

Guidance Document for Grant Agreement Payment Processing
New Jersey Department of Environmental Protection
Water Quality Restoration Grant Program

This guidance document is intended to establish a consistent procedure for agreement reimbursement requests.

Payments will be made upon submission by the Grantee of all the documented expenditures necessary to justify the payment, in adherence to the executed agreement terms. All documented expenditures should fall within the work period of the agreement. Payments will be withheld pending receipt of all required backup documentation.

Please use the Expenditure Report Cover Sheets template to indicate the reporting period, list out the expenditures and provide backup documentation. One document should be uploaded into NJDEP SAGE with this information.

FINANCIAL REPORT CATEGORIES – Required Backup

Personnel Costs (Salary & Fringe Benefits):

- Backup documentation for salaries and fringe should include a salary run, payroll run, or payroll ledger, preferably from your accounting system, identifying each employee by name, including dates, the total amount of salary or hourly rate, fringe and any other documentation necessary to justify the payment
- Please break down the amount in the salary runs for each employee so it is clear which amounts the runs go into the totals. i.e.:
John Doe - ~140 hours, \$9,000.00
Jane Smith - ~75 hours, \$2,500.00

Consultants & Subcontractors:

- Submit all purchase orders and invoices detailing all goods and services rendered. Include an itemized list, including all invoice #'s, dates, and amounts for all reimbursable goods and services for the work period
- Submit proofs of payment to match the invoices for the work period (i.e. copy of cancelled checks, bank statements, credit card statements, ACH payment run that shows total payment and any other documents necessary to justify the payment)
- Please highlight any figures that should be added to make up the total amount

NOTE: Prior to any payments by the Department for subcontracted work, all consultants and subcontractors should be listed in Attachment F of their grant agreement in NJDEP SAGE. The grantee shall update Attachment F with any new consultants and/or subcontractors with their information and New Jersey Business Registration Certificate (BRC) (individuals and non-profit organizations do not need BRCs).

Other Costs:

Supplies:

- Submit all receipts/invoices for the work period
- Submit proofs of payment to match the invoices for the work period (i.e. cancelled checks, bank statements, credit card statement)
- Please highlight any figures that should be added to make up the total amount

Travel:

- Submit a list of employee name, dates, travel locations, mileage, rates (*according to the rate listed in the grant agreement*), tolls and/or parking
- Add up the total expenditures for the subcategory and provide proof of payments (ie, EZ pass statement, cancelled checks, bank statements, credit card statements)

Other Categories:

- Submit all receipts/invoices for the work period
- Submit proofs of payment to match the invoices for the work period (i.e. cancelled checks, bank statements, credit card statements)
- Please highlight any figures that should be added to make up the total amount
- Disallowed Expenditures: Food purchases are not reimbursable and should not be included

Indirect:

- Submit total with the percentage of indirect used. Please ensure that the percentage is consistent with the percentage in the grant agreement.

Match expenditures:

Cash Match

- Each subcategory (ie employee salary/fringe, subcontractors, supplies, etc.) for cash match has the same back up documentation requirements as the grant funded categories reported above.


In-Kind Match (Volunteer Time Only):

- Submit a time log/sign in sheets of volunteer time (name, hours, duties involved)
- This should only be used for individuals who are NOT getting paid and are volunteering their time outside of their work schedule

Signature/Certifier of the Report: Please be sure to have the appointed Financial Officer certify the financial report. If there is a change in position, a letter from the Executor of the grant agreement or the former Financial Officer send an email appointing the new Financial Officer and upload the letter to the Miscellaneous Attachments page of the grant agreement.

Insurance Coverage:

- Ensure that the ACORD Certificate of Liability Insurance (COI) uploaded in the Miscellaneous Attachments page of the Grant Agreement is current for the year. Coverage must be active for the entire work period. If the COI is expired, please add the current COI into the Miscellaneous Attachment page (Do not delete the expired COI) using the language below and your grant number:

<small>DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)</small> RE: Evidence of Insurance The Certificate Holder is an Additional Insured on the above-referenced Commercial General Liability and Excess Liability Policies if required by written contract or agreement subject to the policy term, limits, conditions and exclusion.	
CERTIFICATE HOLDER	CANCELLATION
State of NJ, Dept of Environmental Protection PO Box 420 428 East State Street, 4th Floor Trenton, NJ 08625	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 

EXPENDITURE COVER SHEET TEMPLATES

Grant Number **QUARTER** **Enter #**

Work Period: Date to Date

Salary and Fringe Benefits – Grant Funding

Salaries

Enter Total Amount

Fringe Benefits

Enter Total Amount

Total Salaries and Fringe Benefits: Enter Total Sum

Provide Required Documentation behind this page.

Grant Number **QUARTER** **Enter #**

Work Period: Date to Date

Consultants and Subcontractors – Grant Funding

List each Subcontractor Name	\$ Enter Amount of invoice/receipt
1. Subcontractor 1	\$Amount for each invoice
2. Subcontractor 2	\$Amount for each invoice
3. Subcontractor 3	\$Amount for each invoice
TOTAL:	\$ Total Amount

Provide Required Documentation behind this page.

Grant Number **QUARTER** **Enter #**

Work Period: Date to Date

Lab & Project Supplies – Grant Funding

List each supply

\$ Enter Amount of
invoice/receipt

1. Supply 1

\$Amount

2. Supply 2

\$Amount

3. Supply 3

\$Amount

TOTAL:

\$ Total Amount

Provide Required Documentation behind this page.

Grant Number **QUARTER** **Enter #**

Work Period: Date to Date

Travel – Grant Funding

Person 1	\$ Enter Amount
Person 2	\$ Enter Amount
Person 3	\$ Enter Amount

Total **\$ Total Amount**

Provide Required Documentation behind this page.

Grant Number **QUARTER** **Enter #**

Work Period: Date to Date

Salary and Fringe Benefits – Grantee Match

Salaries

Enter Total Amount

Fringe Benefits

Enter Total Amount

Total Salaries and Fringe Benefits: Enter Total Sum

Provide Required Documentation behind this page.

Grant Number **QUARTER** **Enter #**

Work Period: Date to Date

Volunteer Time – Grantee In-Kind Match

Volunteer Time Amount

Enter Total Volunteer Hours and Total Amount (based on the hourly rate listed on the grant agreement.)

Provide Required Documentation behind this page.

Grant Number **QUARTER** **Enter #**

Work Period: Date to Date

Consultants and Subcontractors – Grantee Match

List each Subcontractor Name	\$ Enter Amount of invoice/receipt
1. Subcontractor 1	\$Amount
2. Subcontractor 2	\$Amount
3. Subcontractor 3	\$Amount
TOTAL:	\$ Total Amount

Provide Required Documentation behind this page.

Grant Number **QUARTER** **Enter #**

Work Period: Date to Date

Lab & Project Supplies – Grantee Match

List each supply

\$ Enter Amount of
invoice/receipt

1. Supply 1

\$Amount

2. Supply 2

\$Amount

3. Supply 3

\$Amount

TOTAL:

\$ Total Amount

Provide Required Documentation behind this page.

Grant Number **QUARTER** **Enter #**

Work Period: Date to Date

Travel Categories – Grantee Match

Person 1	\$ Enter travel rate and Amount
Person 2	\$ Enter travel rate and Amount
Person 3	\$ Enter travel rate and Amount

Total **\$ Total Amount**

Provide Required Documentation behind this page.

Grant Number **QUARTER** **Enter #**

Work Period: Date to Date

Other Cost Categories – Grantee Match

Invoice #	\$ Amount
Invoice #	\$ Amount
Invoice #	\$ Amount

Total **\$ Total Amount**

Provide Required Documentation behind this page.