
MARYLAND AGRICULTURE WATER QUALITY COST-SHARE PROGRAM

CLAIM FOR PAYMENT GUIDELINES

INSTRUCTIONS

This part of the form must be completed by the applicant with the assistance of a SCD staff member who is familiar with MACS Program regulations, guidelines, and processes. To avoid delays *please type or print legibly*, follow instructions, and supply all required information to avoid delays.

To avoid confusing the applicant about the amount of cost-share funding they are to receive, provide the applicant a copy of the completed Claim for Payment form and be sure they are clear about the amount of the check they are to receive.

When any addition, deletion, or revision is made to a form *after* original signature(s) are on it, the changes *must* be initialed by all parties who have signed the form. Signatures certify agreement with the information given on the form. Changing that information without obtaining appropriate certification of the changes puts staff in a position of incurring liability.

NOTE: Numbers correspond to sections on Claim for Payment form.

1. Name and Address - Applicant's name and current address where they can be reached by mail *must* be entered. This information should be the same as given previously on MACS Application and Agreement Forms (unless the applicant has moved) and should reflect the person for whom the cost-share check is intended.
2. Completion Date - Enter the date when establishment or installation of the project was completed. This must include the month, day, and year. Use the date of the SCDs final construction survey.
3. Agreement Number - Enter MDA assigned agreement number.
4. Practice Type - Enter practice name and number for all practices included in this project, as indicated on the list of eligible practices (attached to the Application Instructions).
5. Phone Number - Enter applicant's phone number, including the area code, where they can be reached.
6. Social Security Number - This number must correspond directly to the person or corporation (if Federal ID number is submitted), whose name and address were entered in Block 1 of the application. *Reference the application and verify that these numbers are correct.*
7. Co-Cost-Shared - Enter "Yes" if this project was co-cost-shared with any other program and *provide the name of that program*, otherwise, enter "No".

-
8. Quantity and Unit - Enter this information for each item to quantify items entered in the next column. For example, if corresponding item in Column 9 is Waterway Construction, Column 8 must show number of feet, or for excavation in Column 9, Column 8 must show number of cubic yards.
 9. Material/Service - Enter eligible cost items for material or service used for establishment or installation of the project. These items must be from those included in the MACS Program schedule of flat rates.
 10. Vendor - Enter name of person or company who rendered the service or supplied the material.
 11. Actual Unit Cost - Enter the unit cost charged by the vendor.
 12. Flat Rate - Enter the corresponding rate from current approved list of flat rates for your district.
 13. Total Eligible Cost - Calculate entries of this column by multiplying either of Column 11 or 12, whichever is less, by Column 8.
 14. Final Eligible Cost - Enter total amount of entries in Column 13. Include any entries you may have on the reverse side.
 15. % of Final Eligible Cost - Enter eligible percent figure (87.5 or 65) in the space provided to the left of the % sign. Then calculate percent of eligible cost by multiplying percent figure by the entry in block 14 and enter here.
 16. Co-Cost-Sharing Amount - Enter any amount received for this project from other cost-share programs. Enter "none" if no other cost-share is received or expected.
 17. Eligible State Cost-Share Amount - Subtract 16 from 15. Refer to the description of Cost-Share Funding Limits in Section I of the manual and to the Cost-Share Rate in Section II of the manual. ***The SCD is responsible for tracking farm limits and practice limits.***
 18. Self explanatory
 19. Self explanatory.
 20. Final Cost-Effectiveness - This block ***must*** be completed by the Soil Conservation District, according to instructions given previously for block 43 of the Application form. Use the entry for Block 15 to calculate cost-effectiveness, i.e., include all cost-share grants.

If the result of this calculation is greater than \$40.00, back calculate the amount that corresponds to \$40.00/ton of soil saved and enter it in block 20. Then check "Yes" under "Variable Rate". If variable rate applies, the applicant will be paid less than what he/she claims. Re-check your figures in block #17.

If the animal unit cost-eligibility formula was utilized on the application, use the instructions given previously for block 43 of the application.

21. Signature of Participant - The person whose name, address, and Social Security Number were entered in blocks 1 and 6, must sign here. ***The signature must be the same as it appears on both the Application and Agreement Forms.*** Enter the date when this claim is submitted to the SCD in the block on the right. Be sure that the person signing understands that he/she is certifying statement in block 19.
22. If the eligible State cost-share, shown in block 17, exceeds Total Estimate of Eligible Cost (block 27 on the Application Form) by 10% or more, a justification for overrun must accompany the claim explaining the reasons. This must be signed by an authorized SCD technician and/or other authorized personnel. Since flat rates cannot be exceeded, an overrun may only be justified if additional services or materials have been required. Reasons for any major change in the design that requires additional material or service must also be explained in detail in this justification report.

PERFORMANCE REPORT

This part of the form must be completed by the Soil Conservation District.

23. Performance Report - Enter the number of acres, feet, or units as appropriate for each practice performed under this project with the NRCS BMP number, e.g., acres of waterway, acres of strip-cropping, etc. Make sure that extent shown here corresponds to those requested in column 16 of the application. Please include an explanation with Claim for Payment if Extent Performed varies from Extent Requested.
24. Acres Benefited - Enter total number of acres benefited as a result of establishment or installation of the project. This is usually equal to the number of acres under practice(s) plus acres prevented from erosion or siltation as a result of the project. Make sure that this number corresponds to that entered in block 38 of the application. Any change must be explained.
25. SCD Certification - Please make sure that the certification statement is applicable before the form is signed. Fill in the SCD name in the space provided.

26, 27. Signatures - The SCD technician and designee who sign and date the form must be authorized to do so by the District Chairman, and a sample of their signature must be on file at MDA. ***Individuals signing the forms are accepting overall responsibility for the work done. Their signature certifies that all work has been performed to the extent shown, meets the program standards, and that they approve the costs indicated on the Claim for Payment.***

NOTE

If an applicant of an individual or pooling Agreement is also a district supervisor, or employee in the district, he/she ***must not sign*** the forms except in his (her) capacity as an applicant. SCD signatures in such a case must be furnished by alternative SCD supervisors or employees with equivalent authority.

APPROVAL FOR PAYMENT

This part is for use by the Maryland Department of Agriculture.

NOTES:

If the final eligible cost-share amount of the Claim for Payment exceeds the Board of Public Works (BPW) approval, explain to the applicant that two checks will be sent. The first will be for initial BPW approval amount and will be processed as usual. The second check will be delayed due to a second BPW approval.

The approval process provides an additional ten percent over the original cost estimate. If a project has justifiable costs beyond the original approved grant amount, there is a means available to address this situation.

Due to the significant added administrative time and expense of processing Claim for Payment checks on projects which incur small cost overruns, any overrun \$100 or less will not be covered by the MACS Program. **Financial responsibility for small overruns of under \$100 will be the applicants.**

Please double-check the form for completeness of information and accuracy of all calculations before submitting.

MDA forwards the Claim for payment to the Fiscal Services Department and then to the State Comptroller's Office who issues the check. This process usually takes about four weeks.

ATTACHMENTS TO CLAIM FOR PAYMENT

1. All cost items shown on a Claim for Payment must be supported by bills or invoices attached. These attachments must meet the criteria set forth by the Program Regulations.

-
2. Each bill or invoice must show the following information:
 - The date of bill or invoice
 - Vendor(s) name and address
 - Type of cost item and unit
 - The unit cost for each item
 - Total cost for each item and for the bill
 3. If there are items on a bill that were not used for the project or were ineligible, they should be clearly marked as such but *not deleted or erased*.
 4. Each bill or invoice must bear the following statement and an original signature by the applicant:

"The costs shown herein are true and correct to the best of my knowledge."
 5. When two or more projects are completed at the same time by the same contractor and bills are combined, copies of the bills must be provided with each Claim For Payment. Any items on the bills which do not apply to the CFP must be clearly marked "NA". Any items that are for more than one Claim for Payment must be marked by adjusting the quantities used and the total cost.
 6. Any sales tax paid should be calculated and entered as a separate item for each bill.
 7. Each bill or invoice should be stamped received by the SCD.