

# Water Sector Program (WSP) Grant Implementation



# Presentation

- ▶ This presentation is available on our website on the Water Sector Program page.
- ▶ The recording will be posted to our YouTube channel and linked on the website as well.
- ▶ Questions should be entered in Q and A. Please enter your name and email address with your question in case we are unable to answer your question and need to follow up after the webinar.
- ▶ Participants must type their name and the system name in the chat box. This is how we are documenting attendance for this webinar. If you do not enter this information in the chat box, we will not be able to document that you were in attendance.

# Agenda

- ▶ Where we are now
- ▶ Revisions
- ▶ Grant conditions
- ▶ Labor requirement
- ▶ Permission to bid
- ▶ Request for payment
- ▶ Monitoring
- ▶ Closeout

# Where we are now

- ▶ Awards issued
- ▶ Authorization to incur costs issued
- ▶ Grant conditions issued
- ▶ Water Sector Program page on OCD-LGA website:  
<https://www.doa.la.gov/doa/ocd-lga/american-rescue-plan-act/>

# Revisions

- ▶ Notify OCD-LGA if there are revisions needed to the grant agreement, such as Chief Executive Officer or address.

# Grant Conditions – issued in Authorization to Incur Costs and Grant Agreement with Conditions (AIC GC) Letter

- ▶ Grant Agreement
- ▶ Authorized Signature Form
- ▶ Electronic Funds Transfer Enrollment Form
- ▶ Request for Vendor Information Form
- ▶ W-9 Form
- ▶ Supplemental Information Page
- ▶ Financial Management Questionnaire
- ▶ Performance Schedule
- ▶ Plans and Specifications
- ▶ Rate Study
- ▶ Acquisition Timeline
- ▶ Contractor Clearance Form
- ▶ Matching Funds Documentation
- ▶ Consolidation Documents
- ▶ Title VI Assurances Form

# Important notes

- ▶ Under no circumstances should the grant recipient advertise for bids or begin construction on an activity at this time. Written authorization will be provided from this office to advertise for bids when funds have been released and the plans and specifications for the project have been reviewed.
- ▶ Funds will not be released until the conditions included in the Grant Conditions letter have been **submitted and approved/cleared** by this office. If revisions are required, this must be completed within the deadline.
- ▶ Grantees are encouraged to clear conditions as soon as possible!

# Grant Agreement - Due within 2 months

- ▶ Review information identifying your system.
- ▶ CEO should sign the agreement.
- ▶ Do not date!!! OCD-LGA will date when executing the agreement.
- ▶ Return hard copy to OCD-LGA.





# Electronic Funds Transfer Enrollment Form

## - Due within 2 months

- ▶ All grantees are encouraged to sign up for EFT, but it is not required.
- ▶ If interested in receiving payments via EFT, send an email including your vendor number and your Federal Tax ID Number to [\\_DOA-OSRAP-EFT@LA.GOV](mailto:_DOA-OSRAP-EFT@LA.GOV) .

**Water Sector Program**

In order for payments to be processed, the following information along with a completed IRS Form W-9 must be submitted to the Office of Community Development-Local Government Assistance (OCD-LGA).

Name of Grantee: \_\_\_\_\_

Remittance Address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parish: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

Please return this form and the completed IRS Form W-9 to OCD-LGA by email to [Janelle.Dickey@la.gov](mailto:Janelle.Dickey@la.gov) or fax a copy to (225) 342-1947.

**OCD-LGA Use Only**

Application #: \_\_\_\_\_

Sent to OSRAP: \_\_\_\_\_

Vendor #: \_\_\_\_\_

Request for Vendor Information Form - Due within 2 months

Only needed if grantee does not have a vendor number

## Request for Taxpayer Identification Number and Certification

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

**Give Form to the  
requester. Do not  
send to the IRS.**

Print or type. See Specific Instructions on page 3.	<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	<b>2</b> Business name/disregarded entity name, if different from above	
	<b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check <b>only one</b> of the following seven boxes.	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	Exempt payee code (if any) _____
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.	Exemption from FATCA reporting code (if any) _____
	<input type="checkbox"/> Other (see instructions) ▶ _____	(Applies to accounts maintained outside the U.S.)
	<b>5</b> Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
	<b>6</b> City, state, and ZIP code	
	<b>7</b> List account number(s) here (optional)	

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

	<b>Social security number</b>					
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 25%; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 40%; height: 20px;"></td> </tr> </table>		-		-	
	-		-			
	<b>OR</b>					
	<b>Employer identification number</b>					
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 90%; height: 20px;"></td> </tr> </table>		-			
	-					

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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# W-9 Form - Due within 2 months

Only needed if grantee does not have a vendor number

**Water Sector Program  
Supplemental Information Form**

Grantee Name: \_\_\_\_\_

Unique Entity Identification  
Number (UEI) from  
www.sam.gov: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address  
of System: \_\_\_\_\_

Contact information for person managing grant for system:

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

System Operator Information:

Name of  
System Operator: \_\_\_\_\_

Operator Certification  
ID Number: \_\_\_\_\_

Is Operator certified as required:       YES       NO

If no, how and when will Operator earn certification?  
\_\_\_\_\_

Project Information:

Is acquisition of real property required to complete this project:       YES       NO

Note: Real property being acquired with the intent of completing a project that includes federal funds, regardless of the funding source used to purchase the real property or if the property is donated to the grantee, must be in compliance with the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970. This law is commonly called the "Uniform Act."

Supplemental  
Information  
Page - Due  
within 2  
months

## Water Sector Program Financial Management Questionnaire

Grantee: \_\_\_\_\_

Number of employees: \_\_\_\_\_

1. List those who will perform the following WSP financial management functions. Include titles.

a) Signs contracts:

\_\_\_\_\_ Title: \_\_\_\_\_

b) Receives invoices:

\_\_\_\_\_ Title: \_\_\_\_\_

c) Approves payment of invoices:

\_\_\_\_\_ Title: \_\_\_\_\_

\_\_\_\_\_ Title: \_\_\_\_\_

d) Prepares Requests for Payment:

\_\_\_\_\_ Title: \_\_\_\_\_

e) Signs Requests for Payment (*minimum of two required*):

\_\_\_\_\_ Title: \_\_\_\_\_

\_\_\_\_\_ Title: \_\_\_\_\_

\_\_\_\_\_ Title: \_\_\_\_\_

\_\_\_\_\_ Title: \_\_\_\_\_

f) Records transactions:

\_\_\_\_\_ Title: \_\_\_\_\_

g) Maintains custody of checkbook:

\_\_\_\_\_ Title: \_\_\_\_\_

\_\_\_\_\_ Title: \_\_\_\_\_

h) Signs checks (*minimum of two required*): Must be covered by bond or fidelity policy.

\_\_\_\_\_ Title: \_\_\_\_\_

\_\_\_\_\_ Title: \_\_\_\_\_

\_\_\_\_\_ Title: \_\_\_\_\_

\_\_\_\_\_ Title: \_\_\_\_\_

i) Reconciles bank statements:

\_\_\_\_\_ Title: \_\_\_\_\_

j) Prepares fiscal year end financial statements:

\_\_\_\_\_ Title: \_\_\_\_\_

Financial  
Management  
Questionnaire  
- Due within 2  
months

2. Identify by title the individuals who are covered by a bond or insurance and the amounts. Include Chief Executive Officer if involved in signing checks (1.h).

**Attach a copy of the bond(s) or insurance policy(s).**

Title: _____	Amount: _____
Title: _____	Amount: _____
Title: _____	Amount: _____
Title: _____	Amount: _____

3. Identify name of company that issued the bond or insurance policy:

\_\_\_\_\_

Issue date: _____	Expiration date: _____
Issue date: _____	Expiration date: _____

4. What is your fiscal year end date? \_\_\_\_\_

5. The most recent audit covered what period? \_\_\_\_\_

Identify name of firm that prepared the audit: \_\_\_\_\_

6. Name and telephone number of local official to contact regarding this questionnaire:

_____	_____	_____
<i>Name</i>	<i>Title</i>	<i>Phone #</i>

**I certify that this information is true to the best of my knowledge.**

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Financial  
Management  
Questionnaire –  
Due within 2  
months



# Title VI Assurances - Due within 2 months

OMB Approved No. 1505-0271  
Expiration Date: November 30, 2021

## ASSURANCES OF COMPLIANCE WITH CIVIL RIGHTS REQUIREMENTS

### ASSURANCES OF COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964

As a condition of receipt of federal financial assistance from the Department of the Treasury, the recipient named below (hereinafter referred to as the "Recipient") provides the assurances stated herein. The federal financial assistance may include federal grants, loans and contracts to provide assistance to the Recipient's beneficiaries, the use or rent of Federal land or property at below market value, Federal training, a loan of Federal personnel, subsidies, and other arrangements with the intention of providing assistance. Federal financial assistance does not encompass contracts of guarantee or insurance, regulated programs, licenses, procurement contracts by the Federal government at market value, or programs that provide direct benefits.

The assurances apply to all federal financial assistance from or funds made available through the Department of the Treasury, including any assistance that the Recipient may request in the future.

The Civil Rights Restoration Act of 1987 provides that the provisions of the assurances apply to all of the operations of the Recipient's program(s) and activity(ies), so long as any portion of the Recipient's program(s) or activity(ies) is federally assisted in the manner prescribed above.

1. Recipient ensures its current and future compliance with Title VI of the Civil Rights Act of 1964, as amended, which prohibits exclusion from participation, denial of the benefits of, or subjection to discrimination under programs and activities receiving federal financial assistance, of any person in the United States on the ground of race, color, or national origin (42 U.S.C. § 2000d *et seq.*), as implemented by the Department of the Treasury Title VI regulations at 31 CFR Part 22 and other pertinent executive orders such as Executive Order 13166, directives, circulars, policies, memoranda, and/or guidance documents.
2. Recipient acknowledges that Executive Order 13166, "Improving Access to Services for Persons with Limited English Proficiency," seeks to improve access to federally assisted programs and activities for individuals who, because of national origin, have Limited English proficiency (LEP). Recipient understands that denying a person access to its programs, services, and activities because of LEP is a form of national origin discrimination prohibited under Title VI of the Civil Rights Act of 1964 and the Department of the Treasury's implementing regulations. Accordingly, Recipient shall initiate reasonable steps, or comply with the Department of the Treasury's directives, to ensure that LEP persons have meaningful access to its programs, services, and activities. Recipient understands and agrees that meaningful access may entail providing language assistance services, including oral interpretation and written translation where necessary, to ensure effective communication in the Recipient's programs, services, and activities.
3. Recipient agrees to consider the need for language services for LEP persons when Recipient develops applicable budgets and conducts programs, services, and activities. As a resource, the Department of the Treasury has published its LEP guidance at 70 FR 6067. For more information on taking reasonable steps to provide meaningful access for LEP persons, please visit <http://www.lep.gov>.



# Title VI Assurances - Due within 2 months

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4. Recipient acknowledges and agrees that compliance with the assurances constitutes a condition of continued receipt of federal financial assistance and is binding upon Recipient and Recipient's successors, transferees, and assignees for the period in which such assistance is provided.
5. Recipient acknowledges and agrees that it must require any sub-grantees, contractors, subcontractors, successors, transferees, and assignees to comply with assurances 1-4 above, and agrees to incorporate the following language in every contract or agreement subject to Title VI and its regulations between the Recipient and the Recipient's sub-grantees, contractors, subcontractors, successors, transferees, and assignees:

*The sub-grantee, contractor, subcontractor, successor, transferee, and assignee shall comply with Title VI of the Civil Rights Act of 1964, which prohibits recipients of federal financial assistance from excluding from a program or activity, denying benefits of, or otherwise discriminating against a person on the basis of race, color, or national origin (42 U.S.C. § 2000d et seq.), as implemented by the Department of the Treasury's Title VI regulations, 31 CFR Part 22, which are herein incorporated by reference and made a part of this contract (or agreement). Title VI also includes protection to persons with "Limited English Proficiency" in any program or activity receiving federal financial assistance, 42 U.S.C. § 2000d et seq., as implemented by the Department of the Treasury's Title VI regulations, 31 CFR Part 22, and herein incorporated by reference and made a part of this contract or agreement.*

6. Recipient understands and agrees that if any real property or structure is provided or improved with the aid of federal financial assistance by the Department of the Treasury, this assurance obligates the Recipient, or in the case of a subsequent transfer, the transferee, for the period during which the real property or structure is used for a purpose for which the federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is provided, this assurance obligates the Recipient for the period during which it retains ownership or possession of the property.
7. Recipient shall cooperate in any enforcement or compliance review activities by the Department of the Treasury of the aforementioned obligations. Enforcement may include investigation, arbitration, mediation, litigation, and monitoring of any settlement agreements that may result from these actions. The Recipient shall comply with information requests, on-site compliance reviews and reporting requirements.
8. Recipient shall maintain a complaint log and inform the Department of the Treasury of any complaints of discrimination on the grounds of race, color, or national origin, and limited English proficiency covered by Title VI of the Civil Rights Act of 1964 and implementing regulations and provide, upon request, a list of all such reviews or proceedings based on the complaint, pending or completed, including outcome. Recipient also must inform the Department of the Treasury if Recipient has received no complaints under Title VI.
9. Recipient must provide documentation of an administrative agency's or court's findings of non-compliance of Title VI and efforts to address the non-compliance, including any voluntary compliance or other

# Title VI Assurances - Due within 2 months

OMB Approved No. 1505-0271  
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agreements between the Recipient and the administrative agency that made the finding. If the Recipient settles a case or matter alleging such discrimination, the Recipient must provide documentation of the settlement. If Recipient has not been the subject of any court or administrative agency finding of discrimination, please so state.

10. If the Recipient makes sub-awards to other agencies or other entities, the Recipient is responsible for ensuring that sub-recipients also comply with Title VI and other applicable authorities covered in this document. State agencies that make sub-awards must have in place standard grant assurances and review procedures to demonstrate that they are effectively monitoring the civil rights compliance of sub-recipients.

The United States of America has the right to seek judicial enforcement of the terms of this assurances document and nothing in this document alters or limits the federal enforcement measures that the United States may take in order to address violations of this document or applicable federal law.

Under penalty of perjury, the undersigned official(s) certifies that official(s) has read and understood the Recipient's obligations as herein described, that any information submitted in conjunction with this assurances document is accurate and complete, and that the Recipient is in compliance with the aforementioned nondiscrimination requirements.

\_\_\_\_\_  
Recipient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Authorized Official

#### PAPERWORK REDUCTION ACT NOTICE

The information collected will be used for the U.S. Government to process requests for support. The estimated burden associated with this collection of information is 30 minutes per response. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Office of Privacy, Transparency and Records, Department of the Treasury, 1500 Pennsylvania Ave., N.W., Washington, D.C. 20220. DO NOT send the form to this address. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid control number assigned by OMB.

# Title VI Requirements

- ▶ OCD-LGA will post information on the Water Sector Program page of our website regarding the development of a Language Access Plan for Limited English Proficiency persons.
- ▶ Remember to include the language from number 5 in any agreements/contracts.
- ▶ Remember to maintain a complaint log as required in number 8. Documentation will be required in the grant closeout process with the State.

# Performance Schedule - Due within 2 months

- ▶ This document will be used to monitor the progress of the project.
- ▶ The quarters are indicated on the performance schedule and coincide with the four quarters in the State's fiscal year. The completed schedule should begin with the quarter in which the date of authorization to incur costs occurs. This date must be entered in the space provided on this form. The WSP may have a duration period up to three years (twelve quarters). The entries on this document should begin with the quarter where the authorization to incur costs date lies and not exceed three years from that date. For example, an authorization to incur costs date of April 1, 2022 would begin entries to this document in quarter four and not exceed quarter fifteen.
- ▶ When completing this form, identify each activity as it corresponds to the line item budget in the WSP grant agreement. For example, the completion of a sewer project could involve the activities of acquisition, sewer construction, and engineering services. Under each activity, indicate when completion of major project milestones is expected. For example, milestones could be acquisition of easements, engineering, bid advertisement/award, construction, acceptance of work, and release of liens. Consider the activities and decide what major tasks must be accomplished to complete them. List these tasks as milestones under each activity. Then indicate by lines on the schedule showing when these tasks will occur.
- ▶ Be mindful of the grant process that must be followed when drafting the timeline.
- ▶ For each activity also estimate projected expenditures by dollar amount for each quarter. The expenditures should reflect all funds (WSP and other) being used to complete the activity. Distinguish between the funds by source and amount.
- ▶ If more space is needed, attach additional sheets.



# Plans and Specifications - Due within 6 months

- ▶ Copy of final plans and specifications plus a final cost estimate must be submitted to the Louisiana Department of Health (LDH) within six (6) months of the date of the WSP AIC and GC Letter.
- ▶ OCD-LGA must be notified in writing that all required documents have been submitted to LDH within this time period.
- ▶ OCD-LGA will follow up with LDH to ensure that all projects approved in the WSP application have been included in the final plans and specifications.
- ▶ Any grantees that are using loan funds from DEQ as matching funds must also send a copy of the final plans and specifications to the DEQ loan program for review.

# Rate Study - Due within 6 months

- ▶ OCD-LGA has issued a Request for Proposals to hire firms to work with WSP grantees on the completion of rate studies and any actions needed.
- ▶ OCD-LGA will assign a firm to work with each grantee. The firm will contact the grantee to begin the process.
- ▶ All grantees will be required to participate in this process. If a grantee has completed a rate study, this document will be reviewed to ensure it is sufficient and no further actions are needed.

# Acquisition Timeline

- ▶ If the completed Supplemental Information form indicates real property will be acquired, through purchase or donation and regardless of funding source, then the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (Uniform Act) must be followed. Any acquisition completed with the intent of use on a project that involves federal funds must be in compliance with the Uniform Act.
- ▶ An Acquisition Timeline that includes dates and specific actions that will be taken to complete the acquisition process that is identified in the approved application must be submitted to OCD-LGA.
- ▶ Ensure the performance schedule and this timeline are consistent.



Contractor  
Clearance  
Form -  
Due within  
2 months

**Water Sector Program - Contractor Clearance Form**

**Verification of Professional Services Eligibility**

*Date Received by State*

**2 CFR 200.318 (h)**

1. Request for Clearance of Professional Services is hereby made by:

Name of Grantee

Subrecipient No.

2. Identification of the professional firm for which clearance is requested:

Name

Address

City and State

Zip Code

Phone Number(s)

3. Name of the principals of the firm and their title/position are as follows.

*(Complete names preferred: Example—John Buford Brown is preferable to John Brown)*

Name of Principals

Title(s)

4. Description of professional services?

5. Unique Entity Identification No.:

6. Signed:

CEO or Representative

Date

7. *(To be completed by the Office of Community Development - Local Government Assistance)*

Upon receipt, OCD-LGA will determine eligibility status, complete and send the form to the Grantee.

Professional firm cleared: Yes  No  Date

Signature, State's LCO

Faxed/Mailed/Emailed

To

Comments:

# Matching Funds Documentation

- ▶ Documentation identifying the matching funds as being available to be spent must be submitted.
- ▶ The specific documentation required will vary depending on the matching funds source.

# Consolidation Documents

- ▶ If the approved project involves consolidation with another system or systems, the executed agreement between the systems that memorializes consolidation must be submitted to OCD-LGA.

# Labor Requirement

- ▶ Review information in the US Treasury's Compliance and Reporting Guidance document regarding labor requirements for infrastructure projects (page 27). It can be found on the US Treasury website at <https://home.treasury.gov/system/files/136/SLFRF-Compliance-and-Reporting-Guidance.pdf> .
- ▶ There are requirements that must be met for projects whose total expected cost is over \$10 million.
- ▶ Ensure appropriate requirements are communicated to any contractors, subcontractors, etc.

# Permission to bid

- ▶ Permission to bid will be given to grantees when all grant conditions have been cleared/approved and LDH has notified OCD-LGA that all projects included in the approved WSP application have been included in the plans and specifications submitted for review.
  - ▶ Grantees that have cleared all grant conditions except the rate study may be issued permission to bid with the contingency that the Grantee may be required to repay all grant funds if any actions regarding rates are not taken as needed.
- ▶ Grantees will be required to advertise for bids within 30 days of being given permission to bid.

# Request for Payment

- ▶ Ensure the signature of persons signing the Request for Payment are the same as their signature on the Authorized Signature Card.
- ▶ Sign in blue ink and do not use correction fluid/tape.
- ▶ If your project involves funds from the Clean Water Revolving Loan Fund or the Drinking Water Revolving Loan Fund, then documentation from LDH or DEQ indicating the program personnel have reviewed the Request for Payment must be included in the submission to OCD-LGA. Payments will not be approved until this documentation is received.

# How to request payment

## WATER SECTOR PROGRAM REQUEST FOR PAYMENT (RFP)

A. Name, Address, and Telephone Number of Grantee		B. Date of Request	
C. Subrecipient Number		D. Request #	
E. Federal Employer ID	STATE USE ONLY		Split Funding Y N
F. 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:	
<b>1. Status of WSP Funds</b>		Amount	State Use Only
A. Amount Requested with this Request (Total from Line F below)			
B. WSP Funds Received to Date			
C. WSP Funds Requested but not yet Received			
D. Subtotal (Total Line A through Line C)			
E. Total Grant Amount (Amount of Grant Agreement)			
F. Remaining Balance (Subtract Line D from Line E)			
<b>2. Amount of Funds Requested by Activity</b>		A.D.D. FY 1	A.D.D. FY 2
A. Construction			
B. Professional Services			
C. Acquisition of Real Property			
F. Total			
<b>3. Certification</b>			
I certify that this Request for Payment has been drawn in accordance with the terms and conditions of the agreement for the grant or loan and that the amount for which drawn is proper for payment to the drawer at the drawer'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. <b>Approved and detailed invoices that equal or exceed the amount are attached.</b>			
A. Date	Signature	Title	
B. Date	Signature	Title	
<b>4. Approval (State Use Only)</b>			
A. Reviewed By		Date	
B. Approved By		Date	
PAYMENTS CAN BE VERIFIED ONLINE AT: <a href="https://www.cfprd.doa.louisiana.gov/vendsearch/index2.cfm">https://www.cfprd.doa.louisiana.gov/vendsearch/index2.cfm</a>			
Please sign in blue ink. Do not use correction fluid/tape.			

# Monitoring

- ▶ OCD-LGA will be monitoring the progress of the grant through the program performance schedule in conjunction with expenditure data as Grantees draw funds.
- ▶ Labor certification - reviews may be required of payroll documents to ensure proper wages are paid.
- ▶ Documentation of the LAP regarding LEP persons may be requested.
- ▶ Onsite inspections will be conducted when the following benchmarks have been met:
  - ▶ 50% of grant funds for construction have been expended.
  - ▶ Construction is substantially complete but retainage has not been paid.



# Closeout

- ▶ Closeout report draft will be provided to Grantees by OCD-LGA prior to project completion.
- ▶ All grantees must submit a complete, correct report for final construction payment to be approved by OCD-LGA.
- ▶ Grantees will be required to have a certified operator on the staff operating the system prior to closing out the grant with the State.

# Final Notes

- ▶ This is a new program and guidance continues to be issued from the US Treasury (funding source). If additional program requirements are needed, OCD-LGA will notify Grantees.

# Contact information

## Water Sector Program

- ▶ Traci Watts, OCD-LGA Director
  - ▶ [Traci.Watts@la.gov](mailto:Traci.Watts@la.gov)
  - ▶ (225) 342-0148
  
- ▶ Heather Paul, OCD-LGA Assistant Director
  - ▶ [Heather.Paul@la.gov](mailto:Heather.Paul@la.gov)
  - ▶ (225) 342-7418