



NORTH CAROLINA

Department of Transportation



New Directors Training – Finance

Integrated Mobility Division

June 16, 2022

AGENDA

- Contract Agreement
- DocuSign
- PTD Claim Form
- Claim Documentation
- DBE Vendor Payment Form
- Change Requests
- Period of Performance

- CONTRACT AGREEMENT

CONTRACT AGREEMENT

- Issued via DocuSign
- Upon Receipt read Agreement
- Must be signed by Authority Official
- Return to IMD via DocuSign for signature
- Uploaded in EBS
- Issued Agreement Number



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CONTRACT AGREEMENT

NORTH CAROLINA DEPARTMENT OF TRANSPORTATION

and

AGING, DISABILITY, & TRANSIT SERVICES OF ROCKINGHAM COUNTY

**PUBLIC TRANSPORTATION GRANT AGREEMENT FOR
COMMUNITY TRANSPORTATION RURAL FORMULA GRANT
PROGRAM**

Federal Award Identification

Application Number: **1000011906**

NCDOT Project Number: **23-CT-058**

Approved Indirect Cost Rate: **11.95%**

CONTRACT AGREEMENT

4. Project Implementation

- a. Scope of Project. **Aging, Disability & Transit Services (ADTS) of Rockingham County will use funds for administrative costs related to rural community transportation service.**

CONTRACT AGREEMENT

5. Cost of Project/Project Budget

The total cost of the Project approved by the Department is **THREE HUNDRED FIFTY-ONE THOUSAND SEVEN HUNDRED SEVEN DOLLARS (\$351,707)** as set forth in the Project Description and Budget, incorporated into this Agreement as **Attachment A**. The Department shall provide, from Federal and State funds, the percentages of the actual net cost of the Project as indicated below, not in excess of the identified amounts for eligible Administrative, Operating, and Capital expenses. The Subrecipient hereby agrees that it will provide the percentages of the actual net cost of the Project, as indicated below, and any amounts in excess of the Department's maximum (Federal plus State shares) contribution. The net cost is the price paid minus any refunds, rebates, or other items of value received by the Subrecipient which have the effect of reducing the actual cost.

Administration WBS	Administration Total	Administration Federal (80%)	Administration State (5%)	Administration Local (15%)
36233.86.25.1	\$351,707	\$281,365	\$17,585	\$52,757
Agreement #				
Project Total	Project Total	Project Total Federal	Project Total State	Project Total Local
	\$351,707	\$281,365	\$17,585	\$52,757

CONTRACT AGREEMENT

**AGING, DISABILITY & TRANSIT
SERVICES OF ROCKINGHAM
COUNTY**

SUBRECIPIENT'S FEDERAL TAX ID
NUMBER:

SUBRECIPIENT'S FISCAL YEAR END:

JUNE 30, 2023

BY:

TITLE:

EXECUTIVE DIRECTOR

ATTEST:

TITLE:

DEPARTMENT OF
TRANSPORTATION

- DOCUSIGN

DOCUSIGN

[External] Please DocuSign: Stantec 1932639.pdf



DocuSign System <dse_na2@docuSign.net>
To: Freeman, Myra S

Reply Reply All Forward

Tue 6/14/2022 12:58 PM

If there are problems with how this message is displayed, click here to view it in a web browser.

CAUTION: External email. Do not click links or open attachments unless you verify. Send all suspicious email as an attachment to [Report Spam](#).



Cassandra Wilson sent you a document to review and sign.

[REVIEW DOCUMENT](#)

Cassandra Wilson
cdwilson@ncdot.gov

Please approve Stantec invoice.

Powered by **DocuSign**

Do Not Share This Email

For the Department:

Name: Myra Freeman
Title: Financial Manager
Agency: NCDOT/PTD
Email: Msfreeman1@ncdot.gov
MSC: 1550 Mail Service Center – Raleigh, NC 27699-1550
Physical Address: 1 S. Wilmington St, Rm 542, Transportation Building, Raleigh, NC 27601
Phone: 919-707-4672 Fax: 919-733-2304

For the Subrecipient:

Required

Name:

Title:

Agency:

Address:

Email:

Phone:

IN WITNESS WHEREOF, this Agreement has been executed by the Department, an agency of the State of North Carolina, and the Subrecipient by and through a duly authorized representative and is effective the date and year first above written.

**AGING, DISABILITY & TRANSIT
SERVICES OF ROCKINGHAM
COUNTY**

SUBRECIPIENT'S FEDERAL TAX ID
NUMBER:

SUBRECIPIENT'S FISCAL YEAR END:

JUNE 30, 2023

BY:



TITLE:

EXECUTIVE DIRECTOR

ATTEST:



TITLE:

DEPARTMENT OF
TRANSPORTATION

BY:

TITLE:

DEPUTY SECRETARY FOR

- PTD CLAIM FORM



My Home

Public Transportation Division

Enter group name

Cross Application Tools

Partner Applications

DOT Grants



ECC Production



CJ20N - Project
Builder



PTD Claim
Public Transportation...



PTD Change
Request
Agreement Change R...





Please choose an Agreement to Create a new Claim

[Home](#)

Agreement ID	Grantee ID	Grantee Name	Program	
2000058975	1000000343	COMMUNITY LINK PROGRAMS OF TRAVELERS	P2022_TRAVELERS AID	>
2000058974	1000000456	ONSLOW UNITED TRANSIT	P2023_TRAVELERS AID	>
2000058649	1000000458	YANCEY COUNTY TRANSPORTATION	P2022_RURAL CAPITAL	>
2000058648	1000000516	CAPE FEAR PUBLIC TRANSPORTATION	P2022_ADVANCE TECHNOLOGY	>
2000058588	1000000368	APPALCART	P2022_RURAL CAPITAL	>
2000058514	1000000311	ALLEGHANY COUNTY	P2022_RURAL CAPITAL	>
2000058497	1000000368	APPALCART	P2023_RURAL STATE OPER	>
2000058496	1000000315	CHOANOKE PUBLIC TRANSPORTATION	P2022_RURAL CAPITAL	>

Project Sponsor:

CITY OF ROCKY MOUNT TAX COLLECTOR

*Mailing Address:

TAX COLLECTOR
PO Box 1180
ROCKY MOUNT, NC 27802

Federal Project Number:

22-08-115

Program:

P2022_5303_PLANNING-FY22 Metropolitan Planning Or...

Agreement Number:

2000051606

Grantee ID:

1000000031

Agreement Period - From:

Jul 1, 2021

To:

Jun 30, 2022

WBS:

36230.25.21.6

*Invoice Number:

*Date Prepared:

May 23, 2022 



Description	Approved Budget	Approved Expenditures	Expenses This Period	Agreement To Date Expenditures	Balance	▲
M302 - 442100-PROG SUPT ADMIN	2600.00	1967.00	<input type="text" value="0.00"/>	1,967.00	633.00	
M303 - 442200-GEN DEV/COMP PLN	6000.00	4311.00	<input type="text" value="0.00"/>	4,311.00	1,689.00	
M304 - 442301-L-RNG TRN PLN SYS	11400.00	8477.00	<input type="text" value="0.00"/>	8,477.00	2,923.00	
M306 - 442400-S-RNG TRNSP PLN	16400.00	12469.00	<input type="text" value="0.00"/>	12,469.00	3,931.00	
M307 - 442500-TRANSP IMPROV PRG	2500.00	1853.00	<input type="text" value="0.00"/>	1,853.00	647.00	
M313 - 442700-OTHER ACTIVITIES	15050.00	11486.00	<input type="text" value="0.00"/>	11,486.00	3,564.00	
TOTAL EXPENSES	\$53,950.00	\$40,563.00	\$0.00	\$40,563.00	\$13,387.00	
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	\$53,950.00	\$40,563.00	\$0.00	\$40,563.00	\$13,387.00
CLAIM PERCENTAGES					
TOTAL NET CLAIM THIS PERIOD: \$0.00					
ESTIMATED LOCAL SHARE (10.00%): \$0.00					
ESTIMATED STATE SHARE (10.00%): \$0.00					
ESTIMATED FEDERAL SHARE (80.00%): \$0.00					
ESTIMATED FEDERAL NONBILLABLE SHARE (0.00%): \$0.00					
ESTIMATED AMOUNT DUE THIS INVOICE: \$0.00					



3000223715 Help

Basic Information

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

Back Check Save Submit

- CLAIM DOCUMENTATION

Claim Documentation

CLAIM CHECKLIST

- Claim cover sheet form - signed
- Claim cover letter – signed
- DBE Vendor Payment form – signed
 - a. If you paid a vendor, you must enter the payment in the **Record Subcontractor Payment** section on the HOME page in EBS
- Reporting form – Progress report
 - a. Capital reporting form – signature required
 - b. Operating reporting form
 - c. Administrative reporting form
 - d. Planning progress report
- Supporting Documentation to support all expenditures - G-codes must be identified on the supporting documentation
 - a. Detailed payroll register for G121-G189
 - i. Identify the percentages of each position on the document
 - b. Copies of checks
 - c. Vendor invoices and/or receipts
 - d. Vehicle Reimbursements:
 - i. Final Vendor Invoice
 - ii. Original order form
 - iii. Copy of Checks or Advance payment form
 - iv. MVR-1 Title Application – NCDOT Integrated Mobility Division must be listed as the 1st Lienholder
 - v. Logo & lettering invoice – (if applicable)

****Taxes are not eligible for reimbursement except on utilities.**

CHANGE REQUEST

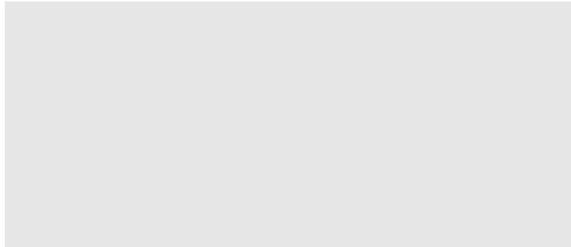
- Cover letter with justification for change
- Salary & Wage Detail Revision form (3 column format) of approved positions for G121, G125 and G126

Claim Cover Sheet



CLAIM COVER SHEET	
Vendor Name	
DBA/Unit or Department	
PO Box/Street Address	
City, ST ZIP Code	
Phone FAX	INVOICE # _____
Enter city, state, zip code here.	AGREEMENT # _____
DATE: _____	
BILL TO:	Questions regarding this claim should be directed to:
ATTN: NC DOT	Name: _____
Division or Unit of Interest	Phone: _____
Street Address	Email: _____
Number Mail Service Center	
City, ST Zip Code	
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	

CLAIM COVER SHEET



INVOICE # 2

AGREEMENT # 2000048976

Agreement/Description: [2000048976 / FULL COUNTY TRANSPORTATION](#)

Program ID/Description: [P2022_5311_ADMIN / FY22 Community Transportation Admin.](#)

Claim Date: 01/14/2022

Start Date: 10/01/2021

End Date: 12/31/2021

Last Changed By/On: 2JKENNEDY1 / 03/11/2022

Employee Responsible: [Benjamin Clark](#)

External Reference: 2

REQUEST FOR PAYMENT TIME PERIOD : 1-Oct-2021 to 31-Dec-2021

REQUESTING REIMBURSEMENT IN THE FULL AMOUNT OF: \$ 19,095.00

TOTAL NET CLAIM THIS PERIOD		\$22,465
ESTIMATED LOCAL SHARE	15%	\$3,370
ESTIMATED STATE SHARE	5%	\$1,123
ESTIMATED FEDERAL SHARE	80%	\$17,972
ESTIMATED AMOUNT DUE THIS INVOICE		\$19,095

Claim Cover Letter

Craven County



Craven Area Rural Transit System

2822 Neuse Blvd.

New Bern, North Carolina 28562

Phone: 252-636-4917 - Fax: 252-636-4919

1-800-735-2962 TDD/TTY

Email: carts@cravencountync.gov

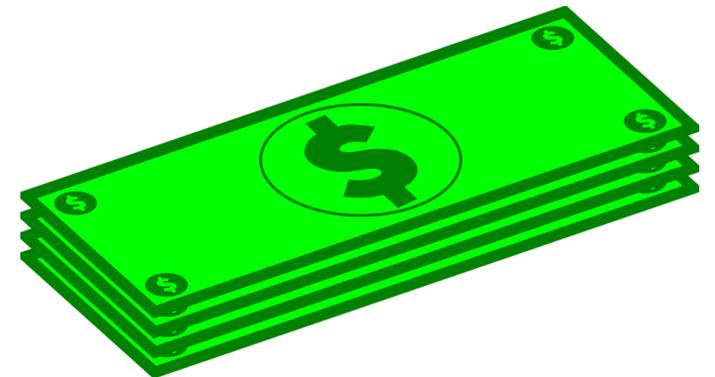
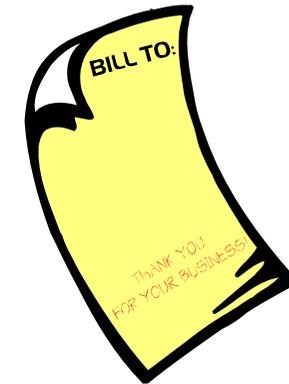


April 26, 2022

Ms. Myra Freeman
Finance Director
NCDOT/PTD
1550 MSC

REIMBURSEMENTS

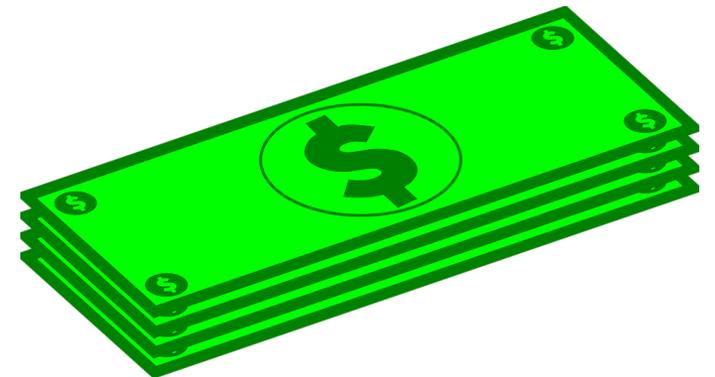
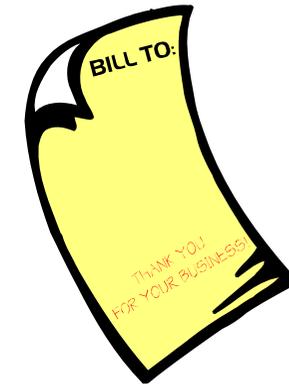
- Submit claims monthly or quarterly
- Claim Cover Sheet
- Reimbursement Cover Letter on agency letterhead
- Signed DBE Vendor Payment Form
- Reporting form (Capital, Admin, Operating or Planning)



REIMBURSEMENTS

Supporting Documentation for all expenditures

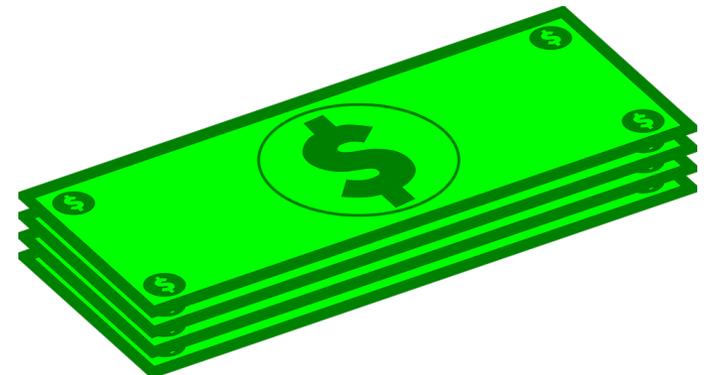
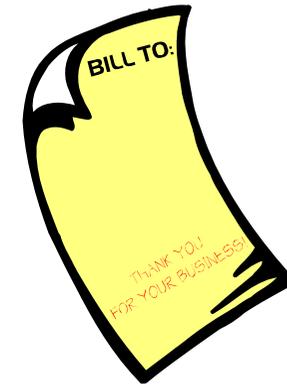
- Invoice numbers cannot consist of any special characters, decimals or dashes
- Salaries & Fringes - Detailed payroll registers must reflect gross pay of employees on grant and employer's share of fringe benefits
- Vendor invoices and/or receipts for reporting period (taxes are not eligible for reimbursement)
- Some form of proof of payment



REIMBURSEMENTS

Supporting Documentation for Vehicles

- Inspections forms to Faye McCullen
- Final vendor invoice
- MVR-1 Title application showing NCDOT IMD as the 1st lien holder
- Original Vehicle order form
- Copy of Check to vendor or Advance Payment form
- Lettering & logo invoice (if applicable)



DBE/MBE/WBE/HUB VENDOR PAYMENTS

PROJECT SPONSOR:

MAILING ADDRESS:

PROJECT

PERIOD COVERED

INVOICE

WBS ELEMENT

FROM:

TO:

PO NUMBER

VENDOR NUMBER

Payor Name

Payor Report ID

Vendor/Subcontractor Name

Vendor/
Subcontractor
Report ID

Amout Paid to Vendor/
Subcontractor this Invoice

Date Paid to Vendor/
Subcontractor this
Invoice

TOTAL

0.00

SUBMITTED BY:

SUBRECIPIENT:

BY:

TITLE:





Create



Record Sub Contractor Award
Record Sub Contractor Payments

Web Links



 No result found

CHANGE REQUEST



Change Request Information

Program: FY22 Community Transportation Admin.

Submitted By: Marie Gunther

Agreement: 2000048202 CLAY COUNTY

*Reason for Change: Adjusting Salary and Wage amounts for April expenditures- attached the salary and wage detail report and cover letter.

Sub-Recipient: CLAY COUNTY

WBS: 36233.27.23.1

Expense Description	Approved Budget	Claimed Amount	Change Amount (+/-)	Proposed Amount
G121 - SALARIES AND WAGES - FULL TIME	86039.00	74739.00	1904.00	87,943.00
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

SALARY



FY2022 COMMUNITY TRANSPORTATION GRANT PROGRAM 22-CT-037				
ROWAN COUNTY				
REVISED / AMENDED PROJECT BUDGET				
EFFECTIVE JUNE 30, 2022				
DEPARTMENT 4521 - SALARY AND WAGE DETAIL				
OBJECT	TITLE	CURRENT BUDGET	+ / - CHANGE	APPROVED/ REVISED BUDGET
1	TRANSPORTATION DIRECTOR	\$ 48,621	\$ 300	\$ 48,921
2	TRANSPORTATON COORDINATOR	\$ 32,173	\$ 200	\$ 32,373
3		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
121 TOTAL		<u>\$ 80,794</u>	<u>\$ 500</u>	<u>\$ 81,294</u>
			\$ -	
125		\$ -	\$ -	\$ -
125		\$ -	\$ -	\$ -
125 TOTAL		<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>
126		\$ -	\$ -	\$ -
126		\$ -	\$ -	\$ -
126 TOTAL		<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>
	TOTAL	<u>\$ 80,794</u>	<u>\$ 500</u>	<u>\$ 81,294</u>

Period of Performance

STATE OF NORTH CAROLINA
DEPARTMENT OF TRANSPORTATION

PAT MCCRORY
GOVERNOR

NICHOLAS J TENNYSON
SECRETARY

NC DOT PUBLIC TRANSPORTATION DIVISION
PERIOD OF PERFORMANCE EXTENSION
APPLICATION

Instructions: Complete all fields. Provide sufficient documentation to justify the extension, including a written explanation of the reason(s) that an extension is needed. Complete a separate application for each POP Extension Request.

<u>Current POP Extension Date</u>	Requested Extension Date _____
<u>WBS Element:</u>	Project #: _____
<u>DATE:</u>	P.O./Agreement.# _____

Grantee (Official Name)	NCDOT Use Only	
Contact: _____ Phone: (____) _____		
Email: _____		
Project Description		
1. Reason for Delay. Provide a brief description of the delay re: obstacles, issues that are the reason for the extension.	Adequate <input type="checkbox"/>	Inadequate <input type="checkbox"/>
2. Provide a brief summary of the status of the project. Indicate the progression of activity on the project and provide documentation of dates when project reports were submitted—if no project reports were submitted provide a written project status summary.	Adequate <input type="checkbox"/>	Inadequate <input type="checkbox"/>
3. Plan for Completion. Describe by milestones the activities/tasks that are planned to assure completion.	Adequate <input type="checkbox"/>	Inadequate <input type="checkbox"/>

Finance Team Contact Info

- Cassandra Wilson 919-707-4671 cdwilson@ncdot.gov
- Jocelyn Valdez 919-707-4683 jpetatanvaldez@ncdot.gov
- Konnadi Dhatnubia 919-707- 2600 ext-kdhatnubia@ncdot.gov
- Monique Frasier 919-707- 4681 msfrasier@ncdot.gov
- Myra Freeman 919-707-4672 msfreeman1@ncdot.gov



NORTH CAROLINA

Department of Transportation

