

Exhibit C- Payment Request Checklist

Instructions: Please submit this completed checklist with each payment request. Ensure that each item is checked, as applicable, to ensure all required documentation is completed.

The checklist should be signed by the Grantee's Grant Manager or the Grantee's Fiscal Agent.

All payment requests should be compiled into a .PDF packet in the following order:

- Exhibit C Documents
- Deliverable Acceptance Letters for the tasks being claimed
- Exhibit A, Progress Report Forms covering the entire performance period of the request.
- Invoice(s) followed by proof of payment(s). Please redact bank account numbers and other sensitive information.

Please submit the compiled package to ResilientFloridaGrants@FloridaDEP.gov. For the subject line please indicate Grant # Payment Request #. Please also submit a copy of the excel version of the Exhibit C workbook.

If the file size is too large please email ResilientFloridaGrants@FloridaDEP.gov and request a file portal link.

Grantee Information	
Grantee Name:	
Grant Agreement No.:	Payment Request No.:

Exhibit C Documents		
Tab A, Payment Request Summary Form	Completed	Not Applicable
Grantee Name: Name of Entity requesting reimbursement		
Mailing Address: Address where payment should be sent. Even if Grantee receives EFT payments, please complete in case there is an issue with the EFT.		
DEP Grant No.: Grant Agreement Number assigned to project.		
Request Date: The date you are sending the reimbursement request to the Department.		
Final Invoice: Yes or No. If yes and a balance will be remaining on the agreement, please include in your email to the Department that additional payments will not be requested.		
Payment Request No.: The "invoice" number of this request, typically sequential (1,2,3,...etc.)		
Task/Deliverable No.: The tasks being requested as part of this reimbursement.		
Performance Period: The dates covered by the payment request. This should be in MM/DD/YY-MM/DD/YY format and must cover all expenditures part of the request. These performance periods should align with the performance periods listed on applicable invoices.		
Total Amount Requested: The amount requested by the Grantee for reimbursement.		
Match Amount Required by Agreement: The amount of match required by the grant agreement.		

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Expenditure Category: All possible categories are listed but only complete the categories authorized in your grant agreement (refer to Attachment 2).		
Budgeted Amount: Enter the DEP Amount budgeted, as approved in Attachment 3, Grant Work Plan in your agreement for each applicable expenditure category. Leave the dollar amount at \$0.00 for all categories which are not applicable.		
Amount This Request: Enter the amount for which you are requesting reimbursement. All expenses being requested must have been incurred within the listed performance period and within the grant agreement reimbursement period.		
Retainage Withheld: Only required for State Plan (SRP) implementation projects. Refer to your agreement, attachment 2, item 10. Retainage, to locate your retainage percentage. If retainage does not apply to your agreement, leave this amount at 0%		
Expenditures to Date: Enter the amount for all expenditures claimed to date from all previous payment requests under the grant agreement, including the current request. If this is your first request, this amount will only be the amount for this request.		
Budgeted Amount Remaining: This amount will automatically calculate and populate.		
Matching Funds for This Request: Enter the amount that is being provided as the local cost share, if applicable.		
Total Cumulative Matching Funds: Enter the total amount of matching funds to date including this request.		
Matching Requirement Remaining: This amount will auto populate based on the information placed in the 'Match Amount Required by Agreement' field.		
Total Amount Due: This amount will auto populate based on the information placed in 'Total Amount This Request' and 'Retainage Withheld'.		
Tab B, Grantee Certification Form	Completed	Not Applicable
This form must be submitted with each payment request and signed with wet ink or a digitally certified signature. If the signature is not clearly certified, please provide the digital certificate. If the names of the Grant Manager or Fiscal Agent differ from our records, an updated Agreement Contact Form must be provided. Please notify your Grant Manager any time these contacts change.		
Tab C, Engineer Certification Form	Completed	Not Applicable
This form must be submitted with each payment request when construction is part of the reimbursement request.		

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Tab D, Salary & Fringe	Completed	Not Applicable
When claiming salary & fringe, contact your DEP Budget Lead first. The DEP Budget Lead will pre-populate the tab based on the details in the Grant Agreement.		
Tab E, Indirect Costs	Completed	Not Applicable
Payment Request No.: This number is the same as the number listed on Tab A.		
Performance Period: This performance period is the same as the period listed on Tab A.		
Task No.: This should directly relate to the Agreement's tasks listed in Attachment 3, Grant Work Plan. You should have a deliverable acceptance letter for each task being requested.		
Indirect Amount Expense: Full amount of the invoice/receipt.		
Date Incurred: The date the expenditure occurred		
Description of Indirect Costs: Brief description which can be verified back to the task activity.		
Amount Claimed in this Request: The amount of the expense for which the Grantee is requesting for reimbursement.		
Tab F, Contractual Services Detail	Completed	Not Applicable
Payment Request No.: This number is the same as the number listed on Tab A.		
Performance Period: This performance period is the same as the period listed on Tab A.		
Task No.: This should directly relate to the Agreement's tasks listed in Attachment 3, Grant Work Plan. You should have a deliverable acceptance letter for each task being requested.		
Contractor Name: Name of the Contractor completing the work. <u>An Exhibit H and the required procurement documents must be on file for each Contractor in the payment request prior to processing the payment request.</u> If not already, submit Exhibit H and required procurement documents to your DEP Grant Manager.		
Contractor Invoice No.: The full invoice number listed on the Contractor's invoice.		
Contractor Invoice Date: The date listed on the Contractor's invoice.		
Contractor's Performance Period: The performance period for when the Contractor completed work. <u>This performance period must also be present on the invoice for verification. It must include a start and end date.</u>		
Total Invoice Amount: The full amount of the invoice.		
Description of Goods/Services Provided: Brief description of work completed that can be verified back to the task activity.		
Payment Type: How the Grantee paid the Contractor. This selection must then be the corresponding proof of payment supplied.		

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Amount Claimed in this Request: The amount of the expenses for which the Grantee is requesting for reimbursement. This amount should not include any amounts the grantee has not paid to the contractor (i.e. retainage).		
Tab G, Travel Expense	Completed	Not Applicable
When claiming travel, contact your DEP Budget Lead first. The DEP Budget Lead will work with you to complete this form so that travel is claimed in accordance with section 112.061, Florida Statutes.		
Tab H, Equipment Expense	Completed	Not Applicable
Payment Request No.: This number is the same as the number listed on Tab A.		
Performance Period: This performance period is the same as the period listed on Tab A.		
Only complete the applicable table: Direct Purchase of Equipment or Rental/Lease of Equipment.		
Associated Task(s): Which task(s) the equipment is for.		
Equipment Detail or Equipment Details, Including Term of Rental/Lease: A detail of what the equipment is and if it is a rental, the terms of the rental.		
Quantity: How any units of the item were purchased/rented/leased		
Cost Per Unit: The value of the equipment/rate of rental/lease.		
Equipment Cost: Will auto-populate based on the Quantity x Cost Per Unit. Overwrite this value if it will not align with your receipt details.		
Brief Explanation of Equipment Necessity: Explanation of why the equipment was needed for the project.		
Tab I, Miscellaneous/Other/Land Acquisition Detail	Completed	Not Applicable
Payment Request No.: This number is the same as the number listed on Tab A.		
Performance Period: This performance period is the same as the period listed on Tab A.		
Task No.: This should directly relate to the Agreement's tasks listed in Attachment 3, Grant Work Plan. You should have a deliverable acceptance letter for each task being requested.		
Misc./Other Expense: Full amount of the invoice/receipt.		
Date Incurred: The date the expenditure occurred.		
Type of Documentation: Include the invoice and the proof of payment.		
Description of Costs: Brief description which can be verified back to the task activity.		
Amount Claimed in this Request: The amount of the expense for which the Grantee is requesting for reimbursement.		

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Tab J, Match Detail	Completed	Not Applicable
Documentation for match claims must meet the same requirements as those expenditures for reimbursement, pursuant to Attachment 1, Section 9.		
Complete this form for match only if match is contractual services. If it is a different expenditure category, please complete that associated tab and write 'match' to indicate match expense.		
Payment Request No.: This number is the same as the number listed on Tab A.		
Performance Period: This performance period is the same as the period listed on Tab A.		
Task No.: This should directly relate to the Agreement's tasks listed in Attachment 3, Grant Work Plan. You should have a deliverable acceptance letter for each task being requested.		
Contractor Name: Name of the Contractor completing the work.		
Contractor Invoice No.: The full invoice number listed on the Contractor's invoice.		
Contractor Invoice Date: The date listed on the Contractor's invoice.		
Contractor's Performance Period: The performance period for when the Contractor completed work. <u>This performance period must also be present on the invoice for verification. It must include a start and end date.</u>		
Total Invoice Amount: The full amount of the invoice.		
Description of Goods/Services Provided: Brief description of work completed that can be verified back to the task activity.		
Payment Type: How the Grantee paid the Contractor. This selection must then be the corresponding proof of payment supplied.		
Amount Claimed in this Request: The amount of the expense for which the Grantee is requesting for reimbursement.		

Additional Documents for the Payment Request Package		
	Completed	Not Applicable
Deliverable Acceptance Letter(s): A Full and/or Partial Deliverable Acceptance Letter is included for each task included in the payment request.		
Exhibit A, Progress Report Form(s): An Exhibit A, Progress Report Form, is included for each quarter of the corresponding performance period.		
Note: The Exhibit A must have either an original signature or an Adobe certified signature. An electronic signature will not be accepted without a digital certificate.		

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Invoice(s): Copies of invoices for all costs are included in the payment request. Please ensure the scan quality is high and the invoices are legible. Note: The date range or the period over which work was performed by the contractor must be included on the invoice itself. If invoices contain task numbers which do not align with the grant agreement's task, please include a note which indicates which Contractor task corresponds to the grant's task. Invoices should have sufficient detail to verify that the work performed is consistent with that authorized in the Attachment 3, Grant Work Plan.		
Proof of Payment(s): Copies of canceled checks, bank statements, pay stubs etc. for all costs are included in the payment request. Please ensure the scan quality is high and the invoices are legible. If the proof of payment exceeds the amount of the invoice because other items were paid in addition to the invoice, please reference the invoice number on the proof of payment.		
Other: If contractual services and the Contractor utilized a Subcontractor, the Subcontractor's invoice must also be provided. If the contract between a Contractor and the Grantee includes time and materials, timesheets and paystubs must be provided. If the contract between a Contractor and Grantee includes travel, expenses must be consistent with s. 116.091.		

Grant Compliance		
	Completed	Not Applicable
Exhibit H: An Exhibit H, Contractual Services Certification, and all required supporting documentation has been submitted to the DEP Grant Manager. Note: An Exhibit H for each Contractor must be completed before a payment request for that Contractor can be submitted.		
Exhibit F: An Exhibit F has been submitted to the Department Grant Manager upon acceptance of the final deliverable. Note: This is only required for the final payment request.		

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Exhibit A: An Exhibit A, Progress Report Form, is on file for each quarter since the Agreement Begin or Execution Date (refer to Attachment 3, Payment Request Schedule). Note: The Exhibit A must have either an original signature or an Adobe certified signature. An electronic signature will not be accepted without a digital certificate.		
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Checklist completed by: ☐ Grantee Grant Manager or ☐ Grantee Fiscal Agent
Name: