

PROGRESS REPORTING WORKSHEET AND SUPPORTING DOCUMENTATION CHECKLIST

VEH = Vehicle
 OP = Operating Assistance
 EQP = Equipment
 PM = Preventive Maintenance
 FAC = Facility or Construction
 MM = Mobility Management

Agency:
 Agreement:
 Date:
 Program:
 Project Type:

Program / Project Type

5310 5311 5339

Progress Reporting due at time of Payment Request			Yes/No	Explanation
OP VEH EQP MM	OP VEH EQP PM FAC	VEH EQP		Is Project on schedule in accordance with the Grant Application and (if applicable) the Mobility Management Implementation Plan (Yes/No)? If the answer is No, please explain and include corrective actions being taken to return to schedule.
OP VEH EQP MM	OP VEH EQP PM FAC	VEH EQP		Will Project be completed within the timeframe specified in the Standard Agreement and (if applicable) the Mobility Management Implementation Plan (Yes/No)? If the answer is No, please explain and provide the estimated completion date.* *Contractual time extensions are subject to Caltrans DRMT approval. Refer to Exhibit C Section 7 (Amendment) for further details. Providing the requested information does not extend your time to complete the Project or guarantee that Caltrans DRMT will approve a request for amendment.
OP MM	OP			Is your Agency meeting the Performance Objectives as originally stated in the Grant Application (Yes/No)? If the answer is No, please explain.
MM				Were the expenditures you are claiming included in the Grant Application and the Mobility Management Implementation Plan (Yes/No)? If No, please explain.
OP VEH EQP MM	OP VEH EQP PM FAC	VEH EQP		Does your request for reimbursement include more than one invoice from vendor(s), contractor(s), or supplier(s) (Yes/No)? If Yes, please submit an Invoice Summary Worksheet.
OP EQP MM	OP EQP	EQP		Does your Project utilize a Third-Party contract? If Yes, complete the Disadvantaged Business Enterprises Utilization Report (Form ADM-3069) whether or not any DBEs were utilized during the period covered by this request for payment.

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Required Supporting Documentation to Accompany This Payment Request			
OP VEH EQP MM	OP VEH EQP PM FAC	VEH EQP	Completed Expense Calculation Worksheet (All Project Types).
OP MM	OP		For internal agency staff projects, please show the time worked, hourly rate for labor, title/classification, and all work performed for the period on the Expense Calculation Worksheet. Summary must include all expenses and revenues for the period claimed.
OP VEH EQP MM	OP VEH EQP PM FAC	VEH EQP	Proof of payment made to vendor or copy of the method of payment. Acceptable proof of payment consists of 1) copy of cancelled check, bank statement showing check number and marked "Paid in Full" or 2) Agency's Accounting Record showing the transactions.
OP VEH EQP MM	OP VEH EQP PM FAC	VEH EQP	Completed Invoice Summary Worksheet for any reimbursement request that includes multiple invoices, whether there are multiple invoices from one entity or single invoices from two or more entities as part of the supporting documentation.
OP EQP MM	OP EQP PM FAC	VEH EQP	Copy of Caltrans DRMT approved Third-Party Service Agreement or Contract (first invoice only), if applicable. If previously submitted, provide date of submittal. (Third-Party contract is required for goods or services procured as a result of formal procurement process, i.e. operating assistance services, maintenance services, consulting services, etc.)
OP MM	OP PM FAC		For Third-Party Contracts, submit the copy of the vendor invoice for the same period as the reimbursement request. Invoice must show vendor's invoice number, date, and costs description (unit price, discount (if any), sales tax, freight/shipping charges, and total for each product or service. All work performed must be consistent with the Caltrans DRMT approved Third-Party Service Agreement or Contract.

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Required Supporting Documentation to Accompany This Payment Request, continued			
OP VEH EQP MM	OP VEH EQP PM FAC	VEH EQP	For Purchase Orders (considered Third-Party contracts by FTA), include a copy of the Caltrans DRMT approved Purchase Order including item description, quantity, unit price, discount (if any), sales tax, freight/shipping charges, and totals. Invoice must conform to Purchase Order and show vendor's invoice number, date, and costs description (unit price, discount (if any), sales tax, freight/shipping charges, and total for each product or service. If applicable and Purchase Order submitted to vendor exceeded the Micro Purchase threshold (\$3,500 as of March 9, 2017), DRMT must verify that the FTA-required Third-Party contract clauses were attached to the purchase order.
OP EQP MM	OP EQP PM FAC	EQP	Completed DBE Payments Worksheet for any Project that utilizes a Third-Party Contracts or Agreement.
VEH	VEH	VEH	Post-Delivery Certification for Federal Motor Vehicle Safety Standards (FMVSS), federal purchase requirements and Buy America (Local procurement)
VEH	VEH	VEH	Post-Delivery Inspection Certification from internal/external qualified vehicle inspector (Local procurement)
VEH EQP	VEH EQP PM FAC	VEH EQP	Certification of Acceptance by the agency
VEH	VEH	VEH	Proof of DMV Registration showing Caltrans as Lienholder
VEH	VEH	VEH	For internal/external personnel who developed the vehicle specification or vehicle inspector, show the hourly rate for labor, hours worked, and all work performed for the period on the Expense Calculation Worksheet.
VEH	VEH	VEH	Proof of Insurance
VEH EQP	VEH EQP	VEH EQP	Copy of invoice from the vendor showing invoice number, date, and description (manufacturer, model and serial number), unit price, discount (if any), sales tax, freight/shipping charges, and total for each product or service item. Invoices for Vehicles shall also include VIN and telephone number of vendor/contractor.
EQP	EQP PM FAC	VEH EQP	Copy of Manufacturer Warranties/Copy of Extended Warranties (if applicable).

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Required Supporting Documentation to Accompany This Payment Request, continued			
VEH EQP	VEH EQP PM FAC	VEH EQP	Picture of Equipment and/or Vehicle (can be electronic format)
	PM FAC		Copy of the Caltrans DRMT approved Force Account Plan (first invoice only), if applicable. If previously submitted, provide date of submittal. (Force Account Plan is required for Preventive Maintenance and Construction work performed by Subrecipients' workforce when the contract award amount is over \$100,000.)
OP MM	OP VEH EQP PM FAC	VEH EQP	Provide a breakdown of expenses for this Project in the appropriate categories on the Expense Calculation Worksheet.
	PM FAC		If a Force Account Plan is in place for this Project, provide the Job Title, description of the tasks performed, hourly rate, hours worked, any materials/items purchased, and totals for the project on the Expense Calculation Worksheet.
OP VEH EQP MM	OP VEH EQP PM FAC	VEH EQP	Completed Signature Page printed on Agency letterhead and signed in blue ink.

EXPENSE CALCULATION WORKSHEET

Agency:
 Agreement:
 Date:

		Amount
TOTAL PROJECT COST	(A + B)	\$ -
NET PROJECT COST	(A + B) - C	\$ -

A. PERSONNEL COSTS (Operating, Mobility Management, Local Procurements) \$0

Classification (including Benefits)		\$0
Driver Salaries		\$ -
Dispatcher		\$ -
Driver/Maintenance Supervisor		\$ -
Mechanic		\$ -
Vehicle Specification Developer (Internal or External staff)		\$ -
Inspector (Internal or External staff)		\$ -
Travel Trainer		\$ -
Mobility Manager		\$ -
Other #1	Specify:	\$ -
Other #2	Specify:	\$ -
Other #3	Specify:	\$ -
Other #4	Specify:	\$ -

B. DIRECT EXPENSES \$ -

Operating Costs (Operating)		\$ -
Fuel and Oil		\$ -
Tires, Parts, Maintenance		\$ -
Vehicle Licenses		\$ -
Vehicle Insurance		\$ -
Uniform/Purchase		\$ -
Other Supplies/Expenses #1	Specify:	\$ -
Other Supplies/Expenses #2	Specify:	\$ -
Other Supplies/Expenses #3	Specify:	\$ -
Other Supplies/Expenses #4	Specify:	\$ -
Other Supplies/Expenses #5	Specify:	\$ -
Other Supplies/Expenses #6	Specify:	\$ -
Other Supplies/Expenses #7	Specify:	\$ -
Other Supplies/Expenses #8	Specify:	\$ -
Other Supplies/Expenses #9	Specify:	\$ -
Other Supplies/Expenses #10	Specify:	\$ -
Other Supplies/Expenses #11	Specify:	\$ -
Other Supplies/Expenses #12	Specify:	\$ -
Other Supplies/Expenses #13	Specify:	\$ -
Other Supplies/Expenses #14	Specify:	\$ -
Other Supplies/Expenses #15	Specify:	\$ -
Other Supplies/Expenses #16	Specify:	\$ -
Other Supplies/Expenses #17	Specify:	\$ -
Other Supplies/Expenses #18	Specify:	\$ -
Other Supplies/Expenses #19	Specify:	\$ -
Other Supplies/Expenses #20	Specify:	\$ -

EXPENSE CALCULATION WORKSHEET

Agency:
 Agreement:
 Date:

		Amount
Purchase Costs (Capital Projects; Mobility Management)		\$ -
Item #1	Specify:	\$ -
Item #2	Specify:	\$ -
Item #3	Specify:	\$ -
Item #4	Specify:	\$ -
Item #5	Specify:	\$ -
Item #6	Specify:	\$ -
Item #7	Specify:	\$ -
Item #8	Specify:	\$ -
Item #9	Specify:	\$ -
Item #10	Specify:	\$ -
Contracted Services Costs (Operating; Mobility; Preventive Maintenance)		\$ -
Contractor #1	Specify:	\$ -
Contractor #2	Specify:	\$ -
Contractor #3	Specify:	\$ -
Contractor #4	Specify:	\$ -
Vehicle Maintenance Costs (Preventive Maintenance)		\$ -
Maintenance administration		\$ -
Servicing revenue vehicles		\$ -
Inspection and maintenance of revenue vehicles		\$ -
Accident repairs of revenue vehicles		\$ -
Vandalism repairs of revenue vehicles		\$ -
Servicing and fuel of service vehicles		\$ -
Non-Vehicle Maintenance Costs (Preventive Maintenance)		\$ -
Maintenance administration		\$ -
Maintenance of vehicle movement control systems		\$ -
Maintenance of fare collection and counting equipment		\$ -
Maintenance of roadway and track		\$ -
Maintenance of structures, tunnels, bridges and subways		\$ -
Maintenance of passenger stations		\$ -
Maintenance of operating station buildings		\$ -
Maintenance of garage and shop buildings, grounds and equipment		\$ -
Maintenance of communication systems		\$ -
Maintenance of general administration buildings, grounds and equipment		\$ -
Accident repairs of buildings, grounds and equipment		\$ -
Vandalism repairs of buildings, grounds and equipment		\$ -
Operation and maintenance of electric power facilities		\$ -
Travel Costs (Mobility Management projects only)		\$ -
Air Fare		\$ -
Vehicle		\$ -
Conferences		\$ -
Hotel		\$ -
Meals		\$ -
Other Travel Cost #1	Specify:	\$ -

EXPENSE CALCULATION WORKSHEET

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		Amount
Other Travel Cost #2	Specify:	\$ -
Other Travel Cost #3	Specify:	\$ -
Other Travel Cost #4	Specify:	\$ -
C. REDUCTIONS TO PROJECT COST		\$ -
Operating Revenues		\$ -
Fare Revenues		\$ -
Other Operating Revenues #1	Specify:	\$ -
Other Operating Revenues #2	Specify:	\$ -
Other Operating Revenues #3	Specify:	\$ -
Other Operating Revenues #4	Specify:	\$ -
Ineligible Costs		\$ -
Charter/School Use		\$ -
Depreciation		\$ -
Other Ineligible Cost #1	Specify:	\$ -
Other Ineligible Cost #2	Specify:	\$ -
Other Ineligible Cost #3	Specify:	\$ -

Request for Reimbursement

Date:

Requested from: California Department of Transportation
Division of Rail and Mass Transportation
Office of Federal Transit Programs

Final Invoice

Partial Invoice

Project includes Toll Credits

Funding Program: 0

Project Type: 0

Contract Number: 0

Contract Expiration Date:

BlackCat Invoice Number:

Agency Invoice Number:

Invoice Period:

Federal Reimbursement Rate:

Net Project Cost (this request): \$ -

Federal Encumbered Amount: \$ -

Federal Share: \$ -

Local Share (Required Match): \$ -

Eligible for Reimbursement: \$ -

Subrecipient Contact Phone:

Subrecipient Contact Email:

Remittance Address:

City, State, ZIP:



Signature: _____

Name and Title: _____

Date Signed: _____