BRC-C2P2-3 Rev. 12/2017

Commonwealth of Pennsylvania Department of Conservation and Natural Resources Bureau of Recreation and Conservation

FINAL PAYMENT REQUEST



38RECCNSVN

Development Projects

INSTRUCTIONS

- 1. Complete Sections I, II, III, IV, V, and VI. Complete Section VII only if Non-Cash has been used for a portion of the required match.
- 2. Provide the Consultant Certification Letter, as required in Section II.
- 3. Sign and date this form in Section III Certification.
- 4. Submit the completed form and attachments via email at RA-NR_BRCPAYMENTS@pa.gov or standard mail at:

Department of Conservation and Natural

Resources Bureau of Recreation and Conservation

P.O. Box 8475, 400 Market Street, RCSOB 5th Floor

Harrisburg, PA 17105-8475

- 5. Keep a copy of the submission for your files.
- 6. Contact your Regional Advisor to schedule the DCNR Final Site Inspection, if you have not already done

Payee/Grantee:		SECT	ION I – G	RANTEE ANI	D PROJECT I	DENTIFI	CATION		
Address: Project Title: Contract Expiration:	Payee/Grantee:	:			E.I.N (FID #):				
Please select one: Check:	County:					DC	NR Project N	umber:	- F
Please select one: Check: "ACH: " "Bank Information required for ACH processing: Routing Number: Account Number: Account Number: If equesting ACH, banking information must be provided and must <u>currently</u> be on life with the Commonwealth SAP System. A Check will be issued for all puryments that do not ment ACH qualifications. SECTION II - CONSULTANT CERTIFICATION (Development Projects Only)	Address:				Pro	ject Title:			
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If requesting ACH, banking information must be provided and must <u>cumently</u> be on file with the Commonwealth SAP System. A Check will be issued for all payments that do not meet ACH qualifications. SECTION II - CONSULTANT CERTIFICATION (Development Projects Only)	Please select one: Check:	**ACH: 🗌				•			
A Check will be issued for all payments that do not meet ACH qualifications. SECTION III – CONSULT ANT CERTIFICATION (Development Projects Only) Provide a letter from the design consultant and/or municipal engineer certifying that the final construction was completed in accordance with the approved plans and specifications. SECTION III – GRANTEE CERTIFICATION I certify to the best of my knowledge that the information provided on this form and related attachments is true and that: 1. The project was completed in accordance with the Grant Contract and is acceptable to the grantee. 2. All project expenditures have been paid and were made in accordance with the Grant Agreement. 3. The grantee will maintain the site in an acceptable manner. 4. The grantee will maintain the site in an acceptable manner. 5. The grantee will not convert the site of taclities to a non-public park, recreation or indoor recreation use, without first receiving written approval from the Department of Conservation and Natural Resources. 5. All project documentation will be kept on file for future auditing purposes and that copies of the invoices/certificates for payment, proof of payment, change orders, etc. will be provided to DCNR for review and verification upon receipt of a request from the Department. Signature of BRC Project Coordinator: BRC - PROJECT MANAGEMENT USE ONLY Date:	**Bank Information required for	or ACH processing:	Routing No	umber:		A	ccount Numb	er:	
Provide a letter from the design consultant and/or municipal engineer certifying that the final construction was completed in accordance with the approved plans and specifications. SECTION III - GRANTEE CERTIFICATION	, ,	•	,		be on file with the	Commonw	ealth SAP Syste	em.	
Section iii						-			
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SECTION IV - SUMMARY OF FINAL PROJECT COSTS					
Project Costs	Amount Paid/Value	BRC Use Only			
DEVELOPMENT CASH COSTS (Section V)					
PROFESSIONAL SERVICE CASH COSTS (Section VI)					
NON-CASH MATCH VALUES (Section VII)					
TOTAL PROJECT COST					

SECTION V - TABULATION OF DEVELOPMENT CASH COSTS

List all invoice numbers, invoice dates, invoice amounts, vendor names/item descriptions, check number, date issued and the eligible amount related directly to the development and construction of the project. Use additional sheets as necessary. Upon request from the DCNR, copies of all change orders, itemized invoices and proof of payment will be submitted with this form. Refer to the Eligible and Ineligible Grant Project Activities/Costs/Match Policy for additional information. For Small Community (SC) projects ONLY: identify whether the invoice is for the purchase of Labor (L) or Materials (M), use designated column marked (SC) L or M.

Invoice Number	Invoice Date	Invoice Amount	Vendor Name & Item Description	(SC) L or M	Check Number	Date Issued	Amount Paid
						 	
				Total Day	volonment C	ach Coata	
				rotal Dev	elopment Ca	asii Costs	

SECTION VI - TABULATION OF PROFESSIONAL SERVICE COSTS

List all invoice numbers, invoice dates, invoice amounts, vendor names/service descriptions, check numbers, date issued and the eligible amount related directly to the professional services for the project. Upon request from the DCNR, copies of all change orders, itemized invoices and proof of payment will be submitted with this form. Professional services may include design consultant fees, legal fees, bid advertisement costs, etc. Refer to the <u>Eligible and Ineligible Grant Project Activities/Costs/Match</u> Policy for additional information.

Invoice Number	Invoice Date	Invoice Amount	Vendor Name &Service Description	Check Number	Date Issued	Amount Paid
			Total Profess	ional Service C	ash Costs	

SECTION VII - TABULATION OF NON-CASH MATCH VALUES

List all Non-Cash Match Values directly related to the project. Non-Cash Match may include: In-House Services, Equipment Use, Donated Goods and/or Services and Volunteer Services. Refer to the <u>Eligible and Ineligible Grant Project Activities/Costs/Match</u> Policy for additional information. Please attach completed copies of Worksheets 1 through 4 and supply your detailed record-keeping sheets to verify the services and materials provided and the non-cash match values being claimed.

Type of Non-Cash Match	Date Range for Non-Cash Match	Value Claimed
Worksheet 1 - In-House Services (Grantee Employees)		
Worksheet 2 - Equipment Use (Grantee Owned)		
Worksheet 3 - Donated Goods and/or Services		
Worksheet 4 - Volunteer Services		

Grantee: DCNR Project Number:

WORKSHEET 1. In-House Services (Grantee Employees)

Please use this worksheet to show a breakdown of In-House Services (Grantee Employees). For development projects, eligible In-House Values are services and labor provided by Grantee employed staff. Services and labor must be directly related to the performance work that is tied, all or in part, to the Bureau approved Project Scope of Work as stated in Appendix "A" of the Grant Agreement. Use additional sheets as necessary.

Grant administrative services performed by Grantee Employees, as part of their regular paid position, such as attendance at meetings, reviewing plan documents, action as project coordinator, etc. are not eligible for reimbursement. Refer to the Eligible and Ineligible Grant Project Activities/Costs/Match Policy for additional information.

Employee Name, Job Title, Description of Services (i.e. excavating, mulching, etc.)	Date(s) Provided	Total Number of Hours	Hourly Rate (pre-approved Billable Rate)	Total Value (Hours x Rate)
	Total In-House Servi	ces (Grantee E	Employees) Value	

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Grantee: DCN	CNR Project Number:
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WORKSHEET 2. Equipment Use (Grantee Owned)

Please use this worksheet to show a breakdown of Equipment Use (Grantee Owned). For development projects, eligible Equipment Use Values are related to the Equipment used by Grantee employed staff. The Equipment Use must be directly related to the performance work that is tied, all or in part, to the Bureau approved Project Scope of Work as stated in Appendix "A" of the Grant Agreement. Use additional sheets as necessary.

Refer to the Eligible and Ineligible Grant Project Activities/Costs/Match Policy for additional information.

Equipment Type (backhoe, dump truck, etc.), Description of Services	Date(s) Provided	Total Number of Hours	Hourly Rate (pre-approved Billable Rate)	Total Value (Hours x Rate)
	Total Equipm	ent Use (Grar	ntee Owned) Value	•

Page 6		

Grantee:	DCNR Project Number:
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WORKSHEET 3. Donated Goods and/or Services

Please use this worksheet to show a breakdown of the Donated Goods and/or Services. For development projects, eligible Donated Goods and/or Services Values are defined as items and/or services that are provided at no cost to the Grantee and are directly related to the performance of labor and/or the provision of site materials, tied all or in part, to the Bureau approved Project Scope of Work as stated in Appendix "A" of the Grant Agreement. Pre-approved Land Donation Values should be inserted into this Worksheet, as applicable. Use additional sheets as necessary.

Donated materials are ineligible unless they meet a specific design specification required for the project and are accompanied by an itemized, dated, and signed donation letter from the entity making the donation.

Refer to the Eligible and Ineligible Grant Project Activities/Costs/Match Policy for additional information.

Donor Name, Description of Donated Goods and/or Services	Date(s) Provided	Total Value	
Total Donated Goods and/or Services Value			

Grantee:	DCNR Project Number:
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WORKSHEET 4. Volunteer Services

Please use this worksheet to show a breakdown of Volunteer Services. For development projects, eligible Volunteer Service Values consist of non-skilled labor not paid for by the Grantee. Services and labor must be directly related to the performance of work, tied all or in part, to the Bureau approved Project Scope of Work, as stated in Appendix "A" of the Grant Agreement. Use additional sheets as necessary.

BRC accepts different hourly rates for Adults (<u>Independent Sector</u>), Youth under the age of (18), Prison Labor, etc. Confirm pre-approved hourly rates with the BRC Project Manager.

Refer to the Eligible and Ineligible Grant Project Activities/Costs/Match Policy for additional information.

Volunteer Name, Description of Services (i.e. planting, mulching, etc.)	Date(s) Provided	Total Number of Hours	Hourly Rate (pre-approved)	Total Value (Hours x Rate)
Total Volunteer Services Value				