

SCDOT Office of Public Transit
Monthly Requests for Reimbursement Instructions
COGs; Large Urban, Small Urban, Rural Transit; and Human Service Subrecipients

South Carolina Department of Transportation subrecipients receiving Federal Transit Administration (FTA) and South Carolina General Assembly (State) funds administered by the Office of Public Transit (OPT) are required to provide requests for reimbursement by the 10th calendar day of each month. The OPT's reporting requirements are evolving; therefore, our instructions to your agency are changing.

Your OPT Regional Program Manager is the primary point of contact for assistance in answering all questions relating to the following information.

OPT Signature Authorization Form

The OPT reimbursement funding process begins after the contract is fully executed and is based upon completing, and submitting the Signature Authorization Form. This document identifies all authorized representatives of the agency, and it must contain hand-written, original signatures. To expedite the process, feel free to scan and email the completed form to your regional program manager and send the original to:

SCDOT – Office of Public Transit
Attn: Regional Program Manager
955 Park Street, Room 201
Columbia, SC 29202

Upon receipt of the Signature Authorization Form, your OPT regional program manager will provide each user (“Preparer” and “Approver(s)”) with access to the web-based OPT Virtual Transit Enterprise (VTE) and/or Grants Management System. All requests for OPT reimbursements must be processed electronically through the VTE System. Each user is responsible for maintaining secure passwords that are not shared with others. The subrecipient's executive or finance director is responsible for requesting removal.

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OPT Monthly Financial Summary Reports

The revised OPT Monthly Financial Summary Report has four charge categories: Administrative, Operations, Capital and Technical Assistance. This information must be identical to the approved OPT contract budget. In addition, there are four columns of required financial data.

COLUMN	DESCRIPTIONS	INSTRUCTIONS
----	Agency	The legal name of the organization OPT has contracted with to complete the project.
----	Contract #	The unique OPT program of project number assigned to each contractual agreement (usually begins with PT, MT or DMT).
----	Reimb Rqt #	The sequential Reimbursement Request Number (formerly known as the Invoice Number) is used to identify each request for contractual project reimbursement.
----	Expense Period	Time period of reimbursement request, for example: “July 1 – 31, 2013” or Jul – Sep 2013”
A	Yearly Budgeted Amount	All budgeted amounts must be the same as the most recently approved contract amounts.
B	Monthly Expenses	The total project cost (federal/state/local shares) of each line item. OPT may approve quarterly reports instead of monthly, however, a Form 600 must be submitted for each month in the quarter. For compliance and oversight purposes, the agency is responsible for insuring that all monthly finance reports maintained at your location tie to financial summary amounts. If monthly expenses do not tie to finance reports, the agency is to prepare and maintain a <u>reconciliation</u> .
C	Total Year-To-Date Expenditures	A system generated total number based upon prior reported expenditures plus current expenditures.
D	OPT Reimbursement Request	Enter the reimbursement amount requested from OPT. If an error exists, OPT will not manually correct the documents or continue the repayment process request.

Scan and email or fax all supporting documentation for all Capital and Miscellaneous Expenses to your OPT regional program manager. Warning: If an error exists, OPT will not manually correct the documents or continue the repayment process request.

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OPT Form 600 – Request for Reimbursement

OPT FORM 600 – Request for Reimbursement		
Section	Description	Instructions
Section 1	Subrecipient Information	This information should be automatically entered by system.
Section 2	Contract Data	
2	---- Contract #	The unique OPT program of project number assigned to each contractual agreement (usually begins with PT, MT or DMT).
2	---- Contract Amount	The total dollar amount of the OPT contract. The agency is responsible for updating this information when a contract modification occurs.
2	---- Period of Contract	The State Fiscal Year funding period of the contract. The agency is responsible for updating this information when a contract modification or administrative amendment (contract extension) occurs.
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Section 3	Reimbursement Request Data	
3	---- Reimb Rqt #	The sequential Reimbursement Request Number (formerly known as the Invoice Number) is used to identify each request for contractual project reimbursement.
3	---- Invoice Period	Time period of reimbursement request, for example: “July 1 – 31, 2013” or Jul – Sep 2013”
3	---- Total OPT Reimb.	The total amount requested from OPT, however, if the contract is for one of the following federal programs (Adm, Ops, Cap, and/or Tech Asst) then the Total Reimbursement Amount should equal : 5304 – the total federal amount 5339 – the total federal amount 5310 – the total federal amount 5311 – both federal and state totals 5316 – the total federal amount, as applicable 5317 – the total federal amount, as applicable SMTF for 5307– the total state amount SMTF – the total state amount

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OPT FORM 600 – Request for Reimbursement			
Section	Description	Instructions	
3	----	Federal Amount	The total amount of federal (FTA) funds requested.
3	----	State Amount	The total amount of state funds requested.
Section 4			
Type of Programs			
4	----	FTA Section	Enter the FTA Program Section Number, if applicable; for example “5310”.
4	----	State	Enter the State funding source, if applicable; for example “SMTF”
4	----	Final Report	Yes or No, is this the final request for reimbursement for this contract? If yes, then OPT will close the contract and deobligate any remaining balance.
Section 5			
Financial Status Information			
5	Line 1	Total Expenditures – This Report	These amounts should equal Financial Summary Column (B) totals.
5	Line 2	Contra Expenses – This Report	Contra includes fare box revenue for the invoice period. Examples are fares paid by riders, purchase of transit passes or other fare media. Used to reduce operational expenses.
5	Line 3	Net Cost – This Report	Net Cost equals Line 1 minus Line 2.
5	Line 4	Net Cost – Prior Report	Equals the previously reported Net Cost To Date.
5	Line 5	Net Cost – To Date	Net Cost To Date must equal Line 3 plus Line 4.
5	Line 6	FTA Share – This Report	If applicable, the FTA Share of each category (Adm, Ops, Cap, and/or Tech Asst).
5	Line 7	FTA Share – Prior Report	Equals the previously reported FTA Share To Date.

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Section	Description	Instructions
5 Line 8	FTA Share – To Date	FTA Share To Date must equal Line 6 plus Line 7.
5 Line 9	State Share – This Report	If applicable, the State Share of each category (Adm, Ops, Cap, and/or Tech Asst).
5 Line 10	State Share – Prior Report	Equal the previously reported State Share To Date.
5 Line 11	State Share – To Date	State Share To Date must equal Line 9 plus Line 10.
5 Line 12	Local/Agency Share – This Report	If applicable, the Local Match and Agency Share of each category (Adm, Ops, Cap, and/or Tech Asst).
5 Line 13	Local/Agency Share - Prior Report	Equal the previously reported Local/Agency Share To Date.
5 Line 14	Local/Agency Share – To Date	Local/Agency Share To Date must equal Line 12 plus Line 13.
5 Line 15	Total Match – This Report	Total Match This Report must equal Line 9 plus Line 12.
5 Line 16	Total Funds Authorized: FTA	If applicable, enter the approved OPT contract budget total FTA amounts of each category (Adm, Ops, Cap, and/or Tech Asst). The agency is responsible for updating this information when a supplemental agreement or contract modification occurs.
5 Line 17	Total Funds Authorized: State	If applicable, enter the approved OPT contract budget total State amounts of each category (Adm, Ops, Cap, and/or Tech Asst). The agency is responsible for updating this information when a supplemental agreement or contract modification occurs.
5 Line 18	Total Funds Authorized: Local/Agency	Enter the total local match and agency share of each category (Adm, Ops, Cap, and/or Tech Asst).
5 Line 19	Unexpended Balance: FTA	System generated – Unexpended Balance of FTA Share must equal Line 16 minus Line 7.

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OPT FORM 600 – Request for Reimbursement		
Section	Description	Instructions
5 Line 20	Unexpended Balance: State	Unexpended Balance of State Share must equal Line 16 minus Line 7.
5 Line 21	Unexpended Balance:	Unexpended Balance of State Local/Agency Share must equal Line 16 minus Line 7.
Section 6 Program Income, Agency Remarks and Approval		
6 ----	Total FTA Program Income Earned	Program Income is revenue generated by Federal assisted projects. Includes payments made directly to providers by human service agencies and university fees passed on to transportation providers, etc. Examples are advertising, concessions, the use of rental or real or personal property acquired with project funds and fees for services performed.
6 ----	FTA Program Income Expended on Allowable Transit Expenses	Reported in the period earned and may be used in the next contract period as local match or to reduce costs in the same category where the revenue was earned. For example: Earned as operational revenue in SFY 2016 and used to reduce fuel costs in SFY 2017.
6 ----	Remarks	Add agency remarks and comments to OPT in this area.
Your electronic signature below certifies that the information contained in this report is true and correct to the best of my knowledge and belief; that all expenses are for the purpose set forth in the contract agreement; that supporting documentation will be submitted and retained for audit purposes and that payment is due and has not been previously requested.		
	Prepared By:	Based on the OPT Signature Authorization Form, the electronic signature/date of the authorized person who prepared the request for reimbursement.
	1 st Sig	Based on the OPT Signature Authorization Form, the electronic signature/date of the authorized person who approved the request for reimbursement. This person could also be the final approver who “checks” the Final Sig box but only if a second agency-approver is not required.
	2 nd Sig	Based on the OPT Signature Authorization Form, and at the agency’s discretion, this could be the electronic signature/date of a second authorized person who approves the request for reimbursement. This person must be the final approver who “checks” the Final Sig box.
	Final Sig (check box)	Based on the OPT Signature Authorization Form, the electronic signature/date of the authorized person who approves the request for reimbursement.

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