

# Department of Transportation

Public Transportation Division (PTD)



***“Connecting for Success”***  
***Grants Management System***  
***By-Enterprise Business Services (EBS)***



# What is Grants Management?

- PTD grant information will be entered and stored into an online system.
- Applications, claims and revisions will be completed and transmitted through the internet.



***“Connecting each other for Success”***



# Objectives

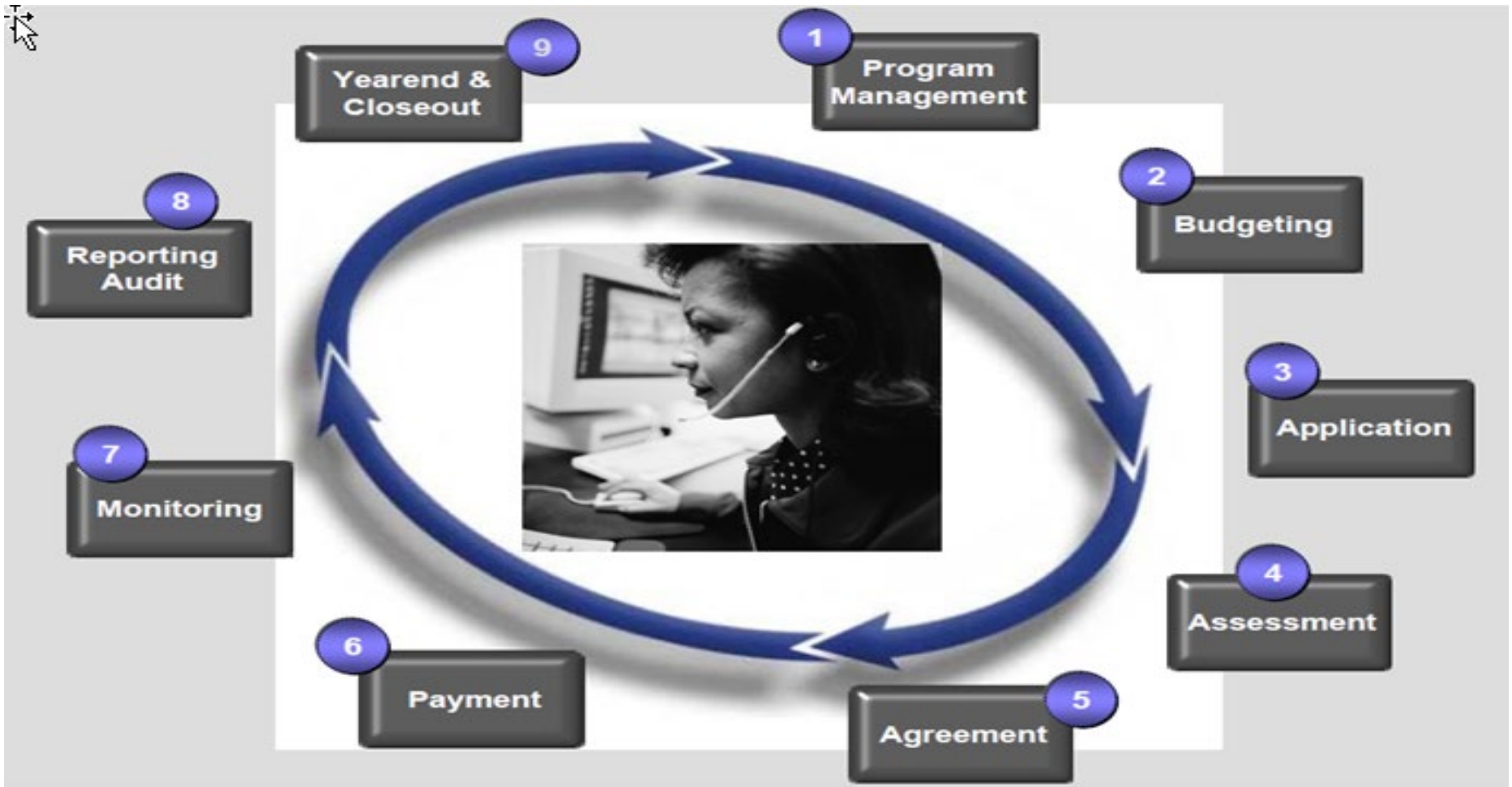
- Modernize communications
- Streamline business processes
- Web-enable grant activities for sub-recipients
  - Application Submission
  - Award Status
  - Invoice Submission
  - Payment Status
  - Change Request (Amendments)



*“A Common Face for Grant Programs”*



# Grants Processes





# Business Value

- Improved transparency
  - Application Status
  - Award Status
  - Invoice Status
- Reduced paperwork and manual processing
- Improved accuracy of application forms
- Process checks and data validation





# System Benefits

- Streamline Current Procedures
- Improve Communications
- Reduce Paperwork
- Error Proof- Built in Checks and Balances
- Ability to View Status of Grant
- Information at Your Fingertips (24 by 7 availability)

*“Connecting for Success”*





# How Do I Get Started ?

- Get a User ID
- Review Training & Help Documentations
- Start using new system to:
  - Submit applications for new programs
  - Submit claims for approved agreement
  - Submit revision for approved agreement
- Attach Quarterly/ Monthly reports with Claims
- Drop Box for document submission





## User ID's

*Why do we need a user name and password?*

In order to log into to web-based system, a user name and password is necessary to identify the user.

*How to get a user name, password?*

Submit the security form available on the PTD website.







# User Support

- Help Guides and Documentation
- Help Desk support for password and technology
  - ◇ EBS Support Services: [EBSSupport@ncdot.gov](mailto:EBSSupport@ncdot.gov)  
919-707-2208 (email is preferred during the pandemic)
  - ◇ Hours of operations 7:00am-5:00pm
  - ◇ Lunch hours 11:30am – 12:30pm
- NCDOT-PTD





# Agenda

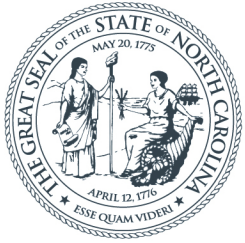
- User Registration (Form on PTD website)
- System Logon
- General Navigation
- Application Process
- View Agreement
- Claim Process
- Change Request Process





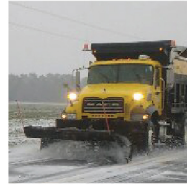
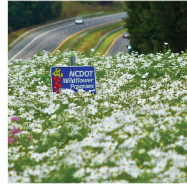
# Questions?





# **NORTH CAROLINA**

Department of Transportation



# New Director's Training

Myra Freeman and Finance Team

September 29, 2020

New Grantee/Director Training

Module 3

# Enterprise Business System (EBS)



Review EBS Handout

New Grantee/Director Training

## Grant Contract Review



New Grantee/Director Training

## Grant Agreement Review

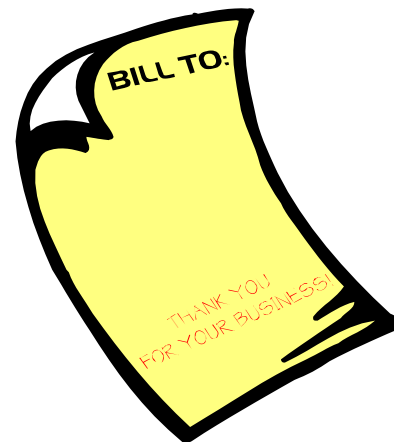
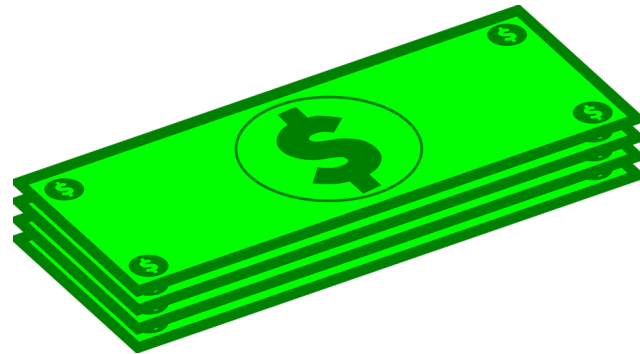
Grantees are **REQUIRED** to read the FTA Circular references. The links are located on the Agreements.

Agreements should be returned to the department within 30 days from day of receipt.



New Grantee/Director Training

Reimbursement





New Grantee/Director Training

Reimbursement

- Invoices submitted monthly or quarterly
- Supporting Documentation should include:
  - **Claim Cover sheet**
  - **Claim cover letter on agency letterhead**
  - **Supporting documentation of all expenditures**
    - **Detailed payroll registers reflecting gross pay of employees on the grant and employers' share of fringe benefits.**
    - **Vendor Invoices and/or receipts ( taxes are not eligible for reimbursement)**
  - **DBE Vendor Payment Form**
  - **Progress report (discuss required information)**
  - **Required Reports and information i.e., Op Stats, Charter, information on trips carried from scheduling software**
- Effective January 1, 2019, personal vehicle mileage is currently reimbursed by total trip.
  - **100 miles or less for total roundtrip is 58 cents per mile**
  - **100 miles or more for total roundtrip is 33 cents per mile**

### CLAIM COVER SHEET

Vendor Name

INVOICE #

DBA/Unit or Department

AGREEMENT #

PO Box/Street Address

Enter DBA, unit or department name here, this should be on W-9, also.

City, ST ZIP Code

Phone | FAX

DATE:

**BILL TO:**

ATTN: NC DOT

Division or Unit of Interest

Street Address

Number Mail Service Center

City, ST Zip Code

Questions regarding this claim should be directed to:

Name:

Phone:

Email:

REQUEST FOR PAYMENT TIME PERIOD : to

REQUESTING REIMBURSEMENT IN THE FULL AMOUNT OF:

Remittance Address: Vendor Name

DBA/Unit or Department

PO Box/Street Address

City, ST Zip Code

*Formerly Johnston County Council on Aging*  
1363 West Market Street, Smithfield, NC 27577  
(919) 934-6066 ph (919) 989-1838 fx



NCDOT  
September 14, 2020

Project #: 20-CA-039  
Agreement #: 2000039621

I am sending you a 5311 CARES operating reimbursement request for July, 2020 in the amount of \$142,681.00.

Thanks.

Melba Sutton  
Finance Director



**North Carolina Department of Transportation  
Public Transportation Division  
OPERATING PROGRESS REPORTING FORM**

**Project Name:**

Rect

**Project Number:**

**WBS Element:**

**Period Covered:**

<b>Operating Activity</b>	<b>Activity During Period</b>
<b>Staff Changes</b>	
<b>Unusual Operating Activities</b>	
<b>(Add Activity as Necessary)</b>	

ACH-VEND

February 2017

STATE OF NORTH CAROLINA  
DEPARTMENT OF TRANSPORTATION  
ACH – EFT AUTHORIZATION FORM

Check One:  Initial Signup  Change

**VENDOR INFORMATION**

Vendor #: \_\_\_\_\_ FEIN/SSN: \_\_\_\_\_

Vendor Name: \_\_\_\_\_

Vendor Address: \_\_\_\_\_

Email: **REQUIRED** \_\_\_\_\_

**FINANCIAL INSTITUTION ACCT. INFO.:**

Name on Account: \_\_\_\_\_

Institution Name: \_\_\_\_\_

Institution Address: \_\_\_\_\_

Transit/Routing #: \_\_\_\_\_ (Nine digit-copy from check, not from deposit slip)

Bank Account #: \_\_\_\_\_ (Include any leading zeros)

Previous Bank Info: \_\_\_\_\_

Bank Account # (Last 4 digit only): \_\_\_\_\_ (\*\*Required for all banking changes\*\*)

Type of Acct:  Checking  Savings (Check one)

**International ACH Transactions (IAT) Statement**

The entire amount of my payment via direct deposit to a financial institution  is  is not being transferred/forwarded to a financial institution outside the U.S.

**\*YOU MUST CHECK THE APPROPRIATE BOX TO COMPLETE THIS FORM\***

**PARTICIPATING VENDOR AUTHORIZATION**

- I, on behalf of the vendor name indicated above, hereby authorize the North Carolina Department of Transportation to initiate ACH credit entries to the above designated bank for payments due from NCDOT for all programs. I (we) also authorize any necessary ACH debit entries or adjustments for any ACH credit entries made in error to the account.
- I acknowledge that the origination of ACH transactions to my account must comply with the provisions of North Carolina and U.S. law.
- I understand that this ACH authorization will remain in effect until I cancel it in writing with Accounts Payable.

Vendor Officer's Name: \_\_\_\_\_ Tel.: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<p><b>Return completed form to:</b>                  NC Department of Transportation                  Attn: ACH Coordinator- Fiscal Section                  1514 Mail Service Center                  Raleigh, North Carolina 27689-1514</p>	<p><b>Questions:</b>                  Email: <a href="mailto:ach@ncdot.gov">ach@ncdot.gov</a>                  Phone (919) 767-4221                  Fax (919) 733-9247</p>	<p>State Agency Use Only:</p>
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QUESTIONS?

