



Florida Resilient Coastlines Program Grants Reimbursement Webinar

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Housekeeping

- *All lines are muted.*
- *Submit questions through the webinar chat box.*
- *Presentation can be downloaded from the handouts link.*
- *This webinar is being recorded and will be posted online at <https://floridadep.gov/resilience>*
- ***Need assistance joining the webinar?
Dial *0 for an operator.***





Website -- <https://FloridaDEP.gov/resilience>

The screenshot shows the Florida Department of Environmental Protection website. The header includes the DEP logo, navigation links (About DEP, How Do I, Divisions, Air, Lands, Parks & Rec, Waste, Water), and a search bar. The main content area features the title "Florida Resilient Coastlines Program" with a breadcrumb trail: Home > Divisions > Florida Coastal Office > Florida Resilient Coastlines Program. Below the title is a "Florida Resilient Coastlines Program Quick Links" sidebar with links for Home, Funding Opportunities, Resilience Resources, Get Involved, Funded Projects, and All Florida Resilient Coastlines Program Content. The main text states: "The Florida Department of Environmental Protection is committed to marshalling resources to prepare Florida's coastal communities and habitats for the effects of climate change, especially rising sea levels. Through the Florida Resilient Coastlines Program, DEP continues its efforts to help ensure collaboration among Florida's coastal communities, to offer technical assistance and funding to coastal communities dealing with increasingly complex flooding, erosion, and habitat shifts." Below the text is a 3D cutaway diagram titled "FLORIDA RESILIENT COASTLINES PROGRAM" showing various coastal features numbered 1 through 11, including a river, buildings, and the ocean.





Grant Programs Crosswalk

Federal NOAA Grant #’s	NA16	NA17	NA18
Agreement Beginning Date	Standard Grant Agreement Pg. 1	Standard Grant Agreement Pg. 1	Standard Grant Agreement Pg. 1
Work Plan	Attachment 3	Attachment A	Attachment 3
Progress Report	Exhibit A	Attachment D	Exhibit A
Payment Request Summary Form	Exhibit C-1	Attachment B, C & Exhibit-I	Exhibit C-1
Final Report	Exhibit F	Attachment E	Exhibit F
Release Form	Exhibit G	Attachment J	Exhibit G
Ending Date	06/30/2019	06/30/2019	06/30/2019





Presentation Agenda

- *Project Timelines*
- *Deliverables, Tasks, Reports*
- *Contractual Services*
- *Reimbursement documents*





Project Timeline

How the Project Timeline is used and why it is needed.

Task/ Deliverable No.	Task or Deliverable Title	Task Start Date	Task End Date	Deliverable Due Date	Amount
1	{Task Title}	7/1/18	8/1/18		\$ 200
2	{Task Title}	8/5/18	10/20/18		\$ 800
2a	{Deliverable Title}			9/30/18	
2b	{Deliverable Title}			10/20/18	
3	{Task Title}	10/6/18	12/20/18		\$ 500
3a	{Deliverable Title}			12/20/18	

Indicates when a milestone is to be completed. Can be a Task or a Deliverable.

Indicates when a task is to be completed & request for reimbursement can be submitted. This is the same as the last deliverable due date for that task.





Deliverables & Tasks

What's the difference, why does it matter?

Deliverable(s)

- A deliverable signals the end of a task or accomplishment of a milestone, as outlined in the work plan.
- Deliverables are to be quantifiable, measurable and verifiable.
- All deliverables are to be received by the designated due date per the grant agreement Project Timeline.
- All deliverables must be accepted and approved by the DEP per the Project Timeline in the grant agreement.





Deliverable Example

Project Timeline

Task/ Deliverable No.	Task or Deliverable Title	Task Start Date	Task End Date	Deliverable Due Date	Amount
1	{Task Title}	07/01/18	08/01/18		\$ 200
2	{Task Title}	08/05/18	10/20/18		\$ 800
2a	CD of Mapping			09/30/18	
2b	{Deliverable Title}			10/20/18	
3	{Task Title}	10/6/18	12/20/18		\$ 500
3a	{Deliverable Title}			12/20/18	

- Each deliverable is to be submitted by the due date on the Project Timeline.
- Each deliverable must be reviewed and approved by DEP.





Deliverables & Tasks

What's the difference, why does it matter? (continued)

Task(s)

- A task(s) can have more than one deliverable attached to it.
- All deliverables in a task(s) must be completed 100%, accepted and approved by DEP before an invoice will be approved for reimbursement.
- A completed progress report (*Exhibit A*) is to accompany every task(s) that is completed to indicate the completion of that task, and status on future task(s).
- A completed task can trigger a request for reimbursement to be submitted.





Task Example

Project Timeline

Task/ Deliverable No.	Task or Deliverable Title	Task Start Date	Task End Date	Deliverable Due Date	Amount
1	CD of Mapping	07/01/18	09/30/18		\$ 200
2	{Task Title}	08/05/18	01/20/19		\$ 800
2a	{Deliverable Title}			11/30/18	
2b	{Deliverable Title}			01/20/19	
3	{Task Title}	01/26/19	02/20/19		\$ 500
3a	{Deliverable Title}			02/20/19	

- All deliverables for the task must be approved by DEP before any reimbursement is processed.
- A completed task can be submitted with the Payment Summary Report, and all backup documentation required, to request reimbursement.





Progress Reports

How often are they to be submitted?

- Submitted after every quarter.
 - Q1 = July 1 – Sept. 30
 - Q2 = Oct. 1 – Dec. 31
 - Q3 = Jan. 1 – March 31
 - Q4 = April 1 – June 30
- Submitted with every task completion, when requesting reimbursement.
- NA17 agreements (*Attachment D*) indicate they are due by the 5th day of the month following the completed quarter. (*See Crosswalk*)
- NA16 & NA18 agreements (*Exhibit C*) indicate they are due by the 20th day of the month following the completed quarter. (*See Crosswalk*)





Progress Report Example

- Complete the template to be used for submitting Progress Reports (*Exhibit A - See Crosswalk*)
- Be sure to list all tasks, as outlined in your grant agreement to include:
 - Task Title
 - Progress for each task(s) made to date, to include completion dates when available.
 - Notification of any delays or problems encountered.
- Remember, a progress report is required when submitting a request for reimbursement showing that task is 100% completed.





Contractual Services

What are Contractual Services?

Contractual services exist when there is any portion of the **work being done** for the project, **that is NOT being completed by the grantee directly**, but by a subcontractor to the Grantee.

All requests for contractual services reimbursement dollars must have the following in place:

- DEP must have a copy of the fully executed agreement(s) between the Grantee and the subcontractor(s).
- All contractual services budgeted line items are to be used for subcontractual agreement(s) and reflect payments made to them by the grantee, for goods/services rendered.

Remember that some grants have work being completed by the grantee, and by subcontractor(s).





Required Documents for Reimbursement

- Progress Report (*Exhibit A - See Crosswalk*)
- Completed Payment Summary Report (*Exhibit C-1*)
- All invoices from vendors/subcontractors to the grantee.
 - Proof of payment from grantee to vendors/subcontractors.
 - Paystubs for proof of payment of salaries and fringe.
 - Deliverables received and approved by DEP for requested reimbursement funds.
- Final Report (*Exhibit F*) – when submitting final Payment Summary Report at completion of project.
- All Release forms (*Exhibit G*) – when applicable per the project.





Reimbursement Process

What information is required to be on documents when requesting reimbursement?

Invoices from vendor(s) showing the following:

- Vendor name requesting payment
- Detailed description of goods/services performed
- Date or range of dates that goods/services were performed
- Amount charging for goods/services provided
- Grantee's name as the entity being billed for goods/services provided.

REMINDER: Redact Checking Account Numbers





Reimbursement Process *(continued)*

Proof of payment(s) to vendor(s) showing the following:

- Name of vendor to whom the payment was made
- Amount of payment
- Date payment was made
- Grantee's documents indicating funds were processed through them via:
 - A bank or credit card statement, showing the bank's name,
 - A cancelled check (front & back), and/or
 - An invoice showing a zero balance and method of payment made by grantee.





Exhibit C-1 Payment Summary Report

EXHIBIT C PAYMENT REQUEST SUMMARY FORM

DEP Agreement No. _____ Request Date: _____
 Payment Request No. _____
 Grantee's Grant Manager Name: _____
 Grantee: _____
(Name & Mailing Address) _____
 Task No(s). _____ Total Task Amount(s) Requested: _____
 Performance Period - Date Range: _____

GRANT EXPENDITURES SUMMARY SECTION

CATEGORY OF EXPENDITURE <i>(As authorized)</i>	AMOUNT OF THIS REQUEST
Salaries/Wages	
Fringe Benefits	
Indirect Cost	
Contractual (Subcontractors)	
TOTAL REIMBURSEMENT REQUESTED AMOUNT	\$ _____

GRANTEE CERTIFICATION

- The disbursement amount requested is for allowable costs for the project described in Attachment 3 of the Agreement.
- All costs included in the amount requested have been satisfactorily performed, received, and applied toward completing the project; such costs are documented by invoices or other appropriate documentation as required in the Agreement.
- The Grantee has paid such costs under the terms and provisions of contracts relating directly to the project; and the Grantee is not in default of any terms or provisions of the contracts.

Grantee's Grant Manager's Signature _____ Grantee's Fiscal Agent Signature _____
 Print Name _____ Print Name _____
 Telephone Number _____ Telephone Number _____



CONTRACTUAL DETAIL

Complete one table per Task containing Contractual Reimbursement Requests
 Add rows as needed for each table. Add tables as needed, if more than two tasks are in the invoice.
 Be sure to attach the original invoices to the Grantee, and proof of payment documents.
 Formulas are included in some of the spreadsheet cells, denoted with "\$ -".

Contractual Services									
Task/Deliverable #:	Performance Period or Date Completed	Sub-contractor Name	Description of Good/Services Provided	Sub-contractor Invoice Number	Sub-contractor Invoice Date	Amount Paid	Payment Method Used	Amount requested for reimbursement	Proof of Payment Provided
Contractual Total for Task # _____								\$ _____	

Page 1 = Invoice/ Summary
Page 2 = Contractual Services
Page 3 = Salaries, Fringe & Indirect

SALARY AND FRINGE DETAIL

Complete one table for each task containing Salary, Fringe, and Indirect Cost Reimbursement Requests
 Add rows as needed for each table. Add tables as needed, if more than two tasks are in the invoice.
 Be sure to attach a copy of employees' pay stubs as proof of payment.
 Formulas are included in some of the spreadsheet cells, denoted with "\$ -".

Salary								
Task/Deliverable #:	Position Title	Employee Name	Performance Period or Date Completed	Total Hours Worked	Hourly Wage	Invoice Amount	Date Paid	Amount Claimed
Totals for Task # _____							\$ _____	\$ _____

Fringe								
Task/Deliverable #:	Position Title	Employee Name	Performance Period or Date Completed	Fringe Rate (% of Salary)	Fringe Amount	Invoice Amount	Date Paid	Amount Claimed
Totals for Task # _____							\$ _____	\$ _____

Indirect								
Task/Deliverable #:	Description of Indirect Costs	Performance Period or Date Completed	Indirect Rate (% of Salary & Fringe)	Indirect Amount	Invoice Amount	Date Paid	Amount Claimed	
Totals for Task # _____							\$ _____	Total Claimed \$ _____





PAYMENT REQUEST SUMMARY FORM

DEP Agreement No. _____
 Payment Request No. _____ Request Date: _____
 Grantee's Grant Manager Name: _____
 Grantee: _____
 (Name & Mailing Address) _____

 Task No(s). _____ Total Task Amount(s) Requested: _____
 Performance Period - Date Range: _____

GRANT EXPENDITURES SUMMARY SECTION

CATEGORY OF EXPENDITURE (As authorized)	AMOUNT OF THIS REQUEST
Salaries/Wages	
Fringe Benefits	
Indirect Cost	
Contractual (Subcontractors)	
TOTAL REIMBURSEMENT REQUESTED AMOUNT	\$ _____

This acts as your invoice to DEP and summarizes the reimbursements that you are requesting.

Signatures required of the grantee, and its fiscal agent, certifying all documentations presented, at the bottom of the page.





Exhibit C-1 Payment Summary Page 2

CONTRACTUAL DETAIL

Complete one table per Task containing Contractual Reimbursement Requests.
 Add rows as needed for each table. Add tables as needed, if more than two tasks are in the invoice.
 Be sure to attach the original invoices to the Grants, and proof of payment documents.
 Formulas are included in some of the spreadsheet cells, denoted with "\$ -".

Contractual Services									
Task/Deliverable #:									
Performance Period or Date Completed	Sub-contractor Name	Description of Good/Service Provided	Sub-contractor Invoice Number	Sub-contractor Invoice Date	Amount Paid	Payment Method Used	Amount requested for reimbursement	Proof of Payment Provided	
Contractual Total for Task # _____							\$	-	

- List reimbursable amounts requested for payments made to subcontractors.
- Complete a separate table for each completed task.
- Attach all vendor/subcontractor invoices, with proof of payment documents.





Exhibit C-1 Payment Summary Page 3

SALARY AND FRINGE DETAIL

Complete one table for each task containing Salary, Fringe, and Indirect Cost Reimbursement Requests
 Add rows as needed for each table. Add tables as needed, if more than two tasks are in the invoice.
 Be sure to attach a copy of employee's pay stubs as proof of payment.
 Formulas are included in some of the spreadsheet cells, denoted with "\$ -".

Salary							
Task/Deliverable #:							
Position Title	Employee Name	Performance Period or Date Completed	Total Hours Worked	Hourly Wage	Invoiced Amount	Date Paid	Amount Claimed
Totals for Task # _____					\$ -		\$ -

Fringe							
Task/Deliverable #:							
Position Title	Employee Name	Performance Period or Date Completed	Fringe Rate (% of Salary)	Fringe Amount	Invoiced Amount	Date Paid	Amount Claimed
Totals for Task # _____					\$ -		\$ -

Indirect							
Task/Deliverable #:							
Description of Indirect Costs	Performance Period or Date Completed	Indirect Rate (% of Salary & Fringe)	Indirect Amount	Invoiced Amount	Date Paid	Amount Claimed	
Totals for Task # _____					\$ -	Total Claimed	\$ -

List reimbursable amounts requested for salaries of employees, fringe and indirect costs.

Include pay stubs as proof of payment.





- Final Report (*Exhibit F*)
 - This report is required even if previously submitted a quarterly report.
- Confirmation that all deliverables have been submitted and approved by DEP.
- Completed Payment Summary Report (*Exhibit C-1*) for final reimbursement request.
- All Release forms (*Exhibit G*) have been submitted – when applicable per the project.
- Welcome invitations to share in your success.





Questions?





Contact Info

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