



Subrecipient Training

Integrated Mobility Division (IMD) | January 12, 2023









Agenda

- Types of Agreements and Claim Approval Process
- Claims & EBS Overview
- G-Code Expenses
- Claim Checklist Documents
- Supporting Documents
- Change Requests & Salary and Wage Revisions

Agreement Types Overview Examples

OPERATING	Covers expenses supporting agency operations and maintenance expenses.	
ADMINISTRATION	Covers administration expenses including administrative staff and office supplies.	
PLANNING	Covers expenses related to agency/transit planning.	
CAPITAL	Covers capital expense and purchases with a useful life greater than a year.	

Agreement Types Overview | STATE

Transit Demand Management (TDM) (Rideshare – RS)



Traveler's Aid (TA)



Rural Operating (RS)



Demonstration (DG)



Concept (CN/CO)



Urban State Match (LU/SU)



Agreement Types Overview | FEDERAL

5303 Metropolitan Planning
(08)



5311 CARES (CA)



5307 CARES (CS)



5311 Community (Rural) Transportation
(CT)



5307 Large Urban (LU)



5339 Bus & Bus Facilities Formula (39)



5307 Small Urban (SU)



5339(b) Bus & Bus Facilities (39)



5310 Elderly & Disabled and
Persons of Disabilities (ED)



ARPA American Rescue Plan (AP)



5311 Appalachian
Development – ADTAP (AD)



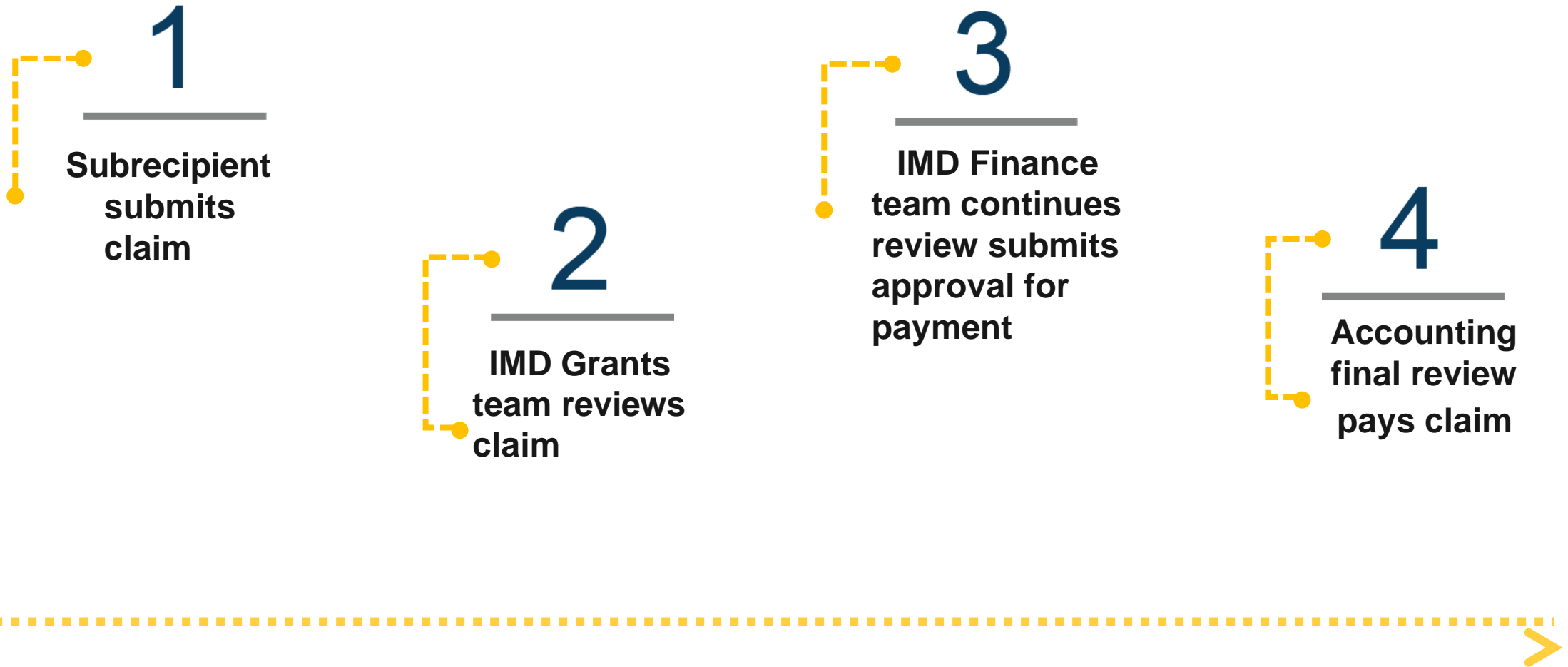
CRRSAA Coronavirus Response and
Relief Supplemental Appropriations Act

N/A

5311(f) Intercity Bus (IC)



Claim Approval Process





Claims & EBS Overview

EBS Overview

Enterprise Business Services:
www.ebs.nc.gov

Step 1: Sign in with username and password.

Step 2: Select “IMD Claims”.

The screenshot displays the Enterprise Business Services (EBS) dashboard. At the top left, the EBS logo and 'Home' dropdown are visible. The main navigation bar includes 'Partner Applications', 'Reports and Dashboards', 'Help', and 'Integrated Mobility Division'. Below this, there is a search bar and a 'Help' section with links to 'Portal FAQ', 'Portal Tutorials', 'My Profile', and 'Reporting Help'. The 'Integrated Mobility Division' section contains five application tiles: 'IMD Claim Integrated Mobility D...', 'IMD Change Request Agreement Change ...', 'Capital Application IMD', 'Planning Application IMD', and 'Admin/Operating Application IMD'. The 'IMD Claim' tile is highlighted with a yellow circle, and a yellow arrow points to it from below.

EBS Overview

Step 3: Select “Create” to start on the claim.

Step 4: Find and select the desired agreement to begin the claim.

Example // 5311 CARES

Enterprise Business Services | Public Transportation Division - Request for Reimbursement

Current Claims/Next Steps

Claim ID	Agreement ID	Grantee Name	Program	Status
[REDACTED]	[REDACTED]	[REDACTED]	P2022_5310_OPERATING-FY22 5310 ELDERLY &	Returned

History Claims

Claim ID	Agreement ID	Grantee Name	Program	Status
[REDACTED]	[REDACTED]	[REDACTED]	P2021_CAPITAL	Rejected
[REDACTED]	[REDACTED]	[REDACTED]	P2021_CAPITAL	Rejected
[REDACTED]	[REDACTED]	[REDACTED]	P2022_CAPITAL	Rejected
[REDACTED]	[REDACTED]	[REDACTED]	P2022_CO_OPERATING	Rejected
[REDACTED]	[REDACTED]	[REDACTED]	P2022_5310_OPERATING	Rejected

Enterprise Business Services | Public Transportation Division - New Claim

Please choose an Agreement to Create a new Claim

Agreement ID	Grantee ID	Grantee Name	Program
[REDACTED]	[REDACTED]	[REDACTED]	P2022_5310_OPERATING
[REDACTED]	[REDACTED]	[REDACTED]	P2022_CO_OPERATING
[REDACTED]	[REDACTED]	[REDACTED]	P2022_CAPITAL
[REDACTED]	[REDACTED]	[REDACTED]	P2022_CAPITAL
[REDACTED]	[REDACTED]	[REDACTED]	P2022_5311_ADMIN
[REDACTED]	[REDACTED]	[REDACTED]	P2021_CAPITAL
[REDACTED]	[REDACTED]	[REDACTED]	P2021_CAPITAL
[REDACTED]	[REDACTED]	[REDACTED]	P2020_5311_CARES_OPER
[REDACTED]	[REDACTED]	[REDACTED]	P2021_5310_OPERATING
[REDACTED]	[REDACTED]	[REDACTED]	P2020_CO_OPERATING

EBS Overview

(Status of Claims)

The “**Status**” of claim shows the current status of claims and applications and if any action needs to be taken. Status can include:

“Submitted”

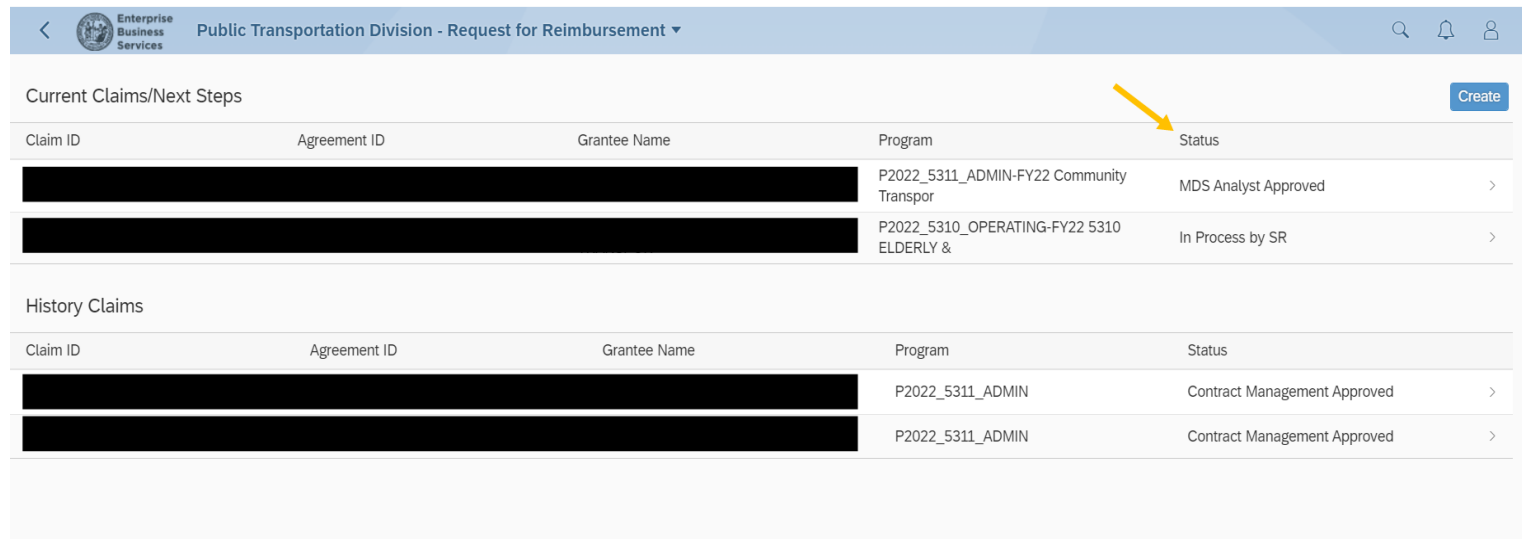
“Returned”

“Returned”

“In Process”

“Contract Management Approved”

“MDS Analyst Approved”



The screenshot shows the 'Public Transportation Division - Request for Reimbursement' page. It features a table with columns for Claim ID, Agreement ID, Grantee Name, Program, and Status. A yellow arrow points to the 'Status' column. The table is divided into 'Current Claims/Next Steps' and 'History Claims' sections. A 'Create' button is visible in the top right corner of the 'Current Claims/Next Steps' section.

Current Claims/Next Steps				
Claim ID	Agreement ID	Grantee Name	Program	Status
[REDACTED]	[REDACTED]	[REDACTED]	P2022_5311_ADMIN-FY22 Community Transpor	MDS Analyst Approved
[REDACTED]	[REDACTED]	[REDACTED]	P2022_5310_OPERATING-FY22 5310 ELDERLY &	In Process by SR

History Claims				
Claim ID	Agreement ID	Grantee Name	Program	Status
[REDACTED]	[REDACTED]	[REDACTED]	P2022_5311_ADMIN	Contract Management Approved
[REDACTED]	[REDACTED]	[REDACTED]	P2022_5311_ADMIN	Contract Management Approved

EBS Overview

Step 5: Basic information on the screen will match what was provided in the application.

Complete the following fields – All information entered **must** match claim checklist documents.

- “**Invoice Number**” – Invoice number for this claim.
- “**Date Prepared**” – Date claim material was prepared.
- “**Invoice Period**” – Period of time in which expenses were incurred. **Services** must have occurred during this period.
- “**Final Invoice**” – Identify if this is the final invoice for the agreement.

Public Transportation Division - Request for Reimbursement

Claim Information

Project Sponsor: [Redacted]

*Mailing Address: [Redacted]

Federal Project Number: [Redacted]

Program: P2020_5311_CARES_OPER-FY20 CARES_Operating

Agreement Number: [Redacted]

Grantee ID: [Redacted]

Agreement Period - From: Jan 20, 2020

To: Jun 30, 2022

WBS: [Redacted]

*Invoice Number: [Redacted]

*Date Prepared: Dec 5, 2022

*Invoice Period - From: Invoice From Date

*To: Invoice To Date

*Final Invoice: Yes No

*DBE/MBE/WBE sub-contractor vendor payments made

EBS Overview

(CARES/OPERATING)

Step 5 (cont.):

Complete the following fields:

- “DBE/MBE/WBE subcontractor vendor payment” – Subcontractor information must be entered into EBS under “Record Subcontractor Payments”.
- “Expenses This Period” – Specify the amount of expenses this period.

*Final Invoice: No

DBE/MBE/WBE sub-contractor vendor payments made during this invoice period? No

Submitted By: [REDACTED]

Date: Dec 12

EXPENSES					
Description	Approved Budget	Approved Expenditures	Expenses This Period	Agreement To Date Expenditures	Balance
0.315 - Operations (RL) 30.39.00 DBE/MBE/Net	966,438.00	635,857.00	0.00	635,857.00	330,573.00
TOTAL EXPENSES	966,438.00	635,857.00	0.00	635,857.00	330,573.00
NET EXPENSES					
NET EXPENSES	Approved Budget	Approved Net Expenses	Net Expenses This Period	Agreement To Date Net Expenses	Balance
EXPENSES - FARE REVENUE AND CONTRA ACCOUNTS	966,438.00	635,857.00	0.00	635,857.00	330,573.00

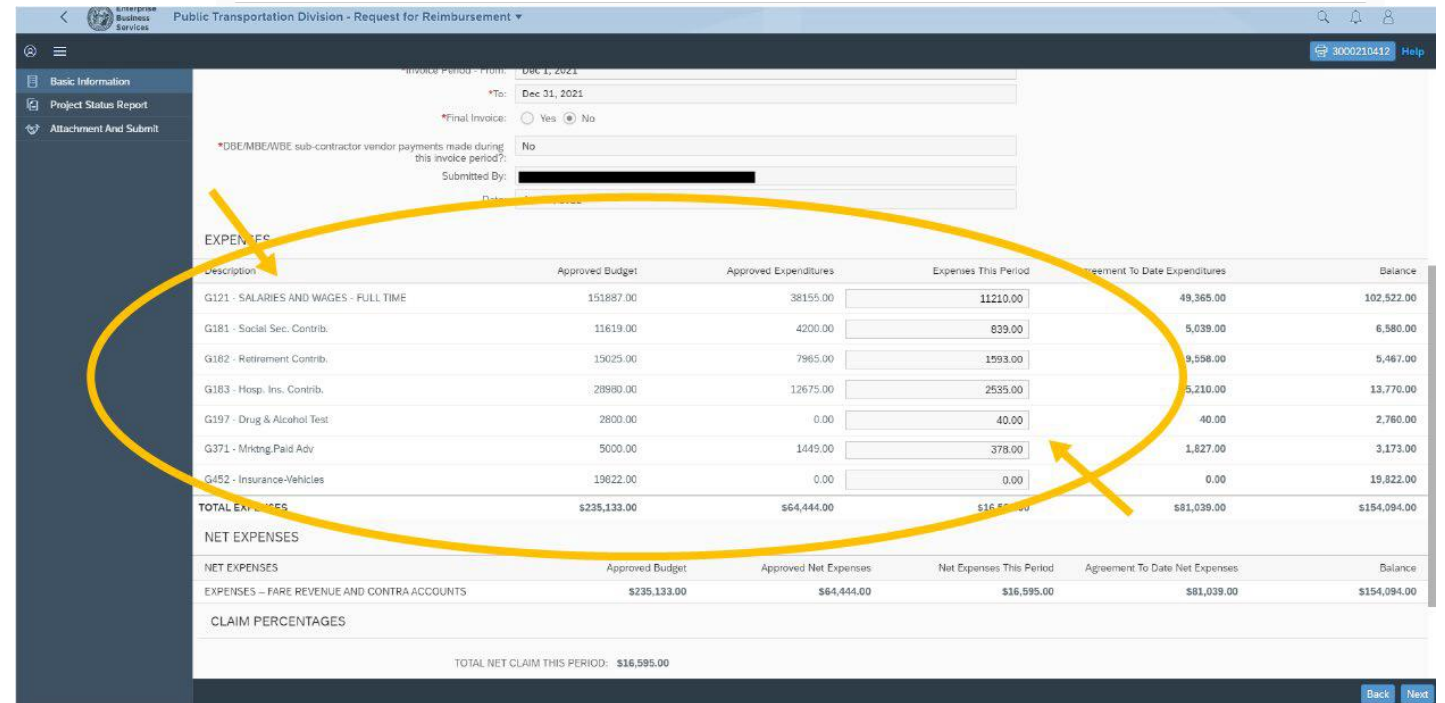
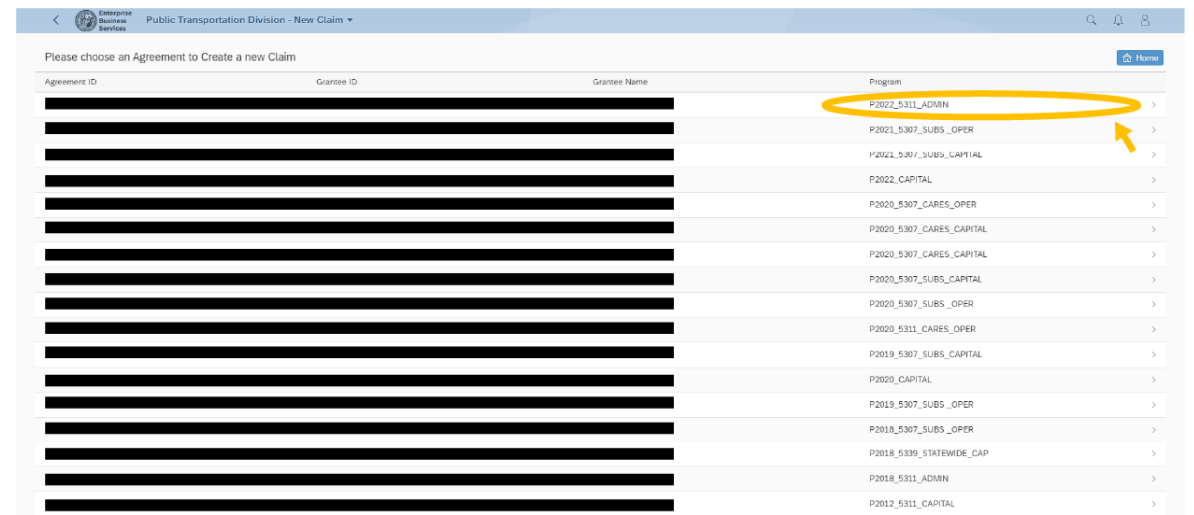
EBS Overview

(ADMINISTRATION/TRADITIONAL)

Example // 5311 ADMIN

Step 5 (cont.):

- “Expenses This Period” – Specify the amount of expenses this period for each G-Code line.
- Click “Next” in the lower-right corner when complete



EBS Overview

Step 6: Enter any revenues and other sources for local share amounts this period.

REVENUE AND OTHER SOURCES FOR LOCAL SHARE AMOUNT			
Revenues	Description	Source	Amount This Period
R264	Federal Vocational Rehabilitation	<input type="text"/>	0.00
R265	Federal Older Americans Act - Title III	<input type="text"/>	0.00
R269	Other non-DOT grant (Specify):	Source <input type="text"/>	0.00
R362	State Operating - SMAP	<input type="text"/>	0.00
R304	State Operating - RGP	<input type="text"/>	0.00
R369	Non-federal grant (Specify):	Source <input type="text"/>	0.00
R372	Local Cash (list each source):	Source <input type="text"/>	0.00
R385	Advertising Profits	<input type="text"/>	0.00
R411	Aging Program	<input type="text"/>	0.00
R412	Department of Social Services	<input type="text"/>	0.00
R413	Sheltered Workshop	<input type="text"/>	0.00
R414	Mental Health Program(s)	<input type="text"/>	0.00
R415	Health Department	<input type="text"/>	0.00
R416	Community Action Program	<input type="text"/>	0.00
R417	Head Start Program	<input type="text"/>	0.00
R418	DayCare	<input type="text"/>	0.00
R419	Medical	<input type="text"/>	0.00
R420	Perks and Recreation	<input type="text"/>	0.00
R421	Public/Private School	<input type="text"/>	0.00
R422	Teen Parent	<input type="text"/>	0.00
R423	Community Living Skills	<input type="text"/>	0.00
R424	Hospital	<input type="text"/>	0.00



EBS Overview

Step 7: Complete items under “Project Status Report”.

Ensure that the Type of Project and **Progress Report** match the claim being completed.

Enterprise Business Services
Public Transportation Division - Request for Reimbursement

3000214269 Help

Basic Information
Project Status Report
Attachment And Submit

Project Status Report

*Calendar Year: 2022

*Type of project: Operating

*Has consultant been retained for services?: YES NO N/A

*Is there DBE participation in the contract?: YES NO N/A

*If, so what is DBE participation percentage?:

Operating

*Trip Data for Quarter (Actual or estimated number of one-way trips):

*Names of Counties Served:

*Operating and trip services percent completed for this period:

*Description of Anticipated Work by Contractor for Next Period:

*Identify and list any problem areas or add other comments relevant to the project's progress (i.e., list service disruptions, adverse weather events, plans, delays, challenges, etc. and actions taken to resolve the delays):

Back Check Save Next

EBS Overview

Step 8: Upload claim checklist documents and any supporting documents.

Step 9:

“**Check**”: Validate your answers and check for errors.

(Errors may include missing documents, empty fields, etc.)

“**Save**”: Any progress completed on the claim.

“**Submit**”: Submit claim for review.

Enterprise Business Services
Public Transportation Division - Request for Reimbursement

300214269 Help

Basic Information
Project Status Report
Attachment And Submit

AUTHORIZING SUB-RECIPIENT SIGNATURE

Comments:

The information supplied in this claim is true to the best of my knowledge, and conforms with the terms and conditions of this agreement.

Attachments (0)

No Documents
Drop files to upload, or use the "+" button.

Back Check Save Submit



G-Code Expenses



G-Codes & UPTAS

- G-codes (expenditure object codes) are sub-account codes classifying expenditures by the activity in which they are made.
 - The classification makes the budget more intelligible by showing the purpose of each expenditure.
- G-codes are three-digit numbers organized by object, e.g.,
 - G200 Personal services
 - G300 Current Obligations
- The codes are further subdivided for more precise classification, e.g.,
 - G233 First Aid Supplies
 - G321 Telephone Service
- The Uniform Public Transportation Accounting System (UPTAS) guide provides detailed information on G-code classifications and will be updated soon.
- **All documents uploaded to EBS as backup documentation MUST be labeled with appropriate G-code for review by IMD.**



G-Code Examples

- **G121 Salaries and Wages-Full Time**
 - Salaries for full time staff including operations and administration. Note: administrative staff charged to an Admin Agreement may **ONLY** be charged at the approved agreement percentage.
- **G212 Uniforms**
 - Items of clothing that are required to be worn in the performance of duties and are directly related to the transit project.
 - Note: Uniform cleaning is not a valid expenses under G212. It is eligible under G392.
- **G252 Tires and Tubes**
 - Tires for transit revenue and support vehicles.
- **G311 Travel**
 - Mileage and related expenses for travel directly related to the transit project.
- **G321 Telephone services**
 - The cost office phones, supervisor phones and driver phones (must be issued by the county or reimbursed by the county).
- **G330 Utilities (G331-G339)**
 - Utilities such as electricity, natural gas, water, sewer, trash collection, etc. Note: sales tax may be claimed as reimbursable for **Utilities ONLY**.
- **G452 Insurance-Vehicles**
 - The cost of insuring IMD-funded transit support and revenue vehicles.



Claim Checklist Documents



Claim Checklist Documents

- These documents are required with each claim submittal:
 - Claim Cover Letter
 - Claim Cover Sheet*
 - DBE/WBE/MBE Form*
 - Consolidated Claim Form*
 - Progress Reporting Form

*Document templates can be found here:

[Connect NCDOT – Public Transportation Documents](https://connect.ncdot.gov/business/transit/documents/forms/allitems.aspx)

[<https://connect.ncdot.gov/business/transit/documents/forms/allitems.aspx>]





Local Transit Agency
123 Main Street
Somewhere, NC 28110

On agency letterhead

Important Notes to Remember

- Use the provided standard template.
- Produce high-quality scanned documents during submission.

November 29, 2022

North Carolina Department of Transportation
Integrated Mobility Division
1550 Mail Service Center
Raleigh, NC 27699-1550

Address should be formatted as shown, with addressee being NCDOT IMD

NC DOT, IMD

Local Transit Agency has submitted a claim for **project number 23-LU-011, WBS number 36312.73.2.4.**

Include the project number and WBS number in the body. It is recommended to not include the claim amount in the cover sheet.

Agency signature

John Doe,
Transportation Director

CLAIM COVER LETTER

CLAIM COVER SHEET

Vendor Name
DBA/Unit or Department
PO Box/Street Address
City, ST ZIP Code
Phone | FAX

INVOICE # 1
AGREEMENT # 2000061123

Invoice and Agreement Number for the claim

Agency name, address, & phone number must match the address in EBS.

DATE: 11-Oct-22

Date of claim creation

BILL TO:
ATTN: NC DOT
Division or Unit of Interest
Street Address 1 South Wilmington Street
Number Mail Service Center 1550 Mail Service Center
City, State, Zip Code Raleigh, NC 27699-1550

NCDOT IMD is Addressee

Questions regarding this claim should be directed to:

Name:
Phone:
Email:

Contact information for the person who will answer questions regarding this claim.

Important Notes to Remember

- Use the provided standard template.
- Produce high-quality scanned documents during submission.

REQUEST FOR PAYMENT TIME PERIOD : 1-Sep-2022 to 30-Sep-2022

Claim period covered
Amount of claim (Federal, State)

REQUESTING REIMBURSEMENT IN THE FULL AMOUNT OF: \$ 250,000.00

Remittance Address: Vendor Name APPALCART
DBA/Unit or Department

Agency remittance address, must match the address in NCDOT accounting system (your W-9).

Agency signature

I certify the information in this claim is accurate and true to the best of my knowledge and have not been reimbursed under any other claims or grant programs.

SIGNATURE

* VENDOR NEEDS TO COMPLETE ALL THE SHADED AREAS

CLAIM COVER SHEET

DBE/MBE/WBE/HUB VENDOR AWARDS

PROJECT SPONSOR: _____
MAILING ADDRESS: _____

Agency Name
Agency Address

PROJECT _____

PERIOD COVERED
FROM: _____
TO: _____

Claim period must match the information in EBS.

INVOICE _____ WBS ELEMENT _____

PO NUMBER X
VENDOR NUMBER X

Awarded By Name	Awarded By Report ID	Vendor/Subcontractor Name	Vendor/Subcontractor Report ID	Service / Item Description	Anticipated Utilization (\$)
TOTAL					0.00

Project Number, WBS Number, and Invoice Number must match EBS.

Important Notes to Remember

- Use the provided standard template.
- Produce high-quality scanned documents during submission.

Any payment made to a certified DBE/MBE/WBE must be entered on the form and in EBS.

Agency signature and title; title should be typed, not handwritten.

Agency Name

x – Field is not required

DBE REPORTING FORM

North Carolina Department of Transportation
Public Transportation Division
ADMINISTRATION GRANT PROGRESS REPORTING FORM

Project name, project number, WBS number, and period covered (invoice period) must match EBS.

- Project Name:
- Project Number:
- WBS Element:
- Period Covered:

Administrative Activity	Accomplishments During Period
Staff Changes	
Advertising/Marketing	
Training	
Outreach Efforts	
TAB Meeting Date & Summary	
Travel	
Repairs & Maintenance	
Other Significant Activities	

Important Notes to Remember

- Use the provided standard template.
- Produce high-quality scanned documents during submission.

Qualitatively and quantitatively list any accomplishments that occurred during the invoice period.

ADMIN PROGRESS REPORTING FORM

North Carolina Department of Transportation
Public Transportation Division
5311 OPERATING PROGRESS REPORTING FORM

Project name, project number, WBS number, and period covered (invoice period) must match EBS.

Project Name:

Project Number:

WBS Element:

Period Covered:

Important Notes to Remember

- Use the provided standard template.
- Produce high-quality scanned documents during submission.

Operating Activity	Activity During Period
Staff Changes	
Unusual Operating Activities	
(Add Activity as Necessary)	

Qualitatively and quantitatively list any operating activity that occurred during the invoice period.

OPERATING PROGRESS REPORTING FORM

Transit system name and invoice period must match EBS.

Expenditures by program type are entered in the yellow cells and rounded to the nearest whole dollar.

This column will sum all amounts across program types by G-code.

The orange cells should equal all expenses claimed for the period across all program types.

G-codes organized by expense type. G-code guidance can be found in the UPTAS manual.

Important Notes to Remember

- Use the provided standard template.

Consolidated Claim Form											
Transit System: <input type="text"/>			Period: <input type="text"/>								
*Enter full claim amount, not just the Federal/State amounts											
Group	UPTAS Code	Category/Name	Expense Claimed and Documented	Grant Allocation						Total Claims	Unclaimed Expenses
				5307 Traditional	5307 CARES	5311 Traditional	5311 CARES	5311 ARPA	5310 Traditional		
Personnel Services	Salaries and Wages										
	G121	SALARIES AND WAGES - FULL TIME	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	G122	SALARIES AND WAGES - OVERTIME	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	G125	SALARIES AND WAGES-PART-TIME (BENEFITS)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	G126	SAL. AND WAGE-TEMP/PT-TIME (NO BENEFITS)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	G127	SALARIES AND WAGES - LONGEVITY	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	G129	SALARIES, TRAVEL, AND OTHER ADMIN COSTS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	Fringe Benefits										
	G181	SOCIAL SECURITY CONTRIBUTION	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	G182	RETIREMENT CONTRIBUTION	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	G183	HOSPITALIZATION INSURANCE CONTRIBUTION	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	G184	DISABILITY INSURANCE CONTRIBUTION	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	G185	UNEMPLOYMENT COMPENSATION	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	G186	WORKER'S COMPENSATION	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	G187	PAYMENT FOR RELEASED TIME	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	G188	FLEXIBLE BENEFIT ADMINISTRATION FEE	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	G189	OTHER (PHYSICALS, BONUS, INS, ETC.)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	Professional Services										
	G191	ACCOUNTING	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
G192	LEGAL	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
G195	MANAGEMENT CONSULTANT	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
G196	DRUG & ALCOHOL TESTING CONTRACT	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
G197	DRUG & ALCOHOL TESTS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
G198	MEDICAL REVIEW OFFICER	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
G199	OTHER - PROFESSIONAL SERVICES	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Household and Cleaning Supplies											
G211	JANITORIAL SUPPLIES - (HOUSEKEEPING)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
G212	UNIFORMS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Educational and First Aid Supplies											
G233	FIRST AID SUPPLIES (REPLACEMENT)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Vehicle Supplies and Materials											

CONSOLIDATED CLAIM FORM



Fixed Charges	G446	MAINTENANCE CONTRACTS - TIRES	\$2,500	\$0	\$2,000	\$0	\$1,000	\$0	\$0	\$3,000	(\$500)	
	G449	OTHER SERVICE & MAINTENANCE CONTRACTS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
	Insurance and Bonding											
	G451	INSURANCE - PROPERTY & GENERAL LIABILITY	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	G452	INSURANCE - VEHICLES	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	G453	INSURANCE - FIDELITY	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	G454	INSURANCE - PROFESSIONAL LIABILITIES	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	G455	INSURANCE - SPECIAL LIABILITIES	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	Indirect Costs											
	G481	CENTRAL SERVICES - INDIRECT COSTS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other Fixed Charges/Current Expenses												
G491	DUES AND SUBSCRIPTIONS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
G499	OTHER FIXED CHARGES	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Contracts, Grants, Subsidies and Allocations	Private Operator Contracts											
	G611	DIRECT PURCHASE OF SERVICE (PRIVATE)	\$0					\$0	\$0	\$0	\$0	\$0
	G612	USER SIDE SUBSIDY	\$0					\$0	\$0	\$0	\$0	\$0
	G613	PURCHASE OF PARATRANSIT SERVICE	\$0					\$0	\$0	\$0	\$0	\$0
	Purchased Transportation Services											
	G621	VOLUNTEER REIMBURSEMENT	\$0					\$0	\$0	\$0	\$0	\$0
	Public Operator Contracts											
G641	DIRECT PURCHASE OF SERVICE (PUBLIC)	\$0					\$0	\$0	\$0	\$0	\$0	
TOTALS			\$2,500	\$0	\$2,000	\$0	\$1,000	\$0	\$0	\$0	\$3,000	(\$500)
Fares				\$0	\$500	\$0	\$0	\$0	\$0	\$0	\$500	
Program Payout Request				\$0	\$1,500	\$0	\$1,000	\$0	\$0	\$0	\$2,500	

Fares collected are entered here. All fares collected **must** be deducted from the period in which they were collected.

The program payout request must match the claim as shown in EBS.

If claims by program type are greater than total expenses for the period (orange column), a negative number will appear. Double check all data to avoid negative amounts.

CONSOLIDATED CLAIM FORM (CONT.)



Claim Videos 1, 2, & 3

<https://youtu.be/djf8k6Wn8H0>

Supporting Documents



“Don’t make your reviewer hunt for the information.”

All expenditures claimed for reimbursement should be accompanied by backup documentation.

Examples of appropriate documentation include:

- Vendor invoices
- Store receipts
- Utility bills

All invoices and bills must be accompanied by proof of payment.

Examples of proof of payment include:

- Detailed payroll registers
- Accounting system reports
- Check copies
- Receipts
- Invoices stamped “PAID” with date

Fare reports must be attached when applicable.

All supporting documentation and proof of expenditure should be clearly labeled with the amount being claimed and the G-code.



Supporting Documents Requirements

- Must be uploaded for every expenditure
- Must be clearly labeled with amount and G-code
- Must be legible
- Remove all sales tax (except for regulated utilities)
- Agency created spreadsheets are unallowable as stand-alone documentation, but can be used to enhance reviewer understanding
- Accounting system reports must show accounting system name, date of report date of reporting period, and account information




Supporting Documents Requirements (continued)

- All invoices and bills must be accompanied by proof of payment. Examples of proof of payment include:
 - Detailed payroll registers
 - Accounting system reports
 - Check copies
 - Receipts
 - Invoices stamped “PAID” with date for reports must be attached when applicable
- Use standard file names for all submitted documents:
 - Claim Cover Letter: **Claim Cover Letter** - <TransitAgencyName> <GrantName> <ClaimDate>
 - Claim Cover Sheet: **Claim Cover Sheet** - <TransitAgencyName> <GrantName> <ClaimDate >
 - DBE/WBE/MBE Form: **DBE Form** - <TransitAgencyName> <GrantName> <ClaimDate >
 - Consolidated Claim Form: **Consolidated Claim Form** - <TransitAgencyName> <GrantName> <ClaimDate >
 - Progress Reporting Form : **Progress Reporting Form** - <TransitAgencyName> <GrantName> <ClaimDate >
 - Invoice/G-Code: **<Gcode>** - <TransitAgencyName> <GrantName> <ClaimDate > or **<Gcode>_<Gcode>_<Gcode>** - <TransitAgencyName> <GrantName> <ClaimDate >
 - E.g. – G121 – City of Durham 5303 5312024
 - E.g. - G331_G332_G333 - City of Durham 5303 5312024
- File format - PDF
- All documents should be aligned (upright)
- All required claim documents are expected to be submitted as individual attachments.
- Use an individual attachment for each Gcode being expensed.

Invoices and Receipts

- For successful and accurate claim review results, the following guidelines should be followed when submitting documentation:
 - Gcode:
 - G-Codes should be digitally typed on the supporting documentation and not hand written
 - G-codes can be typed in any available blank space and avoid typing over existing text
 - Text Format: *G123=\$1234.56 (no spaces)*
 - For receipts: *Receipt G123=\$156.89*
 - Examples of best practice:



G123=\$55956.63

Invoice Statement

INVOICE NUMBER: 81001747
ACCOUNT NAME: County of Carteret

0462-00-398398-8 117500.00 30 MAY-23-2022 JUN-07-2022 55956.63

DATE	ACTIVITY DESCRIPTION	CHARGES / DEBITS	PAYMENTS / CRED
MAY-03-2022 MAY-23-2022 MAY-23-2022	Payment - Thank You Fuel Purchases Other Purchases	55957.34	46430 0

REMINDER
PLEASE BE SURE TO INCLUDE REMITTANCE
STUB WITH PAYMENT. MAIL TO THE
ADDRESS SHOWN IN THE RIGHT PORTION
OF THE REMITTANCE STUB.

BILL TO:
BRADLEY WOODCRAFT
151 PREMIER DR
HOLLY SPRINGS NC 27540

G324=\$608.64
G534=\$2327.04

Fax: () -
Delivery: RA0001322728-002

SHIP TO:
BRADLEY WOODCRAFT
151 PREMIER DR
HOLLY SPRINGS NC 27540

POSTED
SEP 02 2022

Page 1 of 1

QTY ORDERED	QTY SHIPPED	UOM	ITEM/DESCRIPTION	CONVERTED QTY	PRICE/UOM	AMOUNT
6	6	each	RA0000020827 4X8 LAMP 1/4" MDF 1573 CL / 5887-26	6.00/each	101.44/each	608.64
24	24	each	RA0000020828 4X8 LAMP 11/16" PB 1573 CL / 5887-26	24.00/each	96.96/each	2,327.04


Invoices and Receipts (continued)

- Gcode formats to avoid:

06/03/21 02:48:55 PM Pender Adult Services Page 1 of 1
Printed By: Jessica Corbett **Check Register Report**

Bank #	Payee	Invoice #	Check #	Chk Date	Committed Disc	Committed Adj	Check Amt
Vendor #:	HUMANA (HUMANADENTAL INS. CO.)		23803	05/20/21	0.00	0.00	1,575.87
3	HUMANADENTAL INS. CO. JUNE 21		Total for HUMANA :		0.00	0.00	1,575.87
HUMANA: 1 Record(s)			Total for this Report :		0.00	0.00	1,575.87
Report: 1 Record(s)							

C-189



INVOICE

Xperties Promotions, Inc.
1406-2 Castle Hayne Rd.
Wilmington, NC 28401
(910)763-7703
sales@xperties.com
http://www.xperties.com

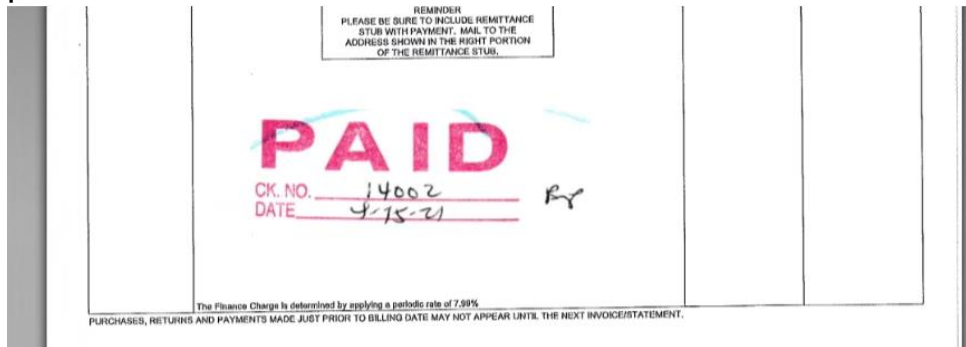
6-37D

BILL TO James Jim Longenbach PENDER ADULT SERVICES (PAS TRAN) - Transportation	SHIP TO PICKUP	INVOICE # 22580 DATE 06/07/2021 TERMS Due on receipt
--	--------------------------	---

SHIP DATE 06/18/2021	SHIP VIA PICKUP	P.O. NUMBER SRM642021A	SALES REP SRM
--------------------------------	---------------------------	----------------------------------	-------------------------

Invoices and Receipts (continued)

- Verification of Payment
 - Paid stamp to be stamped as follows:
 - In any blank space
 - Straight and not overlapping other text
 - Date shown in a standard format, such as MM/DD/YY
 - Example of Best Practice:



- **Avoid** using too little ink as shown in the image below:

BILL AMOUNT DUE 06/10/21
UE
R PAYMENT 04/25/21

12.31
188.13
255.18
-255.18
188.13

PAID
CK. NO. 14039 *rwz*
DATE 5-14-21
OC 331 - \$188.13 *RP*

YS SERVICE	TOTAL KWH	AVG. KWH/DAY	COST PER DAY	TOTAL DUE NOW	\$
30	1080	36	5.81		188.13
31	1585	51	7.64	CURRENT BALANCE	0014004



Supporting Documents Best Practices

- Highlight charges on the documents
- Write explanations when the information is unclear
- Give your files descriptive names when uploaded to EBS (see previous pages for naming convention)
 - E.g., “G121_FT salaries_Transit agency name_Date”
 - E.g., “G121-189_Salaries and fringes”
 - E.g., “G311, G312, G321, G322, G325”
- Scan the proof of expenditure directly after the supporting document

Check Date: From: 9/1/2022 To: 9/30/2022

Check ID	Check Type	Check Date	Regular Pay	Shift Pay	OT Pay	Total Gross	Federal Tax	Social Security	Medicare	State Tax	Other Tax	Deductions	Net Pay
Name: [REDACTED]			Number: 9629										
End of Employee Totals:			4693.60	0.00	197.53	4891.13	704.51	303.25	70.92	174.00	0.00	0.00	3638.45
Name: [REDACTED] FT Driver			Number: 8867										
13290	REG	9/2/2022	1868.36	0.00	219.77	2088.13	177.68	129.62	30.32	78.00	0.00	61.65	1610.86
13360	REG	9/16/2022	1842.80	0.00	172.88	2015.68	168.99	125.13	29.26	75.00	0.00	61.65	1555.65
13431	REG	9/30/2022	1768.14	0.00	169.67	1937.81	159.64	120.31	28.14	71.00	0.00	61.65	1497.07
End of Employee Totals:			5479.30	0.00	562.32	6041.62	506.31	375.06	87.72	224.00	0.00	184.95	4663.58
Name: [REDACTED] FT Driver			Number: 0376										
13317	REG	9/2/2022	1425.36	0.00	61.07	1486.43	49.03	92.16	21.55	51.00	0.00		1272.69
13387	REG	9/16/2022	1805.09	0.00	210.54	2015.63	106.53	124.97	29.23	78.00	0.00	0.00	1676.90
13459	REG	9/30/2022	2118.58	0.00	367.28	2485.86	162.96	154.12	36.04	102.00	0.00	0.00	2030.74
End of Employee Totals:			5349.03	0.00	638.89	5987.92	318.52	371.25	86.82	231.00	0.00	0.00	4980.33
Name: [REDACTED] FT Driver			Number: 4577										
13269	REG	9/2/2022	1749.02	0.00	159.31	1908.33	179.33	118.62	27.74	87.00	0.00	47.10	1448.54
13339	REG	9/16/2022	1581.31	0.00	75.45	1656.76	149.14	103.02	24.10	74.00	0.00	47.10	1259.40
13410	REG	9/30/2022	1251.60	0.00	0.00	1251.60	100.52	77.90	18.22	53.00	0.00	47.10	954.86
End of Employee Totals:			4581.93	0.00	234.76	4816.69	428.99	299.54	70.06	214.00	0.00	141.30	3662.80
Name: [REDACTED] FT Driver			Number: 9543										
13271	REG	9/2/2022	1545.65	0.00	45.38	1591.03	21.86	99.16	23.20	47.00	0.00	0.00	1399.81
13341	REG	9/16/2022	1611.32	0.00	33.39	1644.71	27.23	102.49	23.96	49.00	0.00	0.00	1442.03
13412	REG	9/30/2022	1569.85	0.00	40.92	1610.77	23.83	100.38	23.48	48.00	0.00	0.00	1415.08
End of Employee Totals:			4726.82	0.00	119.69	4846.51	72.92	302.03	70.64	144.00	0.00	0.00	4256.92
Name: [REDACTED] Trainer			Number: 9478										
13272	REG	9/2/2022	2100.96	0.00	90.48	2191.44	145.22	136.81	32.00	86.00	0.00	62.55	1728.86
13342	REG	9/16/2022	2568.00	0.00	242.76	2810.76	219.54	175.21	40.97	117.00	0.00	62.55	2195.49
13413	REG	9/30/2022	3046.32	0.00	563.16	3609.48	315.39	224.73	52.56	158.00	0.00	62.55	2796.25
End of Employee Totals:			7715.28	0.00	896.40	8611.68	680.15	536.75	125.53	361.00	0.00	187.65	6720.60
Name: [REDACTED] FT Driver			Number: 0112										
13270	REG	9/2/2022	1071.75	0.00	0.00	1071.75	0.00	66.45	15.54	0.00	0.00	0.00	989.76
13340	REG	9/16/2022	1302.11	0.00	54.37	1356.48	0.00	84.10	19.67	0.00	0.00	0.00	1252.71

01/11/2022 11:52 Reports\History\actGrossToNetHistory.frmGrossToNetSummaryHistory Page 8 of 12

This payroll backup has no G-codes and is an example of an unacceptable backup document.

5311

DEPARTMENT REGISTER
BI WEEKLY
Pay Date 7/22/22

Page 521
Pay Period 15
7/03/22 to 07/16/22

Prepared 7/20/22, 8:56:19
Program PR450L

Dp/Dv/Act: 65 01 441 TRANSPORTATION/SECTION 18/HUMAN SERVICES SALARIES & Social Security

Employee Name	Description	Current	Amount / Earnings
[REDACTED]	B-WORKER'S COMP	22.63	
[REDACTED]	B-NC RETIRE GEN/REG	458.99	
[REDACTED]	B-401K-1.8100606 1.5	55.81	
[REDACTED]	H-REGULAR HRS	458.99	
[REDACTED]	H-REGULAR HRS	31.000	
[REDACTED]	H-REGULAR HRS	458.99	
[REDACTED]	B-PICA	28.69	
[REDACTED]	B-MEDICARE	462.70	
[REDACTED]	B-MEDICARE	6.71	
[REDACTED]	B-WORKER'S COMP	462.70	
[REDACTED]	B-NC RETIRE GEN/REG	22.81	
[REDACTED]	B-NC RETIRE GEN/REG	462.70	
[REDACTED]	B-401K-1.8100606 1.5	56.26	
[REDACTED]	H-REGULAR HRS	462.70	
[REDACTED]	H-REGULAR HRS	6.94	
[REDACTED]	H-REGULAR HRS	462.70	
[REDACTED]	H-REGULAR HRS	31.250	
[REDACTED]	H-REGULAR HRS	462.70	
[REDACTED]	B-PICA	166.54	
[REDACTED]	B-MEDICARE	2,686.18	
[REDACTED]	B-MEDICARE	38.95	
[REDACTED]	B-DECLINED MEDICAL I	2,686.18	
[REDACTED]	B-DECLINED MEDICAL I	.00	
[REDACTED]	B-WORKER'S COMP	2,763.10	
[REDACTED]	B-WORKER'S COMP	4.42	
[REDACTED]	B-LIFE INSURANCE	2,763.10	
[REDACTED]	B-LIFE INSURANCE	2.60	
[REDACTED]	B-NC RETIRE GEN/REG	2,763.10	
[REDACTED]	B-NC RETIRE GEN/REG	332.34	
[REDACTED]	B-401K-1.8100606 1.5	2,733.10	
[REDACTED]	B-401K-1.8100606 1.5	41.00	
[REDACTED]	A-T-PHONE ALLOW CODE	2,733.10	
[REDACTED]	A-T-PHONE ALLOW CODE	30.00	
[REDACTED]	H-HOLIDAY	.00	
[REDACTED]	H-HOLIDAY	8.000	
[REDACTED]	H-REGULAR HRS	273.31	
[REDACTED]	H-REGULAR HRS	62.000	
[REDACTED]	H-REGULAR HRS	2,118.15	
[REDACTED]	H-SICK	10.000	
[REDACTED]	H-SICK	341.64	

G121 \$ 2733.10
 G122 \$ _____
 G127 \$ _____
 G181 \$ 205.49
 G182 \$ 373.34
 G183 \$ _____
 G186 \$ 7.42

This payroll backup has the G-codes noted and is an example of an acceptable backup document.

MARKETSPACE
YOUR IT SOLUTIONS PARTNER

Invoice

P O Box 221
[Redacted]

Date: 7/29/2022 Invoice #: 49020

Bill To: [Redacted] Ship To: [Redacted]

Item	Description	Qty	P.O. No.	Terms
			Rate	Amount
FRT	3 Cell 41 Whr ExpressCharge Capable Battery 65W Type-C EPEAT Adapter 5 Year Parts and Labor Warranty with 5 Year Onsite Service No Freight Charge	1	0.00	0.00

Subtotal \$4,516.00
Sales Tax (6.75%) \$304.83
Total \$4,820.83
Payments/Credits \$0.00
Balance Due \$4,820.83

Page 3

First Citizens Bank
CHECK NO. 19912

19912

VENDOR: 5954 CHECK DATE: 08/12/2022 CHECK AMOUNT: \$37,367.84

*****37,367 DOLLARS AND 84 CENTS

PAY TO THE ORDER OF: [Redacted]

19912 COPY 081222 19912

INVOICE DATE	INVOICE NUMBER	INVOICE DESCRIPTION	NET INVOICE AMOUNT	PO NO.	VOUCHER
08/12/22	49274	[Redacted]	2,270.57		170737
08/12/22	49246	[Redacted]	2,600.43		170741
08/12/22	49255	[Redacted]	3,435.22		170739
08/12/22	49020	[Redacted]	4,820.83		170736
08/12/22	49278	[Redacted]	9,671.55		170738
08/12/22	49149	[Redacted]	14,569.24		170740

5954 MARKETSPACE 37,367.84 19912

This is an example of a check copy that clearly matches the invoice that precedes it.
Note: neither document is labeled with a G-code and the invoice does not indicate the amount claimed.



REPAIR ORDER

DANIELS SERVICE CENTER
24 HOUR WRECKER SERVICE

Auto Sales
Used Parts
113 E. Central Ave
Raeford, N.C. 28376
910-875-3541

3799 Fayetteville Rd.
Raeford, N.C. 28376
910-848-0756

OPERATION
 Lubrication
 Change Oil
 Change Trans
 Change Diff
 Front End Align
 Pack Wheel Bearings
 Adjust Brakes
 Adjust Clutch
 Rotate Tires
 Wash
 Polish
 Mile Inspection
 Other

LABOR

Name: [Redacted] Date: [Redacted]
 Address: [Redacted] City: [Redacted]
 Business Phone: [Redacted] Home Phone: [Redacted]
 Year: [Redacted] Make: [Redacted] Model: [Redacted] License: [Redacted] Odometer: [Redacted] Motor No: [Redacted]

ESTIMATE:

Qty	Part No.	Description	Amount
1	Oil	Engine Oil (Ford)	75.00
1		13.00	

OPERATOR: [Redacted] TIME UNITS: [Redacted] DESCRIPTION: [Redacted]

COMPRESSION (1) (2) (3) (4) (5) (6) (7) (8) DESCRIPTION SALES

Service Advisor OK: [Redacted]

NOT RESPONSIBLE FOR ANY PERSONAL ITEMS LEFT IN VEHICLE
I hereby authorize the above repair work to be done along with the necessary materials. You and your employees may operate the above vehicle for purposes of testing, inspection or delivery at my risk. An express mechanic's lien is acknowledged on the above vehicle to secure the amount of repairs thereto. You will not be held responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft, accident or any other cause beyond your control. STORAGE WILL BE CHARGED FORTY-EIGHT HOURS AFTER REPAIRS ARE COMPLETED. IN THE EVENT LEGAL ACTION IS NECESSARY TO ENFORCE THIS CONTRACT, I WILL PAY REASONABLE ATTORNEY'S FEES AND COURT COST.

SIGNED X: [Redacted] Terms: STRICTLY CASH Unless Arrangements Made.

6121 6182 6181 6183 6182

MTHG1 McDowell County

EMP #	LAST NAME	FIRST NAME	GROSS WAGES	FICA WAGES	RETIRE AMT	FICA AMT	INSURANCE	401K/457	PAGE
7478	[Redacted]	STEPHEN C	1,369.75	1,043.13	166.30	79.80			
7479	[Redacted]	RANDY D	2,737.50	2,109.24	322.68	159.60	640.00		
7482	[Redacted]	KATHY E	1,754.75	1,377.94	213.20	110.65			
7488	[Redacted]	FRANK	1,179.00	914.05	141.29	67.90			
7491	[Redacted]	WALTER	1,184.50	914.50	141.48	68.08			
7492	[Redacted]	BRANDY S	1,190.80	912.05	139.72	65.44			
7494	[Redacted]	TASHI	1,354.00	1,041.93	200.87	178.89	640.00		
7498	[Redacted]	FLYCHENCE H	850.07	650.87	108.08	55.05			
									836.54 1920 208.45

11,740 1357.62

Here are two examples of illegible documents that are unacceptable for reimbursement.

This is an example of a failure to remove the sales tax from the claim.



This is an example of failing to properly G-code the items on the receipt. This receipt was uploaded as G261 office supplies, but motor oil is present on the receipt.



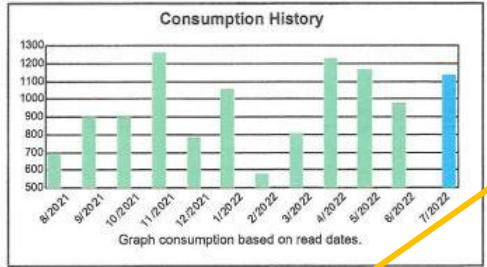
Note: neither receipt is labeled with the appropriate G-codes.



Service	Meter Number	Usage Period	Days	Prior Read	Current Read	Consumption / Gallons
Water	90462664	6/10/22 - 7/11/22	31	327	1464	1137

Activity Since Last Bill

Previous Bill	\$112.61
Payment - Thank You	\$-112.61
Balance Forward	\$0.00
Current Charges	
Flat Base Charge < 2000/per unit	\$50.77
Water Total	\$50.77
Flat Base Charge < 2000/per unit	\$60.04
Sewer Total	\$60.04
Total Current Charges:	\$110.81
Amount Due:	\$110.81



This is an example of a utility bill stamped "PAID" with date. Note: this example has G-codes that are clearly labeled.

Vendor - 1327
 1104630-533050-CTPAD \$50.77 G334
 1104630-533060-CTPAD \$60.04 G335

PAID
 8/11/2022
 931571

This is an example of an accounting report used as proof of expenditure. Note: this example is missing G-codes.

G/L ACCOUNT DETAIL

Org: 1014510 Object: 42300
 UTILITIES 101-45-4510-4510-42300 -

YEAR	PER	JOURNAL	EFF DATE	SRC T	PO/REF2	REFERENCE	AMOUNT	P	CHECK NO	WARRANT	VDR NAME/ITEM	DESC	COMMENTS
2023	04	957	10/25/2022	API	1	2081	124.93	Y	3702910272022		CITY OF NEW BERN		#4 09/07-
2023	03	967	09/23/2022	API	1	1349	112.25	Y	3671009262022		CITY OF NEW BERN		#3 08/08-
2023	02	835	08/23/2022	API	1	501	130.35	Y	3637408232022		CITY OF NEW BERN		#2 07/07-
2023	01	646	07/25/2022	API	1	9831	115.97	Y	3609907262022		CITY OF NEW BERN		#1 06/08-

Total Amount: 483.50

Subcontractor Payment— DBE/MBE/WBE Payments

Step 1: Sign in with username and password.

Step 2: Select “DOT Grants”.


Step 3: Select “Record Sub Contractor Payments”.

Step 4: Enter in the Agreement Number/ID.

Step 5: Record sub contractor payments to match the DBE form.

The screenshots illustrate the following steps in the NCDOT GRANTS system:

- Step 1:** The user logs in to the system.
- Step 2:** The user navigates to the "DOT Grants" menu item, which is circled in yellow in the first screenshot.
- Step 3:** The user selects "Record Sub Contractor Payments" from the "Functions for capturing awards and payments to Disadvantaged, Minority, and Women Business Enterprises" section, which is circled in yellow in the second screenshot.
- Step 4:** The user enters search criteria for "Grantor Agreements". The "Agreement ID" field is circled in yellow in the third screenshot.
- Step 5:** The user clicks the "Search" button to execute the search, which is highlighted in yellow in the third screenshot.



How to enter a Subcontractor Payment in EBS (DBE) Video

<https://youtu.be/eu44wfXCz4o>






Change Requests & Salary and Wage Revisions



Change Requests & Revisions

- Applies to changes to the budget and changes to the fare amount.
 - A budget revision moves amounts within the budget to different line items.
 - Note: Budget revisions should have a net zero impact to the budget amount.
 - A budget amendment is an increase or decrease to the total budget.
 - Admin and Operating claims have a limit of 2 changes requests per fiscal year.
- 

Change Request Overview

Enterprise Business Services:
www.ebs.nc.gov

Step 1: Sign in with username and password.

Step 2: Select “IMD Change Request”.

The screenshot displays the Enterprise Business Services (EBS) portal home page. The navigation bar includes links for Cross Application Tools, Partner Applications, Project Systems, Reports and Dashboards, Time Entry, Help, and Integrated Mobility Division. The main content area is divided into two sections: Help and Integrated Mobility Division. The Help section contains tiles for Mobile Access, Portal FAQ, Portal Tutorials, My Profile, Reporting Help, and EBS Training Documentation. The Integrated Mobility Division section contains tiles for IMD Claim, IMD Change Request (highlighted with a yellow circle and arrow), Capital Application, Planning Application, and Admin/Operating Application.

Change Request Overview

Step 3: Select “Create” to start on a change request.

Step 4: Find and select the desired agreement to begin the change request.

Example // 5311 CARES

Enterprise Business Services Public Transportation Division - AGREEMENT CHANGE REQUEST

Current Change Requests/Next Steps

Change Request ID	Agreement ID	Grantee Name	Program	Status
[REDACTED]	[REDACTED]	[REDACTED]	FY22 Community Transportation Admin.	In Process by SR

History Change Requests

Change Request ID	Agreement ID	Grantee Name	Program	Status
No Change Requests available				

Enterprise Business Services Public Transportation Division - New Agreement Change Request

Please choose an Agreement to Create a new Change Request

Agreement ID	Grantee ID	Grantee Name	Program
[REDACTED]	[REDACTED]	[REDACTED]	P2022_5310_OPERATING
[REDACTED]	[REDACTED]	[REDACTED]	P2022_CO_OPERATING
[REDACTED]	[REDACTED]	[REDACTED]	P2022_CAPITAL
[REDACTED]	[REDACTED]	[REDACTED]	P2022_CAPITAL
[REDACTED]	[REDACTED]	[REDACTED]	P2022_5311_ADMIN
[REDACTED]	[REDACTED]	[REDACTED]	P2021_CAPITAL
[REDACTED]	[REDACTED]	[REDACTED]	P2021_CAPITAL
[REDACTED]	[REDACTED]	[REDACTED]	P2020_5311_CARES_OPER
[REDACTED]	[REDACTED]	[REDACTED]	P2021_5310_OPERATING
[REDACTED]	[REDACTED]	[REDACTED]	P2020_CO_OPERATING

Change Request Overview

(OPERATING)

Step 5: Describe “Reason for Change” and provide justification for the change request.

Step 6: Use the “Change Amount” field beside the applicable expenses and fares

Step 7: Select “Check” to validate any changes and correct errors as necessary.

Enterprise Business Services Public Transportation Division - Agreement Change Request

4000032676 Help

Basic Information Attachment And Submit

Change Request Information

Program: FY20 CARES_Operating
Agreement: [REDACTED]
Sub-Recipient: [REDACTED]
WBS: [REDACTED]

Submitted By: [REDACTED]
*Reason for Change: [REDACTED]

Expense Description	Approved Budget	Claimed Amount	Change Amount (+/-)	Proposed Amount
G315 - Operations (ALI 30.09.08 EMER RE	966430.00	635857.00	0.00	966,430.00
Total Expenses	\$966,430.00	\$635,857.00	\$0.00	\$966,430.00

Description	Approved Budget	Claimed Amount	Change Amount (+/-)	Proposed Amount
F511 - F511 - General Public Fares	0.00	0.00	0.00	0.00
Total Fare Revenue and Contra Accounts	\$0.00	\$0.00	\$0.00	\$0.00

TOTAL NET EXPENSES \$966,430.00 \$635,857.00 \$0.00 \$966,430.00

Back Check Save Next

Change Request Overview

(ADMINISTRATION/TRADITIONAL)

Step 5: Describe “Reason for Change” and provide justification for the change request.

Step 6: Use the “Change Amount” field beside the applicable expenses and G-Codes

Step 7: Select “Check” to validate any changes and correct errors as necessary.

Enterprise Business Services Public Transportation Division - Agreement Change Request

4000032579 Help

Basic Information Attachment And Submit

Change Request Information

Program: FY22 Community Transportation Admin.
Agreement: [REDACTED]
Sub-Recipient: [REDACTED]
WBS: [REDACTED]

Submitted By: [REDACTED]
Reason for Change: [REDACTED]

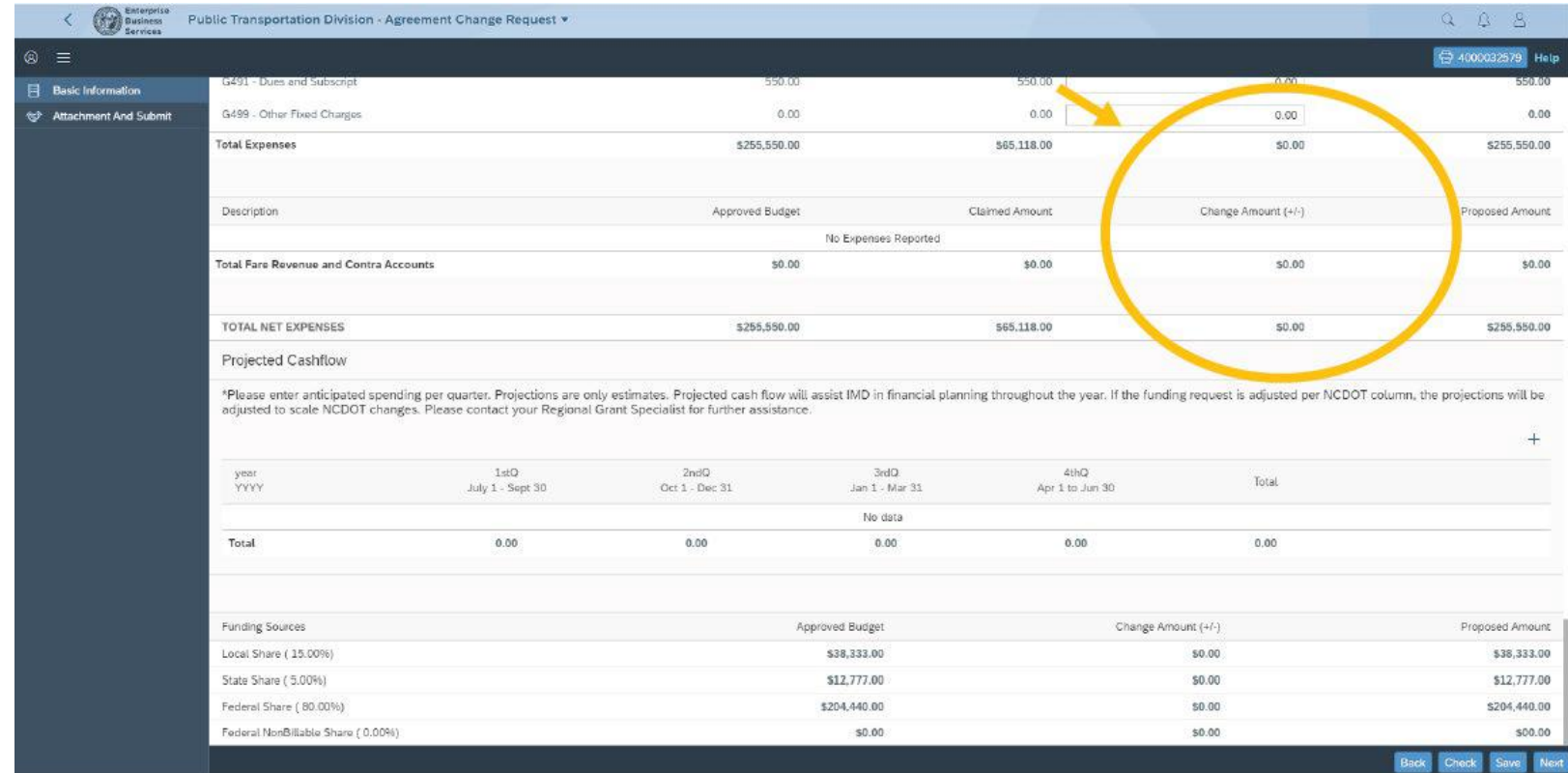
Expense Description	Approved Budget	Claimed Amount	Change Amount (+/-)	Proposed Amount
G121 - SALARIES AND WAGES - FULL TIME	124750.00	21295.00	0.00	124,750.00
G122 - SALARIES AND WAGES - OVERTIME	0.00	0.00	0.00	0.00
G125 - SALARIES AND WAGES-PART-TIME (BEN	0.00	0.00	0.00	0.00
G126 - SAL. AND WAGE-TEMP/PT-TIME (NO BE	0.00	0.00	0.00	0.00
G127 - SALARIES AND WAGES - LONGEVITY	0.00	0.00	0.00	0.00
G181 - Social Sec. Contrib.	9543.00	1607.00	0.00	9,543.00
G182 - Retirement Contrib.	11265.00	2434.00	0.00	11,265.00

Back Check Save Next

Change Request Overview

(ADMINISTRATION/TRADITIONAL)

Step 8: Ensure the amount in “Change Amount” totals \$0 (zero). A +/- amount denotes a change in the overall budget.



Public Transportation Division - Agreement Change Request

Description	Approved Budget	Claimed Amount	Change Amount (+/-)	Proposed Amount
G491 - Dues and Subscript	550.00	550.00	0.00	550.00
G499 - Other Fixed Charges	0.00	0.00	0.00	0.00
Total Expenses	\$255,550.00	\$65,118.00	\$0.00	\$255,550.00
No Expenses Reported				
Total Fare Revenue and Contra Accounts	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL NET EXPENSES	\$255,550.00	\$65,118.00	\$0.00	\$255,550.00

Projected Cashflow

*Please enter anticipated spending per quarter. Projections are only estimates. Projected cash flow will assist IMD in financial planning throughout the year. If the funding request is adjusted per NCDOT column, the projections will be adjusted to scale NCDOT changes. Please contact your Regional Grant Specialist for further assistance.

year YYYY	1stQ July 1 - Sept 30	2ndQ Oct 1 - Dec 31	3rdQ Jan 1 - Mar 31	4thQ Apr 1 to Jun 30	Total
No data					
Total	0.00	0.00	0.00	0.00	0.00

Funding Sources	Approved Budget	Change Amount (+/-)	Proposed Amount
Local Share (15.00%)	\$38,333.00	\$0.00	\$38,333.00
State Share (5.00%)	\$12,777.00	\$0.00	\$12,777.00
Federal Share (80.00%)	\$204,440.00	\$0.00	\$204,440.00
Federal NonBillable Share (0.00%)	\$0.00	\$0.00	\$0.00

Buttons: Back, Check, Save, Next

Change Request Overview

Step 9: Read and check the box to acknowledge the terms and conditions of the grant funding.

Step 10: Upload necessary attachments.

- Cover letter
- Salary and wage revision form if applicable

Step 11: Use “Check” again: Validate your answers and check for errors.

“Save”: Any progress completed on the claim.

“Submit”: Submit claim for review.

Enterprise Business Services Public Transportation Division - Agreement Change Request

4000032676 Help

Basic Information

Attachment And Submit

SUB-RECIPIENT AUTHORIZING SIGNATURE

I have read and accept terms and conditions of the grant funding. Those terms and conditions are incorporated into this contract change.

Attachments (0)

No Documents.

Drop files to upload, or use the "+" button.

Back Check Save Submit

Salary and Wage Revision Form

The salary and wage revision form is only necessary if funds are being moved to or from G121, G125, and G126.

Changes on the salary and wage revision form must be the same as the change request form and include all positions originally approved in the grant application.

Step 1: Complete the “Salary and Wage Detail” portion of the form.

	A	B	C	D	E	F	G	H	I	J	K
1	NORTH CAROLINA DEPARTMENT OF TRANSPORTATION										
2	PUBLIC TRANSPORTATION DIVISION										
3	APPROVED PROJECT BUDGET										
4	SALARY AND WAGE DETAIL										
5	PROJECT:										
6	SPONSOR:										
7											
8	SQ NO		POSITION		NO	%		FTE RATE		BUDGET AMOUNT	
9	DEPT. 4521 OBJECT CODE 121										
10	01				01	0%		\$ -		\$ -	
11	02				01	0%		\$ -		\$ -	
12	03				01	0%		\$ -		\$ -	
13	04				01	0%		\$ -		\$ -	
14										\$ -	
15										\$ -	
16			TOTAL - OBJECT CODE 121							\$ -	
17											
18	DEPT. 4521 OBJECT CODE 125										
19										\$ -	
20										\$ -	
21										\$ -	
22										\$ -	
23										\$ -	
24			TOTAL - OBJECT CODE 125							\$ -	
25											
26	DEPT. 4521 OBJECT CODE 126										
27										\$ -	
28										\$ -	
29										\$ -	
30										\$ -	
31										\$ -	
32			TOTAL - OBJECT CODE 126							\$ -	
33											
34											
35											
36											
37											
38											
39											
40											
41											
42			TOTAL DEPT. 4521 SALARIES AND WAGES							\$ -	
43											
44											

Salary and Wage Detail

Salary & Wage Revision


Salary and Wage Revision Form

Step 2: Complete the “Salary and Wage Revision” portion of the form.

Step 3: Save as/export the form as a PDF and upload as an attachment into EBS for the change request form.

	A	B	C	D	E	F	G	H	I	J
1	FY 2017 COMMUNITY TRANSPORTATION GRANT PROGRAM 17-CT-XXX									
2	TYPE SYSTEM NAME HERE									
3	REVISED / AMENDED PROJECT BUDGET									
4	EFFECTIVE DATE									
5										
6										
7										
8	DEPARTMENT 4521 - SALARY AND WAGE DETAIL									
9	OBJECT	TITLE				CURRENT BUDGET		+ / - CHANGE		APPROVED/ REVISED BUDGET
10										
11	1					\$ -		\$ -		\$ -
12	2					\$ -		\$ -		\$ -
13	3					\$ -		\$ -		\$ -
14						\$ -		\$ -		\$ -
15	1 TOTAL					\$ -		\$ -		\$ -
16								\$ -		
17	125					\$ -		\$ -		\$ -
18	125					\$ -		\$ -		\$ -
19	5 TOTAL					\$ -		\$ -		\$ -
20										
21	126					\$ -		\$ -		\$ -
22	126					\$ -		\$ -		\$ -
23	6 TOTAL					\$ -		\$ -		\$ -
24										
25		TOTAL				\$ -		\$ -		\$ -
26										
27										
28										
29										
30										
31										





Change Request Video

<https://youtu.be/sgVJQXeloPs>



Thank you!

Additional questions or comments, please reach out to:

Myra Freeman (*Finance Manager*)

msfreeman1@ncdot.gov | (919) 707 4672