

**FLORIDA DEPARTMENT OF ENVIRONMENTAL
PROTECTION
CORAL PROTECTION AND RESTORATION PROGRAM
INSTRUCTIONS FOR COMPLETING EXHIBIT C**

Please scroll down fully to view all instructions on this sheet.

PART 1 - (Page 1) PAYMENT REQUEST SUMMARY FORM *(Summary Information)*

GRANTEE NAME: Enter the name of the grantee's agency.
MAILING ADDRESS: Enter the address to which you want the state warrant (i.e., payment) sent.
DEP AGREEMENT NO.: This is the number on your grant agreement.
REQUEST DATE: This is the date you are submitting the invoice to DEP.
PAYMENT REQUEST NO.: This is the number of your payment request, not the quarter number. This is also known as the invoice number. Example: If this is your first payment request, the value would be 1. If it's your second, the value would be 2, etc.
TOTAL AMOUNT REQUESTED: Enter the total amount being requested in this payment summary request.
TASK/DELIVERABLE NO.: Enter the number of the Task(s) or Deliverable(s) for which you are requesting payment, and as in accordance with Attachment 3, Grant Work Plan.
MATCH AMOUNT REQUIRED BY AGREEMENT: Enter the total amount of match/local cost share that will be provided, and as in accordance with Attachment 3, Grant Work Plan.
PERFORMANCE PERIOD: <i>(Date Range)</i> This is the begin and end date in which the work was actually completed. This period must be the same throughout Exhibit C. NOTE: The performance period must be within the grant agreement begin date and grant agreement expiration date.

PART 1 - (Page 1) PAYMENT REQUEST SUMMARY FORM *(Expenditure Summary Table)*

EXPENDITURE CATEGORY: Only those expenditure categories as authorized in Attachment 2 and Attachment 3 or your agreement will be filled in.
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.
RETAINAGE WITHHELD: Only required for State Plan (SRP) and Federal (FRP) 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 "*MATCH AMOUNT REQUIRED BY AGREEMENT*" in the Exhibit C Information Section.

TOTAL AMOUNT DUE: This amount will auto populate based on the information placed in "*TOTAL AMOUNT THIS REQUEST*" and "*5% RETAINAGE WITHHELD*".

PART 1 - (Page 2) GRANTEE CERTIFICATION

Must have the original signature or Adobe certified signature of both the Grantee's Grant Manager and the Grantee's Fiscal Agent, as identified in the grant agreement.

PART 1 - (Page 3) ENGINEER'S CERTIFICATION

Required if the payment request includes construction activities. Must have the original signature of a Florida Certified Professional Engineer.

PART 2 - (Page 4) SALARY AND FRINGE DETAIL

Documentation for salary and fringe should include timesheets or similar. Sheets should be clearly marked to indicate which hours are applicable to the agreement task(s) for which reimbursement is being requested.

PART 2 - (Page 5) INDIRECT COST DETAIL

All indirect cost rates must be evaluated for reasonableness and for allowability and must be allocated consistently.

PART 2 - (Page 6) CONTRACTUAL SERVICES DETAIL

Every Task Number that is being billed for will get its own line. If the same task number was billed for over multiple invoices in this request, the task will be broken up further on the form, which each occurrence of the task number on a different invoice getting its own line.

Contractor Performance Period: The date range on the invoice or the period over which work was performed by the contractor.

PART 2 - (Page 7) TRAVEL EXPENSE DETAIL

All requests for match or reimbursement of travel expenses shall be in accordance with section 112.061, F.S. Receipts may include hotel receipts, mileage logs or rental car receipt...etc. All invoices must be itemized.

PART 2 - (Page 8) EQUIPMENT EXPENSE DETAIL

All costs must be evaluated for reasonableness and for allowability.

PART 2 - (Page 9) MISCELLANEOUS/OTEHR COSTS DETAIL

Please provide clear and specific description of costs.

GRANTEE PAYMENT REQUEST CHECKLIST & SUBMISSION INSTRUCTIONS:

This is a list of all components which must be included in your request to receive reimbursement.

1. **DELIVERABLE ACCEPTANCE LETTER:** Deliverables for all tasks included in the payment request must be approved in writing by the DEP Grant Manager prior to submitting a payment request. Payment requests will be returned to the Grantee until deliverable approval is provided with the payment request.
2. **EXHIBIT A:** Exhibit A, Progress Report Form, must be submitted with all payment requests and must have either an original signature or an Adobe certified signature.
3. **EXHIBIT H:** If a contractor was used for any work included in the payment request, Exhibit H, Contractual Services Certification, and all required supporting documentation, must be completed and submitted to the DEP Grant Manager before payments can be processed.
4. **EXHIBIT C PART II-IV:** For each cost listed in the Part I Expenditure Summary, detailed information must be provided in Part II, III and IV, as applicable. A copy of Part I-IV should be provided in both PDF and Excel format.
5. **SUPPORTING DOCUMENTATION:** All other required exhibits and documentation (Exhibit F, DEP Travel Form, Invoices, Timesheets) must be provided with the payment request.
6. **PROOF OF PAYMENT:** Proof of payment (copies of checks, bank statement, pay stubs, etc.) must be submitted for all costs included in the payment request.

Once compiled, send all documentation to: ResilientFloridaGrants@FloridaDEP.gov

Please use the following email subject line: Grant # _____ Payment Request # _____

EXHIBIT C-1

PART 1a - REVISED PAYMENT REQUEST SUMMARY FORM

GRANTEE NAME: City of Coral Gables
 MAILING ADDRESS: 405 Biltmore Way
Coral Gables, FL 33134

DEP GRANT NO.: C2102
 REQUEST DATE: _____
 FINAL INVOICE (Y or N): _____

PAYMENT REQUEST NO.: _____
 TASK/DELIVERABLE NO(S): _____
 PERFORMANCE PERIOD: _____

TOTAL AMOUNT REQUESTED: _____
 MATCH AMOUNT REQUIRED BY AGREEMENT: _____

EXPENDITURE SUMMARY - By Category

EXPENDITURE CATEGORY <i>(As Authorized)</i>	DEP BUDGETED AMOUNT	AMOUNT THIS REQUEST	RETAINAGE WITHHELD <i>(Enter Percentage, Only for Implementation Projects; SRP/FRP)</i>	RETAINAGE TO DATE <i>(Including this request)</i>	EXPENDITURES TO DATE <i>(Including this request)</i>	BUDGETED AMOUNT REMAINING	MATCHING FUNDS FOR THIS REQUEST <i>(page 10)</i>	TOTAL CUMULATIVE MATCHING FUNDS
			0%					
Salaries/Wages <i>(page 4)</i>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Fringe Benefits <i>(page 4)</i>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indirect Costs <i>(page 5)</i>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Contractual Services <i>(page 6)</i>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Travel <i>(page 7)</i>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Equipment <i>(page 8)</i>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Rental/Lease of Equipment <i>(page 8)</i>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Miscellaneous/Other Expenses <i>(page 9)</i>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Retainage (Reimbursed After Final Invoice)		\$0.00						
TOTAL AMOUNT	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
						TOTAL AMOUNT DUE <i>(Total Amount This Request Minus 5% Retainage Withheld, if applicable)</i>	\$0.00	

EXHIBIT C-1

PART 1b - REVISED PAYMENT REQUEST SUMMARY FORM

Payment Request No: _____

Performance Period: _____

EXPENDITURE SUMMARY - By Task

Authorized Tasks	AMOUNT THIS REQUEST	PREVIOUS PAYMENT REQUESTS	TOTAL CUMULATIVE PAYMENT REQUESTS	MATCHING FUNDS FOR THIS REQUEST <i>(page 10)</i>	TOTAL CUMULATIVE MATCHING FUNDS
Task 1:	\$ -	\$ -	\$ -	\$ -	\$ -
Task 2:	\$ -	\$ -	\$ -	\$ -	\$ -
Task 3:	\$ -	\$ -	\$ -	\$ -	\$ -
Task 4:	\$ -	\$ -	\$ -	\$ -	\$ -
Task 5:	\$ -	\$ -	\$ -	\$ -	\$ -
Task 6:	\$ -	\$ -	\$ -	\$ -	\$ -
Task 7:	\$ -	\$ -	\$ -	\$ -	\$ -
Task 8:	\$ -	\$ -	\$ -	\$ -	\$ -
Task 9:	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL AMOUNT	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL BUDGET (ALL TASKS)	\$ -			\$ -	
LESS TOTAL CUMULATIVE PAYMENTS	\$ -			\$ -	
TOTAL REMAINING (ALL TASKS)	\$ -			\$ -	

EXHIBIT C-1
PART 1 - GRANTEE CERTIFICATION

I, _____, on behalf of
(Print name of Grantee's Grant Manager designated in the Agreement)
City of Coral Gables _____, do hereby certify for
(Print name of Grantee/Recipient)

DEP Agreement No. _____ and Payment Request No. _____ that:

1. The disbursement amount requested is for allowable costs for the project described in Attachment 3 of the Agreement.
2. 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.
3. 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 Signature

Grantee's Fiscal Agent Signature

Print Name

Print Name

Date

Date

EXHIBIT C-1

PART 1 - ENGINEER'S CERTIFICATION OF PAYMENT REQUEST

ONLY REQUIRED IF CONSTRUCTION IS PART OF THE REIMBURSEMENT REQUEST

I, _____, being the Professional Engineer retained by
(name of Professional Engineer)

City of Coral Gables, am responsible for overseeing construction of the project
(name of Grantee)

described in the Agreement and do hereby certify that, for DEP Agreement No. C2012 and Payment Request No. _____ :

- 1 All permits and approvals required for the construction, which is underway, have been obtained;
2. Payment is in accordance with all applicable construction contract provisions;
3. Construction up to the point of this payment request is in compliance with the approved plans and permits for this project; and
4. All equipment, materials, labor, and services represented by the construction invoices have been satisfactorily purchased or received and applied to the project in accordance with construction contract documents filed with and previously approved by the Department of Environmental Protection.

Signature of Professional Engineer (Original Ink)

Firm or Affiliation

(Date)

(P.E. Number)

EXHIBIT C-1
PART 2 - SALARY AND FRINGE DETAIL

Payment Request
No: _____

Performance Period: _____

Salary										
Task No.	Position Title	Employee Name	Performance Period	Total Hours Worked	Hourly Wage	Total Amount Paid	Date Paid	Payment Type Used (Check, EFT...etc.)	Check No. or EFT No. (If applicable)	Amount Claimed in this Request
<i>Example</i>	<i>Engineer I</i>	<i>John Doe</i>	<i>1/12/19 - 3/10/19</i>	<i>84.00</i>	<i>\$ 25.00</i>	<i>\$ 3,500.00</i>	<i>3/30/2019</i>	<i>Check</i>	<i>24589</i>	<i>\$ 2,100.00</i>
										\$ -
										\$ -
										\$ -
										\$ -
										\$ -
										\$ -
										\$ -
										\$ -
										\$ -
										\$ -
										\$ -
										\$ -
										\$ -
TOTAL SALARY										\$ -

Fringe										
Task No.	Position Title	Employee Name	Performance Period	Fringe Rate (% of Salary)	Fringe Amount	Total Amount Paid	Date Paid	Payment Type Used (Check, EFT...etc.)	Check No. or EFT No. (If applicable)	Amount Claimed in this Request
<i>Example</i>	<i>Engineer I</i>	<i>John Doe</i>	<i>1/12/19 - 3/10/19</i>	<i>15.00%</i>	<i>\$ 315.00</i>	<i>\$ 450.00</i>	<i>3/30/2019</i>	<i>Check</i>	<i>24589</i>	<i>\$ 315.00</i>
										\$ -
										\$ -
										\$ -
										\$ -
										\$ -
										\$ -
										\$ -
										\$ -
										\$ -
										\$ -
										\$ -
										\$ -
										\$ -
TOTAL FRINGE										\$ -

EXHIBIT C-1
PART 2 - EQUIPMENT EXPENSE DETAIL

Payment Request No: _____

Performance Period: _____

Direct Purchase of Equipment

Associated Task(s)	Equipment Detail	Quantity	Cost Per Unit	Equipment Cost	Brief Explanation of Equipment Necessity
				\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
Total Direct Purchase Equipment:			\$	-	

Rental/Lease of Equipment

Associated Task(s)	Equipment Details, Including Term of Rental/Lease	Quantity	Cost Per Unit	Equipment Cost	Brief Explanation of Equipment Necessity
				\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
Total Rented/Leased Equipment:			\$	-	

EXHIBIT C-1
PART 2 - MATCH DETAIL

DEP GRANT NO.: _____

Payment Request _____

Match Amount _____

Invoice
Performance
Period: _____

Matching Funds
This Request: _____

Task No.	Contractor Name	Contractor Invoice No.	Contractor Invoice Date	Contractor's Performance Period	Total Invoice Amount	Description of Goods/Services Provided	Payment Type (CC, Check) <i>If check, provide Check No.</i>	Amount Claimed in this Request
1	ABC Inc.	2243	5/1/2023	4/01/2023-4/30/2023	\$5,000.00	Description of Goods/Services Provided	Check #00233	\$2,000.00
							Total Match:	\$0.00