

Department of Local Affairs



Strengthening Colorado Communities

COLORADO DEPARTMENT OF LOCAL AFFAIRS
INSTRUCTIONS – QUARTERLY REPORT AND/OR EIAF PAY REQUEST FORM

GENERAL FORM INSTRUCTIONS:

1. Mail original signed copy of your quarterly report and/or pay request to your DOLA Regional Manager or Regional Assistant for review and/or payment processing.
2. Identify name of your jurisdiction, which is either **Grantee or Contractor** name from award letter or state contract.
3. Indicate your **EIAF#** from the award letter or state contract.
4. Mark Purpose of Report section (check one or both).
5. Quarterly Expenditure Summary Report is required to be submitted at the end of each calendar quarter (January-March, April-June, July-September and October-December) and is due within 15-business days from the end of each quarter.
6. Pay Request and Progress Report can be reported quarterly or as funds are needed to be reimbursed.

SECTION 1 - QUARTERLY EXPENDITURES SUMMARY REPORT:

1. Fill in the calendar year being reported.
2. Check the appropriate box (one only) for the calendar year quarter.
3. Amount of Impact Funds Expended: Indicate the amount that has been expended (both disbursed and accrued) from the grant funds during the calendar year quarter. This amount does **not** have to be requested for payment at this time.

SECTION II -PAY REQUEST:

1. **Pay Request Number**. Requests should be identified in numerical order.
2. Indicate the **Period Covered By This Request**. This is the time period in which the incurred expenses were paid by the grantee. The time period for the report may vary at the discretion of the grantee based on cash-flow needs. If the report form is submitted for reimbursement of state funds already paid by the grantee, the time period of the report should reflect when the expenses were paid by the grantee. Grant funds should be spent in a reasonable time period. Any excess amounts of State cash on hand should be returned to the State promptly. The Department encourages incurred expenses be paid within thirty days of receipt of EIAF funds. If you are requesting funds within a quarter, please indicate the dates for that quarter.

3. Invoices, checks and other support documentations are required to be submitted with each pay request. All information from these documents (i.e., invoice number, invoice amount, date of invoice, check number, date of check) must be included in the pay request section of the form. It is expected that these documents are also being kept in your grant project management file.

4. PAY REQUEST SUMMARY - This table documents project expenses for the pay request amount submitted:
 - a. First column. **Name of Construction Contractor, Vendor, Professional Firm or In-kind Contributor.**
 - b. Second column. **Invoice Number/Date.**
 - c. Third column. **Grantee Check Number.** If the grantee has previously paid the construction contractor, vendor or professional firm with its own funds, identify the payment by check or voucher number. Leave blank if no payment has been made at this time. For in-kind contributions, identify expense detail and date.
 - d. Fourth column. **Date of Check.**
 - e. Fifth column. **Invoice Amount or Valuation of In-kind Expense.** Self-explanatory. Please note that the valuation of in-kind expenses must be supported with appropriate documentation provided to the state (e.g. hourly rate schedules for labor or equipment usage, property appraisal, etc.).
 - f. Sixth column. **Purpose for Funds Requested (#1-8 Column 1 Below).** Identify by numbers 1-8 which category or contract budget line item this payment is charged against. (See Contract Provision 4. "Budget" of Exhibit A for the list of eligible project expenditures. These project expenditures should be entered in the 1st column of Project Expense Summary on Page 2 of the reporting form).
 - g. Seventh column. **Expense Amount to be Paid with State Impact Grant and/or Loan Funds.** Identify how much of the invoice amount will be paid from Impact grant and/or loan funds (if applicable).
 - h. Eighth column. **Expense Amount to be Paid with Grantee Cash.** Identify how much of the invoice amount will be paid from grantee funds.
 - i. Ninth column. **Expense Amount to be Paid with Other Cash (if listed in state contract).** Identify how much of the invoice amount will be paid from other funding sources such as federal grant funds or private foundations. Only report the cash funds expended if the revenue source is specified in Provision 4. "Budget" of Exhibit A of the state contract.
 - j. Tenth column. **Identify Source of Funds (if not EIAF or Grantee Cash).** Document the other cash funding spent by source.

5. PROJECT EXPENSE SUMMARY (Page 2 of the report form). This table provides a cumulative summary of all project expenses reported to date and the balance of state, grantee and other funds remaining to complete the project.

- a. First column. **EIAF Contract Budget Expense Description Item (Per State Contract)**. See Provision 4. "Budget" of Exhibit A provides a list of project expenditures. List expenditures in this column.
 - b. Second column (A). **State Contract Budget Line Item Amount**. Self-explanatory.
 - c. Third column (B). **Total State Impact Funds Expended including this Pay Request**. Identify the cumulative amount of state Impact Funds including the current pay request amount allocated for this budget line item to date.
 - d. Fourth column (C). **Total Grantee and Other Funds Expended including this Pay Request**. Identify the cumulative amount of grantee and other funds (e.g. federal grant funds) including the current pay request amount allocated for this budget line item to date.
 - e. Fifth column (D). **Total Grantee In-kind Funds Expended including this Pay Request**. Identify the cumulative amount of in-kind funds (e.g. grantee labor, equipment or value of donations) including the current pay request amount allocated for this budget line item to date.
 - f. Sixth column (E). **Total Expended**. For each budget line item, add amount in columns B, C and D.
 - g. Sixth column (F). **Budgeted Funds Remaining**. For each budget line item, subtract amount in column A from column E.
6. PROGRESS REPORT SUMMARY. Self-explanatory.
 7. REPORT CERTIFICATION.
Responsible Administrator or elected official's signature and date is required on all payment requests.

Please notify your DOLA regional manager or regional assistant if you have questions about this form.