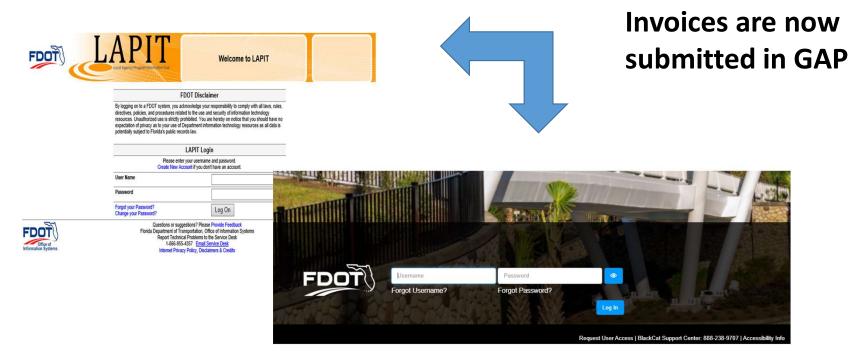


REQUEST FOR REIMBURSEMENT PROCEDURES (INVOICING)

Presented by: FDOT District 4 Local Programs

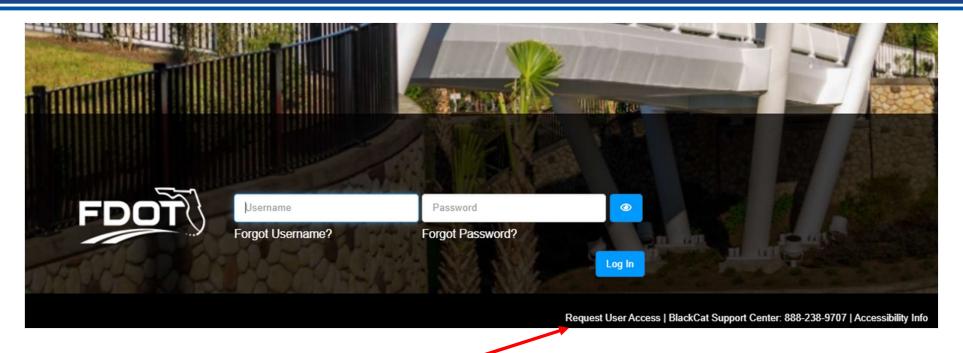


LAPIT to GAP



Please send an email notification to D4-localprograminvoices@dot.state.fl.us

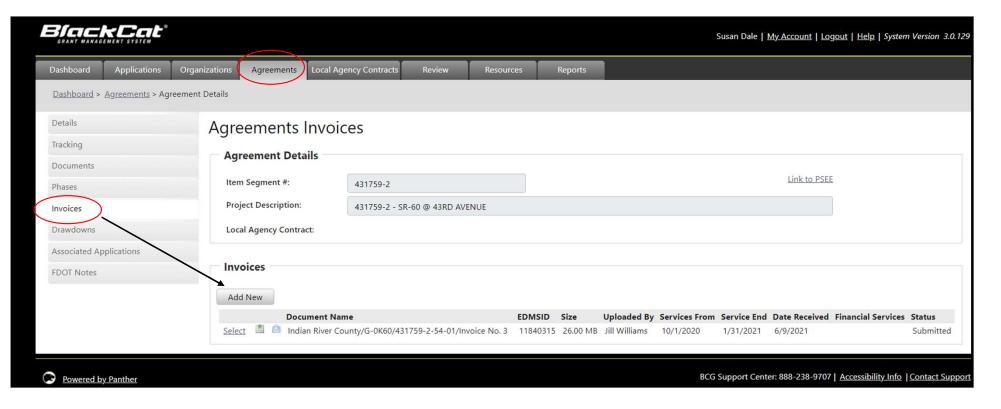




If you don't currently have access, You will need to Request User Access.

For more information go to the FDOT Program Management Local Programs homepage at: https://www.fdot.gov/programmanagement/lp/lp





Dashboard>Agreements>Agreement Details



Please use the following file name when submitting an invoice in GAP

FM#/contract#/invoice#/description of project

Once the invoice is uploaded, the Invoice Reviewer checks the invoice for Completeness.

If the invoice is incomplete or requires corrections, the invoice will be rejected.

A revised Invoice will need to be resubmitted following corrections.

Each Submission, whether it is the original or a revised copy requires a complete submission.

Once a complete submission is received, reviewed, and all corrections have been made, the invoice will then be accepted.

Reimbursement Process





Reimbursement Process



Agency Receives
Comments/make
necessary corrections
and uploads revised
copy to GAP



Once all comments are addressed, District LAP Coordinator submits to Financial Services for Processing



Teamwork gets the job done

The D4 Local Program Office and the Construction Office/Operation Center work hand in hand

| | Task Management | District Local Program Office | Construction Office/Operation Center |
|--------------------------------------|--|-------------------------------|--------------------------------------|
| | | 1 | · · |
| | Ensure Local Agency and Contractor compliance with the Executed Local Agency Construction Contract | h • | • |
| ght | Attend Pre-Construction Meetings and Progress Meeting | | • |
| ısı | Field/Site Visit(s) | | • |
| ŏ | Quarterly Construction Compliance Reviews | | • |
| ction | Conducting Monthly Project Monitoring and reporting | | • |
| str | Change Order and Time Extensions | • | • |
| ou | Invoice Review | • | • |
| E | Supplemental Amendments | • | |
| Local Program Construction Oversight | Monitor compliance w/ FDOT's Disadvantage Business Enterprise(DBE) program plan, Bid Opportunity, and Equal Employment Opportunity (EEO) requirements | | • |
| | Final Acceptance and Inspection | | • |
| | Close- out Package Coordination and Review | • | • |
| | Contract Close-Out Request to Financial Services | • | |
| | Performance Evaluations of the Local Agency | • | • |

- OPS Construction confirms construction activity via site visit(s) and Project Monitoring Status Reports (PMSR)
- Verify quantities being billed match construction progress for the billing period
- ❖ Monitor/analyze any pay items over 100%
- Confirm non-participating pay items in the Bid Concurrence are not being billed
- Review Invoice submission for completeness and accuracy
- Provide comments for correction as needed



DOCUMENTATION/INFO REQUIRED

Local Agency Agreements State:

"The recipient shall provide quantifiable, measurable, and verifiable units of deliverables as specified in Exhibit A"

Construction Reimbursement:

- Invoice Submittal Checklist
- DFS form and Cost Summary
- Project Monitoring Status Report (PMSR)
- Application and Certification for Payment (Pay app)
- Schedule of Values (SOV)
- Proof of payment, cancelled check or proof of alternative payment method
- Construction Compliance with Specifications and Plans (700-010-38)
- Certification Disbursement of Previous Payment to Subcontractors (700-010-38)

Professional Services Reimbursement:

- Invoice Submittal Checklist
- DFS form and Cost Summary
- Project Monitoring Status Report (PMSR)
- Payroll documentation
- Proof of Payment

Advertisement Reimbursement:

- Invoice Submittal Checklist
- DFS form and Cost Summary
- Project Monitoring Status Report (PMSR)
- Copy of the advertisement
- Proof of Payment



Final Invoices

ADDITIONAL DOCUMENTATION/INFO REQUIRED FOR FINAL INVOICES

LAP (Federal Grant)

- Final release of Liens
- Materials Certification Letter
- Contract Affidavit & Surety Consent (700-050-21)
- Final Inspection acceptance (525-010-42)
- LAP Record of Final Plans and Documentation (525-010-027)

State Funded Grant

- A letter notifying the Department of the completion of construction of the project
- Engineer's Certification of Compliance (Exhibit C) signed and sealed by a Professional Engineer

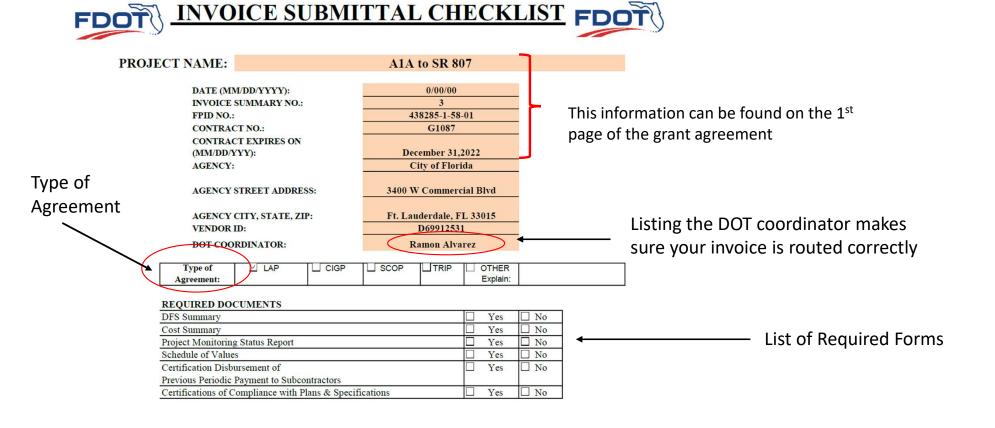
Latest and Greatest Forms

https://www.fdot.gov/designsupport/Districts/D4LAP/D4LAP.shtm



LAP-JPA Invoice Summary Pages

Doc: March 2021





| SUPPLEMENTAL AGREEMENTS & | RETAINAGE | | | | _ |
|---|-------------------------------|--------------|--------|---|-------------------------------|
| Has Contract Been Amended (Time Exter | ision, Increase/Decrease in | | Yes | □ No | |
| Funding, etc.?) | | | | | Funding amounts and retainage |
| Date of last Contract Amendment (MM/D | D/YYYY) | | | | information |
| Original Contract Amount (\$) | | | | | Information |
| Modified Contract Amount (\$) | | | | | |
| What percentage of retainage is being hel | d (%)? | | | | |
| Has retainage been reduced from previous | s invoice? | | Yes | □ No | |
| If yes, please explain: | | | | | |
| FINAL INVOICE? | | | Yes | □ No | |
| If Yes, is the retainage being paid out? | | | Yes | □ No | |
| Has Construction Close Out (Blue Folder |) been submitted to | | Yes | □ No | |
| FDOT? | | | | | |
| EDVAL DIVOLEDE WILCOMETRICET | ON A WIGHT A LICO CLUDA WIT | | | | Para Cara da di Cara |
| FINAL INVOICES W/ CONSTRUCTI | ON MUST ALSO SUBMIT | | ** | | List of needed forms |
| Final Release of Liens | | | Yes | □ No | |
| Materials Certification Letter | 0.50 01) | | Yes | □ No | |
| Contract Affidavit & Surety Consent (700 | | | Yes | □ No | |
| Final Inspection Acceptance (500-010-40 |) | _= | Yes | □ No | |
| Record of Final Plans & Documentation | | | Yes | □ No | |
| (525-010-40) | | | | | |
| Certifications of Compliance with Plans & | & Specifications | | Yes | □ No | Must be signed and dated |
| | | | | | Triast be signed and dated |
| | | N. C. Santon | | F 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | |
| , under penalties of perjury, that the Agen | cy has complied with the pro- | visions of | this A | Agreement: | |
| 4 | | | | | |
| MUST BE SIGNED | Da | ate: 0/00/0 | 00 | | |
| , Local Agency Project | Manager | | | | |
| | | | | | |

| OCAL AGENCY NAME |
|--------------------------|
| OCAL AGENCY ADDRESS |
| /endor ID: FXXXXXXXXXXXX |

Florida Department of Transportation - District 4



DFS Form

This never changes.
Do not edit.

Invoice No.: 0 MM/DD/YY to Invoice Period: MM/DD/YY \$0.00 Total Invoice Amount Total Invoice Amount FD OT Participating: \$0.00 FDOT Contract/Agreement No. G200000 FDOT Participation Total (\$) \$0.00 FDOT Participation Amount (%) 100.00% FDOT Contract Remaining Balance: \$0.00

Date:

Last Updated: 07/2019

Invoice # for this contract

Period must match the Pay Apps being submitted.

FDOT Contract Number located on page 1 of agreement

% would be located on page 1 or page 2 of agreement and Exhibit B.

Project Name:

Main: (866) 336-8435

FPID Number(s): XXXXXXX-X-XX-XX

3400 West Commercial Boulevard

Fort Lauderdale, Florida 33309-3421

(2)

| Project Phase(s) Select from drop down menu. Must match Exhibit 8 of Agreement. | FD OT MAX Participation Amount by Phase | TOTAL Invoice Amount by Phase | FDOT Non-Participating Amount by Phase | FDOT Participating Amount by Phase | Invoice Amount for FDOT Reimbursement | Total FDOT Previous Payments | Remaining Balance by Phase |
|---|---|-------------------------------------|--|--|---|------------------------------------|-------------------------------|
| Phase 34/38: Preliminary Engineering | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Phase 54/58: Construction | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Phase 64/68: Construction, Engineering and Inspection | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Capital Equipment | | | | | | | 7 |
| In-house Costs*: | 4 | 5 | 6 | | | | |
| Salaries | | | | | | | |
| Fringe Benefits | | | | | | | |
| Contractual Services | | | | | | | |
| Other Direct Costs | | | | | | | |
| а. | | | | | | | |
| b. | | | | | | | |
| a. d. | | | | | | | |
| e. | | | | | | | |
| t . | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Totals: | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |

[&]quot;Must be pre-approved by FDOT prior to executing the Grant Agreement.

Request for Payment Certification as Required by 2 CFR 200.415:

By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award (ONLY applicable to Federal-aid assisted contracts). I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise.

(U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812)

| | Must be signed |
|--------------------------------|--------------------|
| Authorized Official Signature: | and dated by staff |
| | for LAP Grants |
| Printed Name: | |

1.All information in this box will be completed by the local agency. The vendor number can be found on the front page of agency's agreement with FDOT.

2. This information can be obtained from Page 1 of the agreement.

3.Select the lines from the drop-down menu. These lines must match the Exhibit B of the agreement. Some agreements may only have one line, others may have two or three.

4.Enter numbers based on the Exhibit B. These will remain the same for the life of the project unless a SA is processed to add or remove funds.

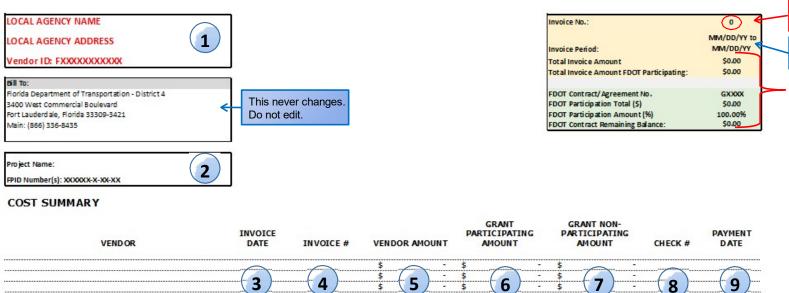
5.Enter amounts based on support documentation. Separate between appropriate lines. If one line has no charges during the request in the package enter \$0.00.
6.Non-participating items are found in the bid concurrence. Add up the total of all Non-Participating items that you highlighted on the SOV. Multiply that total by the retainage percentage shown on the Application for Payment then subtract that amount from the total of the Non-Participating items
7.Enter amounts based on previous payments processed/reimbursed by the Department on other invoices.



The name of the

Contractor

Cost Summary



Total: \$

Invoice No. must be after the invoice number previously submitted.

Period must match the Pay Apps being submitted.

These lines will be populated automatically

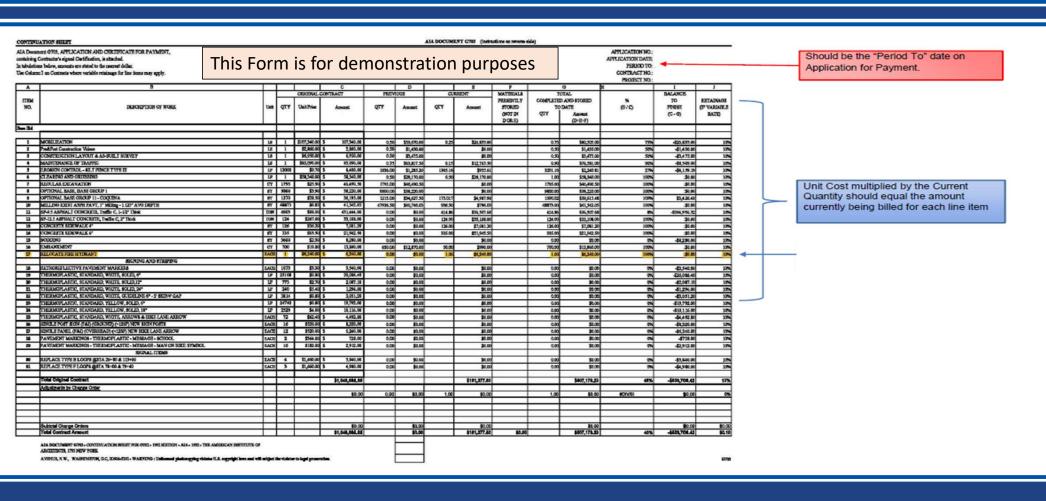
- 1.All information in this box will be completed by the local agency. The vendor number can be found on the front page of agency's agreement with FDOT.
- 2.This information can be obtained from Page 1 of the agreement.
- 3.It is the date the Contractor signed the Pay
- 4.This is the Application for Payment number found at the top of the Pay App document.5.The amount the agency paid the Contractor (Current Payment Due amount on Application for Payment.).
- 6. Subtract Grant Non-Participating Amount from Vendor Amount.
- 7.Non-participating items are found in the bid concurrence. Add up the total of all Non-Participating items that you highlighted on the SOV. Multiply that total by the retainage percentage shown on the Application for Payment then subtract that amount from the total of the Non-Participating items 8.Look at cancelled check. If paid electronically, there will be some sort of transaction number.
- 9.Date on check or transaction date if paid electronically.



| imple of Pay Application | | | | APPLICATION NO: | Distribution to: | | |
|--|---|---|---|--|---|--|--|
| | | | | PERIOD TO: | ARCHITECT | Period must match the Pay Apps being submitted and be after the Period to on the Prior App | |
| FROM(CONTRACTOR): | | VIA (A/E): | | ARCHITECT'S PROJECT NO: | \exists | тие Риог Арр | |
| | | | | | | Please Check the Math It must match the SOV | |
| CONTRACT FOR: Contract No: | | | | CONTRACT DATE: | | | |
| CONTRACTOR'S APPLICATIO | N FOR PAYMENT | | Application is made for Payment, as shown below, in connection Continuation Sheet, AIA Document G703, is attached. | with the Contract. | | | |
| CHANGE ORDER SUMMARY | | | | | | | |
| | DEDUC | | ORIGINAL CONTRACT SUM Net change by Change Orders | | | | |
| previous months by owner TOTAL | | | 3. CONTRACT SUM TO DATE (Line 1+/-2) | | | | |
| Approved this Month | | | 4. TOTAL COMPLETED & STORED TO DATE | | *************************************** | When discrepancies are found in the SO | |
| | - 1 | | | | 3 | · | |
| Number Date Approved | - 1 | | (Column G on G703) | | | written justification for the difference w | |
| | | | 5. RETAINAGE: | A Company of the Comp | | The state of the s | |
| | | | a. 10% of Completed Work | <u>s</u> | | need to be provided by the agency | |
| | | | (Column D+B on G703) | 9 | | | |
| | - 1 | | b. 0% of Stored Material | <u>s</u> | | | |
| | | | (Column F on G703) | | | | |
| TOTALS | \$0.00 | \$0.00 | Total Retainage (Line 5a+5b or | | | | |
| Net change by Change Orders | | \$0.00 | Total in Column I of G703 6. TOTAL EARNED LESS RETAINAGE | | | | |
| it has no claims against the Owner, except as may for Payment. Any claims accruing as of the dele o attachment hereto are waived, | completed in accordance with e Contractor for Work for which is received from Owner, and the foir states that as of the date of be set forth in an attachment | on and boliet, the the Contract of previous that current of this application, to this Certificate of listed in an | (Line 4 lets Line 5 Total) 7. LLSS PREVIOUS CRETIFICATES FOR PAYMENTILLine 6 from prior Certificate) 8. CURRENT PAYMENT DUE 9. BALANCE TO FINISH, PLUS RETAINAGE (Line 3 lets Line 6) | | s | | |
| CONTRACTOR: | | | State of: | County of: | | | |
| | | | Subscribed and sworn to before me this | day of | , 2020 | | |
| Ву: | Date: | | Notary Public: | | | | |
| | | | My Commission expires: | | | | |
| ENGINEER'S CERTIFICATE FOR PAYMENT In accordance with the Contract Documents based on on-rite observations and the data comprising the above application, the Architect certifies to the Owner that to the | | | AMOUNT CERTIFIED (Attach explanation if amount certified differs from the amount applied for.) ENGINEER: | | | The date the contractor signs the Pay app should be the date of the invoice on the Cost Summary | |
| best of the Engineer's knowledge, information and | | | By: | Dete: | | | |
| indicated, the quality of the Work is in accordance | | | This certificate is not negotiable. The AMOUNT CERTIFIED is | | | | |
| the Contractor is entitled to payment of the AMOU | NT CERTIFIED | | Contractor named herein. Issuance, payment and acceptance of o | evenent are without | | | |



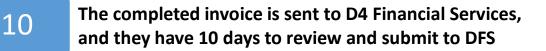
Schedule of Values (SOV)

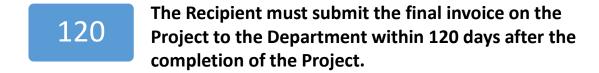


BASIC INVOICE TIMELINE

Once a <u>complete</u> invoice is received, the Department has 20 days to process the payment.







Invoices submitted after the 120-day time period may not be paid.

Verify timeline for each project with the executed agreement

Documents needed for FSO Closeout

Contract close-out to Financial Services Offices (FSO)

The Recipient must submit the final invoice on the Project to the Department within <u>120</u> days after the Final Acceptance of the Project.

X 1. LAP Record of Final Plans and Documents (Form 525-010-47)
 X 2. Final Invoice
 •Must show Final Construction Project Cost and Final Plan Quantities
 •Supporting Documentation must attest that all DBEs and Subs have been paid
 •Confirmation that Final Reimbursement was received & that no further billing will occur
 X 3. Final Inspection and Acceptance of Federal Aid Project (Form 525-010-42)
 X 4. Materials Certification (From Local Agency for Off System, From State Materials if On System)
 X 5. Local Program Performance Evaluation (Form 525-010-50)

https://www.fdot.gov/programmanagement/lap/forms/lapforms.shtm

Verifying Payments

Once an invoice has been accepted and sent to FSO, it goes to Department of Financial Services for approval and payment.



Verifying payments can be done by asking your Program Coordinator, or by accessing the Florida State Comptrollers Vendor Payment History webpage.

https://fs.fldfs.com/dispub2/cvnhphst.htm





Project funds reimbursement is subject to:

- Eligible costs
- Availability of funds as stated in the Executed Grant Agreement
- Approval of all plans, specifications, contracts or other obligating documents
- Department approval of project scope
- Quarterly/Monthly Invoice submittals- Quarterly required, monthly preferred



