

# Water Sector Program Request for Payment Process

Division of Administration

Office of Community Development – Local Government Assistance





## GENERAL PRESENTATION INFORMATION

Webinar is being recorded and will be posted on the our website.

Questions can be entered into the Q & A.

# IMPORTANT DATES



- June 10, 2024 – Grantees received notification of the changes to the payment process.
- June 10, 2024 – OCD-LGA begins accepting revised WSP Request for Payment form.
- July 31, 2024 – Last day OCD-LGA will accept old WSP Request for Payment form.
- December 31, 2026 – All funds must be expended by this date.

# ELIGIBLE ACTIVITIES

The “Authorization to Incur Costs and Grant Conditions” letter included the activities that are funded in your grant.



The system has been allowed WSP funds as follows:

\$ 2,060,000	Construction and contingencies
120,000	Professional Services Costs
\$ 2,180,000	<b>Total</b>

OCD-LGA cannot approve reimbursement for activities that are not included in the grant.

# Updated WSP RFP form.

WATER SECTOR PROGRAM (WSP) REQUEST FOR PAYMENT (RFP)				
A. Name, Address, and Telephone Number of Grantee			B. Date of Request	
C. Subrecipient Number			D. Federal Employer ID	E. UEI Number
F. Request #			G. Actual Delivery Date (A.D.D.) - The most recent date of delivery of services for each State fiscal year.	
			A.D.D. FY 1:	
			A.D.D. FY 2:	
H. Status of Matching Funds			Amount	
1. Amount of match funds to be committed to the project				
2. Amount of match funds expended and documentation previously submitted to OCC4GA				
3. Amount of match funds remaining to be expended and documented by OCC4GA				
4. Amount of match funds expended since previous submission (Attach documentation)				
5. Remaining matching fund to be spent (Subtotal Line 4 from Line 3)				
I. Status of WSP Funds			Amount	
1. WSP Grant Amount				
2. WSP Funds Received to Date				
3. Subtotal (Subtotal Line 3 from Line A)				
J. Amount of Work Completed for this Request			A.D.D. FY 1	A.D.D. FY 2
			Amount	
1. Public Works, Facilities, Site Improvements				
a. Sewer				\$ 0.00
b. Water				\$ 0.00
2. Professional Services				
a. Engineering Fees				\$ 0.00
b. Administrative Fees				\$ 0.00
3. Acquisition				\$ 0.00
4. Other				\$ 0.00
5. Total			\$ 0.00	\$ 0.00
K. Certification				
I certify that this Request for Payment has been drawn in accordance with the terms and conditions of the agreement for the grant and that the amount for which drawn is proper for payment to the drawee at the drawee's bank. I also certify that the data reported above is correct and that the amount of the Request for Payment is not in excess of current needs. Approved and detailed invoices that equal or exceed the amount are attached.				
1. Date	Signature		Title	
L. Approval (State Use Only)				
Amount of WSP funds approved for this request		Total	WSP Funds	Matching Funds
1. Public Works, Facilities, Site Improvements				
a. Sewer		\$ 0.00		
b. Water		\$ 0.00		
2. Professional Services				
a. Engineering Fees		\$ 0.00		
b. Administrative Fees		\$ 0.00		
3. Acquisition		\$ 0.00		
4. Other		\$ 0.00		
5. Total		\$ 0.00	\$ 0.00	\$ 0.00
Expenditure of of match funds verified			Amount	
6. Amount of match fund expenditures documented previously				
7. Amount of match fund expenditures documented with this request				
8. Total amount of match fund expenditures documented to date			\$ 0.00	
9. Reviewed by Signature and Date			10. Approved by Signature and Date	
PAYMENTS CAN BE VERIFIED ONLINE AT: <a href="https://www.cprd.doa.louisiana.gov/vendorssearch/index2.cfm">https://www.cprd.doa.louisiana.gov/vendorssearch/index2.cfm</a>				

# Instructions for updated RFP form.

INSTRUCTIONS FOR REQUEST FOR PAYMENT FORM	
Complete form electronically. Cells highlighted in yellow are to be completed by grantee.	
LINE:	
A	Enter name, address, including zip code, and telephone number of the Grantee.
B	Enter the date this request is being submitted.
C	Enter the Subrecipient Number.
D	Enter the Grantee's Federal Employer ID Number.
E	Enter the Grantee's Unique Entity Identifier Number from sam.gov.
F	Enter number of the request. Requests for Payment (RFP) are numbered sequentially. Your first request is #1, your second is #2, etc. If, for some reason, a request is returned to you for correction and resubmission, the resubmission would have the same number with an A after it, 2A. A second resubmission would be 2B.
G	Enter the most recent date of delivery of invoices for each State fiscal year covered in the invoices for this RFP. Each invoice must have the date of delivery or, in the case of services rendered, a beginning and ending date. Any services that cover 2 fiscal years must be in separate invoices or the amount allocated to each fiscal year must be indicated. Ex. FY1 May 5, 2010 to June 30, 2010 \$2,040, FY2 July 1, 2010 to August 5, 2010 \$1,920. Enter only the dollar amounts in E. If 2 fiscal years are used, break out the amounts in each FY column and for each applicable activity.
H	This section to be completed by Grantee.
1	Enter the amount of match funds the Grantee committed to the grant.
2	Enter the amount of match funds that have been expended and previously documented to OCD-LGA.
3	Subtract Line 2 from Line 1.
4	Enter amount of match funds expended that Grantee is documenting with this request. <b>All match expenditure documentation must be provided with final payment request.</b>
5	Subtract Line 4 from Line 3.
I	This section to be completed by Grantee.
1	Enter amount of WSP grant award.
2	Enter amount of WSP funds received to date.
3	Subtract Line I.2 from I.1.
J	This section to be completed by Grantee. All invoices must be approved as identified in the Financial Management Questionnaire and attached to this request. Construction invoices should also be approved by project engineer.
1	Do not enter any data in this cell.
1a	Enter the amount of WSP funds being requested with this submission for sewer grants in the appropriate FY column(s).
1b	Enter the amount of WSP funds being requested with this submission for water grants in the appropriate FY column(s).
2	Do not enter any data in this cell.
2a	Enter the amount of WSP funds being requested with this submission for engineering services in the appropriate FY column(s).
2b	Enter the amount of WSP funds being requested with this submission for administrative services in the appropriate FY column(s).
3	Enter the amount of WSP funds being requested with this submission for acquisition costs in the appropriate FY column(s).
4	Enter the amount of WSP funds being requested with this submission for other costs in the appropriate FY column(s).
5	Worksheet calculates this cell automatically. Do not enter data in this cell.
K	This section to be completed by Grantee.
1	Authorized person's signature, title, and date. Must be a person authorized on the Financial Management Questionnaire that was submitted to OCD-LGA.
L	OCD-LGA completes this section. OCD-LGA enters amounts approved for activities and identifies any costs to be paid by Grantee. OCD-LGA verifies expenditure of matching funds and enters amount of matching fund expenditures verified to date. <b>OCD-LGA will send a copy of the RFP form to Grantee upon approval.</b>

Checklist used  
by OCD-LGA  
Staff to review  
RFPs for  
processing.

Water Sector Program RFP Processing Checklist	
Reviewed By	<input type="text"/>
Date:	<input type="text"/>
Application #	<input type="text"/>
Grantee:	<input type="text"/>
Subrecipient #:	<input type="text"/>
<b>General Information</b>	
Was the RFP emailed from system employee or system's designee?	Select One
Is the requestor presently on the LLA non-compliance list?	Select One
If WSP funds requested, are UEI(s) active for all entities, expiration date(s): _____	Select One
Ensure request involves only federal or state funds, cannot be mixed.	Select One
For state engineering requests, write PO number in item A.	Select One
For projects including LDH/DEQ revolving funds, did LDH/DEQ review and approve?	Select One
<b>RFP Entries</b>	
A-E Are items completed by grantee?	Select One
F Is the RFP form sequentially numbered?	Select One
G Is the RFP Actual Delivery Date ("ADD") correct?	Select One
According to the invoice dates should it be two fiscal years?	Select One
H Are amounts for items 1-5 correct?	Select One
I Are amounts for items 1-3 correct?	Select One
J Are amounts entered under the correct activity?	Select One
Are funds entered in the correct ADD column?	Select One
Are requested amounts within the budgeted amount?	Select One
Are requested amounts supported by invoices?	Select One
Do all requested amounts add up and agree with invoice totals?	Select One
K Is the RFP signed?	Select One
L Are approved amounts entered in correct columns?	Select One
Did you sign and date the RFP on the Reviewed By line?	Select One
Email the RFP, invoices, this checklist and invoice tracker to approver.	Select One
<b>Invoice Tracker</b>	
Are amounts on Invoice Tracker correct and entered under correct activity?	Select One
Are the grant expenditures on schedule?	Select One
Has the Invoice Tracker file been saved onto the "G" drive?	Select One
Did you put a printed copy of the updated invoice tracker in the RFP file?	Select One

## ADDITIONAL PROGRAM REQUIREMENTS

- All grantees must have UEI number actively registered in [www.SAM.gov](http://www.SAM.gov) .
- All engineers, consultants, and prime contractors must have UEI number actively registered in [www.SAM.gov](http://www.SAM.gov) .
- Requests can only include reimbursement from either state or federal funds. Do not include both on one RFP form.
- Requests for any projects that include LDH/DEQ revolving funds must have the agency approval before OCD-LGA can process.
- Enroll vendor number for electronic funds transfer with the Office of Statewide Reporting and Accounting Policy. If you cannot do so, you must contact Traci Watts or Heather Paul in OCD-LGA.





## Documenting Match Funds

- In order to document match funds, the system must include the invoices and the cancelled checks.
- We will take into account any match that is listed on the RFP form when calculating the WSP payment; however, the funds will not be identified as documented unless we have the required documents.
- All match funds must be documented with the final RFP to enable OCD-LGA to complete a reconciliation of expenditures to ensure the match commitment has been met. Adjustments will be made on the final RFP, if necessary.



# RESOURCES

OCD – LGA Website

<https://www.doa.la.gov/doa/ocd-lga/american-rescue-plan-act/>

Office of Statewide Reporting and Accounting Policy

<https://www.doa.la.gov/doa/osrap/>

US Treasury – Coronavirus State and Local Fiscal Recovery Funds

<https://home.treasury.gov/policy-issues/coronavirus/assistance-for-state-local-and-tribal-governments/state-and-local-fiscal-recovery-funds>

Adobe Acrobat Reader - Free

<https://get.adobe.com/reader/>

# Online Demonstration



## Reminders

- Email your completed RFP to the OCD-LGA.
- Make sure you email the documents to Heather Paul, Traci Watts, and your grant representative.
- We are here to help!





Questions

# Contact Information

- **OCD – LGA**

- Traci Watts, Director [traci.watts@la.gov](mailto:traci.watts@la.gov) 225-342-0148
- Heather Paul, Assistant Director [heather.paul@la.gov](mailto:heather.paul@la.gov) 225-342-7418
- Gwen Scott, OCD-LGA staff [gwen.scott@la.gov](mailto:gwen.scott@la.gov) 225-342-7412
- Gwendolyn Thomas, OCD-LGA staff [gwendolyn.thomas@la.gov](mailto:gwendolyn.thomas@la.gov) 225-219-0804
- Suzanne Bentley-Smith, OCD-LGA staff [suzanne.bentley-smith@la.gov](mailto:suzanne.bentley-smith@la.gov) 225-219-0805



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