating these activities among other parties. All communications regarding the administration of the SRTS Program Grant will be sent to this person. The Project Director is responsible for forwarding all information to any other appropriate parties.
6. "Authorized Approving Official" is someone with high level fiscal responsibilities for the Subgrantee.
7. Return **BOTH** copies of the completed agreement including the Subgrantees' "Signatures of Authorizing Approving Officials" by mail to the VDOT SRTS Program Coordinator.

## **II. Notice to Proceed**

After the agreement is executed with VDOT agency signatures (in addition to those from your organization/agency) you will receive a copy of the document and a "Notice to Proceed" letter which will allow you to incur expenses. Any expenditure incurred prior to receiving "Notice to Proceed" will not be reimbursed.

## **III. Reimbursement Requests**

This section outlines requirements for reimbursements. In the Safe Routes to School Program Agreement, Subgrantees agree to submit Requests for Reimbursement no less than quarterly. The format to submit reimbursement requests is attached and an electronic version will be emailed to the Project Director. For more information regarding local match requirements, see the Grant Program Guidelines, available on the Virginia SRTS website.

- A. After the Safe Routes to School Program Grant Agreement is executed and prior to any reimbursements, Subgrantees must provide tax identification information for their agency or organization. A form will be provided to the grantee upon receipt of the first reimbursement request.
  - If the subgrantee prefers to receive electronic reimbursements, they must complete an EDI form through the Department of Accounts - <https://www.doa.virginia.gov/forms.shtml#edi>
- B. Only eligible expenses, as described in the Statement of Work and Approved Budget of the SRTS Program Grant Agreement, can be reimbursed.
- C. Please use the format provided on "**Safe Routes to School Program - Reimbursement Request**" form when submitting requests for funding.
  - All requests must be submitted on the program sponsor's letterhead.
  - All requests must include invoices, receipts and pay stubs (where applicable) documenting expenditures. (As this program is a reimbursement program, all requests must show proof of payment, prior to invoicing VDOT.) See section D – Required Documentation, for more information.
  - "Total (To Date) Expenditures" should include a total of previous and current expenditures.
  - All reimbursement requests must include a signature.

- Project Directors should ensure that the request has been submitted in the correct format with all necessary documentation.
  - Submission may be sent via postal mail to the address provided on the cover sheet, or via email to the Safe Routes to School Coordinator at [RobertJ.Williams@vdot.virginia.gov](mailto:RobertJ.Williams@vdot.virginia.gov) .
    - Reimbursement requests must be collated into a single document prior to submission, so that they can be properly processed for payment. PDF format is preferred for email submissions.
- D. Required Documentation:** All reimbursement requests must include the following items, in addition to the attached reimbursement request form:
- For purchases:
    - Receipts for payment that include the name of the provider, a name or a description of the items purchased, purchase date and payment amount including taxes and shipping, or;
    - Invoices that include the name of the provider, a name or a description of the items purchased, purchase date, and payment amount including taxes and shipping, and
    - Accounting statement showing that the invoice was paid.
  - For the SRTS coordinator's time:
    - Paystub or accounting statement showing:
      - Coordinator's name
      - Gross pay, including all benefits charged to the grant
      - FICA payment
  - For local travel:
    - Statement showing
      - To/from
      - Mileage
      - Total charge for trip
      - Trip purpose (if not to a school)
      - Mileage reimbursement rate used for calculation

Documentation requirements for expenses intended to be paid for by the program sponsor as part of the **local match** or used as an **in-kind match** are the same as those required for reimbursed expenses. The following are example of eligible in-kind matches and the required documentation:

- Administrative Time – Paystub, accounting statement or letter signed by the employee's supervisor, indicating the amount of time spent on eligible SRTS efforts and the total cost being applied to the grant.
- Donated Service – Dated invoice or letter with description and dollar amount of service, indicating that the service was donated.

- Donated Materials – Dated receipt or letter with description and dollar amount of materials, indicating that the materials were donated in new condition.

Expenses for services cannot be incurred prior to execution of the project agreement. Likewise, “anticipated” in-kind expenses cannot be used as match for the grant.

“Extra” in-kind matches may be “banked”, and carried over to be applied towards the match on future reimbursements.

**E. SRTS Coordinator costs:** The following expenses are considered to be costs of the SRTS coordinator position:

- Salary/benefits
- Local travel
- Costs associated with attendance at conferences, workshops and other optional travel opportunities that have been approved as part of the grant by the VDOT SRTS coordinator.
- Office supplies and equipment for the coordinator

**F. Instructions for completing the reimbursement process:**

- Fill in all of the fields indicated on the cover sheet.
- Ensure that all documentation is legible.
- Highlight or otherwise mark the applicable charge on statements that include other purchases.
- Salary and benefits should have its own line on the cover sheet, as should any additional SRTS coordinator costs. They can be included individually, or grouped as “additional SRTS coordinator costs”.
- If the number of expenses is too large to list on the cover sheet, include a separate list of all expenses, grouped according to how they are included on the cover sheet. An example table is provided in Attachment A.
- Include documentation in the order that it was listed on the cover sheet.
- Ensure that costs shown on documentation are equal to the expenditure amount listed on the cover sheet – if not, provide a note explaining why (e.g. a portion of the order is being returned).
- All expenses, including matches, must be documented - receipts, invoices, etc. Anything that is not properly documented will not be reimbursed or credited as a match.
- Paper submissions should be collated into a single packet, single-sided, with one staple, so that the package can be easily copied and forwarded to the necessary parties for review and payment.

**G. Calculating local match and reimbursement amount:**

Determining how much local match is required for each reimbursement request can be a bit tricky, particularly when using both cash and in-kind match. Please following the instructions below to determine how much local match must be applied, in order to maximize your reimbursement.

The examples below use the table that can be found at the bottom of the reimbursement request form included in Appendix A.

- When using **only cash match** – Cost incurred and TPC will be the same. Multiply by 20% (.2) to determine local share. Subtract local share from TPC to determine reimbursement amount.

Example:

|  |    |                     |
|--|----|---------------------|
| COSTS INCURRED                               | \$ | <u>10,000</u>       |
| + IN-KIND MATCH APPLIED (UP TO 25% OF ABOVE) | \$ | <u>0</u>            |
| = TOTAL PROJECT COST (TPC)                   | \$ | <u>10,000</u>       |
| - LOCAL SHARE (20% of TPC)                   | \$ | <u>2,000</u>        |
| = REIMBURSEMENT AMOUNT                       | \$ | <u><b>8,000</b></u> |

- When using **only in-kind match** – Multiply costs incurred by 25% (.25) to determine in-kind match amount. Add in-kind match to cost incurred to determine TPC. Multiply TPC by 20% (.2) to determine local share. Subtract local share from TPC to determine reimbursement amount.

Example:

|  |    |                      |
|--|----|----------------------|
| COSTS INCURRED                               | \$ | <u>10,000</u>        |
| + IN-KIND MATCH APPLIED (UP TO 25% OF ABOVE) | \$ | <u>2,500</u>         |
| = TOTAL PROJECT COST (TPC)                   | \$ | <u>12,500</u>        |
| - LOCAL SHARE (20% of TPC)                   | \$ | <u>2,500</u>         |
| = REIMBURSEMENT AMOUNT                       | \$ | <u><b>10,000</b></u> |

- When using a combination of **in-kind and cash match**, the steps will be the same as if you were using only in-kind, but the sponsor would only apply the amount of in-kind they have available. As a result, the reimbursement amount will be less than the costs incurred.

Example:

|  |    |                     |
|--|----|---------------------|
| COSTS INCURRED                               | \$ | <u>10,000</u>       |
| + IN-KIND MATCH APPLIED (UP TO 25% OF ABOVE) | \$ | <u>1,000</u>        |
| = TOTAL PROJECT COST (TPC)                   | \$ | <u>11,000</u>       |
| - LOCAL SHARE (20% of TPC)                   | \$ | <u>2,200</u>        |
| = REIMBURSEMENT AMOUNT                       | \$ | <u><b>8,800</b></u> |

**H. Questions.** If you have any questions regarding how to prepare and submit reimbursement requests, please contact the VDOT SRTS Coordinator via the contact information below.

#### **IV. Reporting and Coordinator's Conference Call**

- A. **If your grant includes funding for a local coordinator**, monthly progress reports are to be submitted online to the persons indicated by the VDOT SRTS Coordinator. Forms are required to be submitted in advance of each monthly coordinator's conference call. A schedule of reporting due dates and conference call times will be provided to the sponsor.
  
- B. **If your grant does NOT include funding for a coordinator position**, quarterly reports are required in place of monthly reports. Quarterly Progress Report forms are available from the VDOT Safe Routes to School Program Coordinator. Email or mail the reports by the 15<sup>th</sup> of the month following the end of the quarter to VDOT's Safe Routes to School Program Coordinator.

| <b>Quarters beginning and ending:</b> | <b>Email or mail the reports by:</b> |
|---------------------------------------|--------------------------------------|
| July 1 to September 31                | October 15                           |
| October 1 to December 31              | January 15                           |
| January 1 to March 31                 | April 15                             |
| April 1 to June 30                    | July 15                              |

#### **V. Closeout Report**

As stated in Special Conditions 4 of the Grant Agreement: "A Final Progress Report shall include a comprehensive, detailed report of all grant activities conducted during the full grant performance period, deliverables as described in Statement of Work, and a final summary of expenditures."

A closeout report form will be provided to the Project Director in advance of the project closeout date, and will include space for a description of all activities undertaken during the Grant Period. A template for the report will be provided to the project sponsor.

#### **VI. Contact Information:**

Robert Williams  
Safe Routes to School Program Coordinator  
VDOT Transportation & Mobility Planning Division  
1401 East Broad Street, 1st Floor  
Richmond VA 23219  
Phone: 804-371-4868 // Fax: 804-225-4785 // [RobertJ.Williams@vdot.virginia.gov](mailto:RobertJ.Williams@vdot.virginia.gov)  
  
<http://www.virginiadot.org/saferoutes>

**Attachment A: Request Forms for 80/20 Match,  
In-Kind Match and 100% Funded Grants**

**USE SPONSOR LETTERHEAD**

**Virginia Safe Routes to School Program  
80/20 Match Reimbursement Request**

Date:

Safe Routes to School (SRTS) Coordinator  
Virginia Department of Transportation  
1401 E. Broad Street, 1<sup>st</sup> Floor  
Richmond, VA 23219

RE: **SRTS Local Coordinator Program at \_\_\_\_\_**

In accordance with the Agreement dated \_\_\_\_\_ for the utilization of Safe Routes to School Program funds for the subject project, this is to request reimbursement for the costs incurred in performing tasks in the approved scope of work. Invoices and other supporting document and evidence of payment are attached for your review.

|   |                                    |
|---|------------------------------------|
| <b>TOTAL PROJECT COST:</b>                    | <b>FEDERAL SHARE: 80%</b>          |
| <hr/>   | <hr/>                              |
| <b>GRANT AMOUNT:</b>                          | <b>INVOICE NUMBER:</b>             |
| <hr/>   | <hr/>                              |
| <b>PROJECT UPC NUMBER:</b>                    | <b>HOURS WORKED THIS PERIOD:</b>   |
| <hr/>   | <hr/>                              |
| <b>WORK PERIOD: FROM --/--/-- TO --/--/--</b> | <b>"BANKED" IN-KIND AVAILABLE:</b> |
| <hr/>   | <hr/>                              |

**ITEM DESCRIPTION & COST**

|  |    |    |
|--|----|----|
| <b>Salary and Benefits</b>             | \$ |    |
| <hr/>                                  | \$ |    |
| <hr/>                                  | \$ |    |
| <hr/>                                  | \$ |    |
| <b>COSTS INCURRED THIS WORK PERIOD</b> |    | \$ |

|  | Total (to date) | Current Work Period |
|--|-----------------|---------------------|
| COSTS INCURRED                               | \$              | \$                  |
| + IN-KIND MATCH APPLIED (UP TO 25% OF ABOVE) | \$              | \$                  |
| = TOTAL PROJECT COST (TPC)                   | \$              | \$                  |
| - LOCAL SHARE (20% of TPC)                   | \$              | \$                  |
| = REIMBURSEMENT AMOUNT                       | \$              | \$                  |

I certify that reimbursement has not been previously requested for these items and that all included expenses have been previously approved and/or included in the grant agreement.

|           |       |      |
|-----------|-------|------|
| Signature | Title | Date |
|-----------|-------|------|

***Attachments- Receipts, paid invoices, and other***

If expenses are grouped on the cover sheet, please list each separately in the table below. Add rows as needed.

| Receipt/Statement Date | Vendor | Amount | Cover Sheet Description/Label | In-Kind Match (Yes/No) |
|------------------------|--------|--------|-------------------------------|------------------------|
|                        |        |        |                               |                        |
|                        |        |        |                               |                        |
|                        |        |        |                               |                        |
|                        |        |        |                               |                        |
|                        |        |        |                               |                        |
|                        |        |        |                               |                        |
|                        |        |        |                               |                        |

**FOR IN-KIND MATCH:**

Please see the VDOT SRTS Non-Infrastructure Grant Procedures Manual, available on the [VDOT SRTS website](#), for details on how to complete the reimbursement request form.

**Sponsors are strongly encouraged to contact the SRTS coordinator to confirm available in-kind match amount and to ensure that the reimbursement request form is properly completed, prior to submission.**



| <b>Receipt/Statement Date</b> | <b>Vendor</b> | <b>Amount</b> | <b>Cover Sheet Description/Label</b> |
|-------------------------------|---------------|---------------|--------------------------------------|
|                               |               |               |                                      |
|                               |               |               |                                      |
|                               |               |               |                                      |
|                               |               |               |                                      |
|                               |               |               |                                      |
|                               |               |               |                                      |
|                               |               |               |                                      |

**USE SPONSOR LETTERHEAD**

**Safe Routes to School Program  
Reimbursement Request – 100% Funded**

Date:

Safe Routes to School (SRTS) Coordinator  
Virginia Department of Transportation  
Transportation and Mobility Planning Division  
1401 E. Broad Street, 1<sup>st</sup> Floor  
Richmond, VA 23219

RE: **SRTS Local Coordinator Program** at \_\_\_\_\_ name of sponsor organization

In accordance with the Agreement dated \_\_\_\_\_, insert agreement date for the utilization of Safe Routes to School Program funds for the subject project, this is to request reimbursement for the costs incurred in performing tasks in the approved scope of work. Invoices and other supporting document and evidence of payment are attached for your review.

|  |                           |
|--|---------------------------|
| TOTAL GRANT AMOUNT:                    | FEDERAL SHARE: 100%       |
| PROJECT UPC NUMBER:                    | INVOICE NUMBER:           |
| WORK PERIOD: FROM --/--/-- TO --/--/-- | HOURS WORKED THIS PERIOD: |

ITEM DESCRIPTION & COST

|                               |          |
|-------------------------------|----------|
| 1. <b>Salary and Benefits</b> | \$ _____ |
| 2.                            | \$ _____ |
| 3.                            | \$ _____ |
| 4.                            | \$ _____ |

|                    | Remaining<br>Balance | Total<br>Expenditures | Current<br>Expenditures |
|--------------------|----------------------|-----------------------|-------------------------|
| EXPENDITURE TOTALS | \$ _____             | \$ _____              | \$ _____                |

I certify that reimbursement has not been previously requested for these items and that all included expenses have been previously approved and/or included in the grant agreement.

\_\_\_\_\_  
Signature Title Date

**Attachments- Receipts, paid invoices, and other**

If expenses are grouped on the cover sheet, please list each separately in the table below. Add rows as needed.

| <b>Receipt/Statement Date</b> | <b>Vendor</b> | <b>Amount</b> | <b>Cover Sheet Description/Label</b> |
|-------------------------------|---------------|---------------|--------------------------------------|
|                               |               |               |                                      |
|                               |               |               |                                      |
|                               |               |               |                                      |
|                               |               |               |                                      |
|                               |               |               |                                      |
|                               |               |               |                                      |
|                               |               |               |                                      |