



**Maryland Department of Agriculture
MARYLAND AGRICULTURAL 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 an 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 confusing the applicant about the amount of cost-share funding they are to receive, provide the applicant with 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 signatures(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. This is a legal document. Any changes to information without obtaining appropriate certification of the changes may result in the staff 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 or entity for whom the cost-share check is intended. Use legal names.
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 SCD's final construction survey.
3. *Agreement Number* - Enter MDA assigned agreement number.
4. *Practice Type* - Enter practice name and NRCS number for all practices included in this project, as indicated on the list of eligible practices (SECTION III, # 5).
5. *Phone Number* - Enter applicant's phone number, including the area code, where they can be reached.
6. *Social Security or Federal Identification Number (FID)* - This number must correspond directly to the person or entity 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 if excavation is identified 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 consistent with those included on file for the SCD in the MACS Program schedule of flat rates. *If items are not currently listed, confirm with MACS office that adjacent SCD flat rates may be used on an interim basis.*
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 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 Page 2 - Supplemental Sheet.
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 (SECTION V, #7) and to Eligible Practices and Cost-Share Rates (SECTION II, #1 and #2)). *The SCD is responsible for tracking and verifying 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 for block 43 of the Application form. These instructions also apply if the animal unit cost-eligibility formula was utilized on the application.

Use the entry for block 15 to calculate cost-effectiveness, i.e., use total of final eligible cost including all cost-share grants. If the result of this calculation is greater than \$40/ton

soil saved, back calculate the amount that corresponds to \$40/ton of soil saved and enter it in block 20 (SECTION III, # 5). Then check "Yes" under "Variable Rate". If variable rate applies, the applicant will be paid less than what he/she would otherwise claim. Re-check your figures in block 17.

21. *Signature of Participant* – The Applicant’s name and Social Security or Federal Tax ID number must be the same as it appears on the Application. Claims must be signed by the individual applicant or by a person authorized to sign for the Applicant. Authorization must be documented with a Certificate of Resolution or Special Power of Attorney form. If the applicant is a business entity, any authorized member may sign the claim. 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 the 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 conservation cover, etc. Make sure that extent shown here corresponds to that 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 for practice(s) plus acres protected 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. *Designated Technician* - The NRCS Designated Technician who signs and dates the form must be authorized to do so and a sample of their signature must be on file at MDA. The NRCS Designated Technician signature affirms and acknowledges appropriate design and project review by technical staff that has received NRCS job approval authority for the identified practice.

By signing the form, the Designated Technician certifies that qualified technical staff has confirmed the following: the project has been performed to the extent shown, the design of the specified practice meets NRCS Standards and Specifications, the components and

quantities listed are consistent with a final (as-built) design, and for co-cost shared projects that payment information accurately reflects USDA funding.

27. *Authorized SCD Representative* - The designated SCD Representative must be authorized by the SCD Board and a sample of the signature of the SCD Representative must be on file with MDA. The SCD Representative (usually the District Manager) may not designate signatory authority to anyone else.

By signing off on the Application Form, the SCD representative is stating that the Claim for Payment Form has been filled out correctly, all costs and listed components are correct, are documented by invoices, are consistent with an approved flat rate schedule, and the project meets all MACS Program regulations and guidelines.

NOTE: If a participant (on 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 SCD supervisors or alternate employees consistent with MACS signature authority policies.*

APPROVAL FOR PAYMENT

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

NOTES:

The initial Board of Public Works (BPW) approval process allows up to 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.

If the final eligible cost-share amount of the Claim for Payment exceeds the BPW approval, explain to the applicant that two checks will be sent. The first will be for the initial BPW approved amount and will be processed as usual. The second check will be delayed due to a second BPW approval *being required for approved cost overruns.*

Due to the significant added administrative time and expense of processing Claim for Payment checks on projects which incur small cost overruns, any overrun under \$200 will not be covered by the MACS Program. ***The applicant will be financially responsibility for small overruns of less than \$200.***

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

MACS forwards the Claim for Payment to the MDA Fiscal Services Department and then to the State Comptroller's Office who then 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 attached bills or invoices. 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/invoice
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 a specific CFP must be clearly marked "N/A". Any items that are for more than one Claim for Payment must be marked and adjustments made in accordance with the quantities used and the total cost for the specific CFP.
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.