

**FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
 BEACH MANAGEMENT FUNDING ASSISTANCE PROGRAM
 REQUEST FOR PAYMENT – PART I**

PAYMENT SUMMARY

Name of Project: _____

LOCAL SPONSOR: _____ DEP Agreement Number: _____

Billing Number: _____

Billing Type: Interim Billing Final Billing

Costs Incurred This Payment Request:

Federal Share*	State Share	Local Share	Total
\$ _____ 0.00	\$ _____ 0.00	\$ _____ 0.00	_____ 0.00

*if applicable

Cost Summary:

State Funds Obligated	\$ _____	Local Funds Obligated	\$ _____
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Less Advance Pay	\$ _____ -	Less Advance Pay	\$ _____ -
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Less Previous Payment	\$ _____	Less Previous Credits	\$ _____
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Less Previous Retained \$ _____

Less This Payment	\$ _____ -	Less This Credit	\$ _____ -
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Less This Retainage (10%)	\$ _____ -	Local Funds Remaining	\$ _____ -
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State Funds Remaining \$ _____ -

	Form Instructions:
1	Billing Period: Should reflect Invoice services performed date. (beginning date - earliest date of services, end date - latest date of services performed).
2	Person responsible for completing this form: Please identify the person responsible for completing information if clarification is needed.
3	Task# / SOW#: Must identify completed Task#/SOW# for each invoice. If invoice covers multiple Task#/SOW#, that invoice would be listed multiple times, a line item for each deliverable.
4	Invoice Amount: Full amount of invoice.
5	Eligible Cost: Invoice amount paid by Local Sponsor less ineligible cost for Line Item Deliverable only.
6	% Federal Share: If applicable this should be the percentage listed in Agreement. Federal Share will be listed on Table 1.
7	Federal Share: If applicable, Local Sponsor will multiply Eligible Cost by Federal Share Percentage.
8	Non-Federal Share: Eligible Cost (4) minus Federal Share of Invoiced Amount (6)
9	Percentage of State Share: This should be the State Share Percentage listed in Agreement
10	State Share: Multiply Non-Federal Share by State Share Percentage.
11	Local Share: Subtract State Share from Non-Federal Share
12	Requested Retainage Payment: Requires separate line for each completed Task, Sub-Task and or Deliverable that retainage is being requested.
13	Withheld Retainage: Multiply State Share by 10%
14	State Payment: Subtract Retainage from State Share
15	Total Due to Local Sponsor: Add Retainage Payment Total to State Payment Total.
**	Notes:
	For questions or concerns regarding this form please contact:
	Janice Simmons - 850-245-7620
	Janice.L.Simmons@FloridaDEP.gov

**REQUEST FOR PAYMENT – PART III
PROJECT PROGRESS REPORT**

Name of Project: _____

Local Sponsor: _____

Report Period: _____

Status of Eligible Project Items: (Describe progress accomplished during report period, including statement(s) regarding percent of task completed to date. Describe any implementation problems encountered, if applicable.)

Task Eligible Project
No: Item:

1 FEASIBILITY STUDY

2 DESIGN AND PERMITTING

3 CONSTRUCTION

4 MONITORING

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
BEACH MANAGEMENT FUNDING ASSISTANCE PROGRAM
CERTIFICATION OF DISBURSEMENT REQUEST

REQUEST FOR PAYMENT – PART IV

Name of Project:

LOCAL SPONSOR:

Billing Number: _____

Certification: I certify that this billing is correct and is based upon actual obligations of record by the LOCAL SPONSOR; that payment from the State Government has not been received; that the work and/or services are in accordance with the Department of Environmental Protection, Beach Management Funding Assistance Program's approved Project Agreement including any amendments thereto; and that progress of the work and/or services are satisfactory and are consistent with the amount billed. The disbursement amount requested on Page 1 of this form is for allowable costs for the project described in the grant work plan.

I certify that the purchases noted were used in accomplishing the project; and that invoices, check vouchers, copies of checks, and other purchasing documentation are maintained as required to support the cost reported above and are available for audit upon request.

Name of Project Administrator

Signature of Project Administrator

Date

Name of Project Financial Officer

Signature of Project Financial Off Date

Date

**FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
FLORIDA BEACH MANAGEMENT FUNDING ASSISTANCE PROGRAM
PROJECT COMPLETION CERTIFICATION**

Name of Project: _____

LOCAL SPONSOR: _____

DEP Agreement Number: _____

Task/Deliverable Completion _____

Project Completion _____

* I hereby certify that the above mentioned project task has been completed in accordance with the Project Agreement, including any amendments thereto, between the DEPARTMENT and LOCAL SPONSOR, and all funds expended for the project were expended pursuant to this Agreement. All unused funds and interest accrued on any unused portion of advanced funds which have not been remitted to the DEPARTMENT, have been returned to the DEPARTMENT, or will be returned to the DEPARTMENT within sixty (60) days of the completion of construction portion of this PROJECT. Unused funds advanced to the United States Army Corps of Engineers through LOCAL SPONSORS will be due sixty (60) days after the Federal final accounting has been completed.

Name of Project Manager

Signature of Project Manager

Date

Electronic Submittal:

Instructions for emailing:

The program now accepts reimbursements electronically through Beaches Funding email address below. When scanning please be sure that the minimum scan resolution must be 300 DPI (dots per inch). When reimbursement are sent electronically please do not send hard copy through mail. You should anticipate response from staff within 2 business days.

Email address:

[Email address: Beaches_Funding@dep.state.fl.us](mailto:Beaches_Funding@dep.state.fl.us)

Cc: you may cc Project Manager

Subject: Project Number_Billing Number: example – 14BE1_Billing_1

Forms Needed and Order to Scan Billing for emailing of billings:

- 1) Request for Payment Part I Payment Summary
- 2) Request for Payment Part II Reimbursement Detail
- 3) Request for Payment Part III Project Progress Report
- 4) Request for Payment Part IV Certification of Disbursement Request
- 5) Completion Certification
- 6) Copies of invoices only. Local Sponsor should no longer submit copies of checks as long as check number is on Part II Reimbursement Detail.
- 7) However if requesting reimbursement for expense you must enclose a FDEP travel voucher and copies of receipts for items listed on voucher.