# EMSD Grantee Workshop The Meeting Will Begin Shortly



## Welcome!



- Participant video functions will be deactivated
- Questions/comments can be submitted by clicking the chat box and typing in questions
- Participants can also ask questions by raising their hand
  - (\* 9 on phones)
    - unmute yourself once it's your turn to speak (\* 6 on phones)



## Presentation

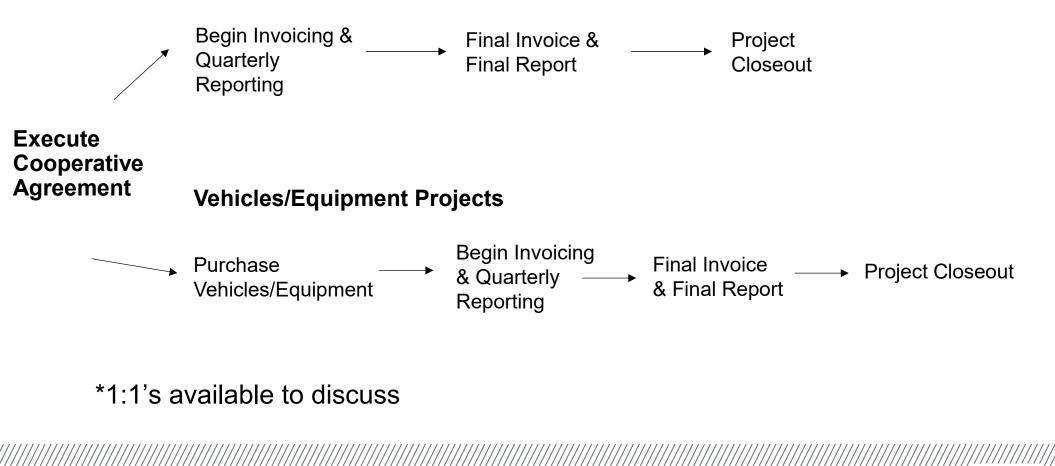


## AGENDA

- Next Steps
- Timely Use of Funds
- Updates
- Cooperative Agreements
- Invoicing
- Reporting
- Scope Changes and Extensions
- Questions/Wrap-Up







## **TIMELY USE OF FUNDS**

- Projects can start as of November 22, 2021
- Funds available in FY2021/22 or FY2022/23 by June 30th
- 24-month period of performance from date of obligation

## UPDATES

- Options for purchasing vehicles
  - CalACT
  - Procurement



## **COOPERATIVE AGREEMENT**

- Formal contract executed between OCTA and grantee
  - Lists responsibilities of each party
  - Maximum award amount
  - Invoicing and reporting requirements
  - Liability insurance requirements
  - Potential audit process
  - Termination of agreement

## **COOPERATIVE AGREEMENT (continued)**

- New provisions added based on Board approved guidelines
- Using 2018 Cooperative Agreement as a base
- Review thoroughly upon receipt

- Submit invoices monthly template will be provided
  - 10% match for vehicles, equipment, and mobility management,
  - 25% match operating assistance and COVID-19 restoration of service
  - Operating Assistance, COVID-19 Restoration, Mobility Management – use PARS form
  - 10% indirect cost maximum
  - Attach pay stubs and timesheets (if applicable)

CONTRACTOR: Sally's Fund			1 EMSD-O	
CONTRACT #:		EXPIRATION DATE:		
	INVOICE PERIOD July 2022			
AYMENTS	CURRENT PERIOD	CONTRACT	TO DATE	%
alaries & Benefits 'ehicle Expenses	<u>\$</u> - <u>\$</u> - \$-	<u>\$</u> \$	<u> </u>	0.0%
Incategorized Expenses ndirect Expenses	\$ \$	\$ \$		0.09
TOTAL INVOICE BILLED:	\$ -	\$		0.09
5% MATCH	\$	\$		0.09
NET AMOUNT PAID:	\$	\$	<u> </u>	0.09
IATCH DETAIL:	FOR OCTA ACCOUN			
CCOUNTING INFORMATION:	APPROVED		DATE:	
16-DIGIT ACCOUNT STRING (EX 2139 - 7831 - D4311 - EM 16-DIGIT ACCOUNT STRING (RE	3			
N/A				

#### Grant Award & Payment Tracking

Grant:EMSD OperatingTotal Contract:\$61,350.00Agency:Sally's FundTotal Payments:\$0.00OCTA Contract:Remaining Balance:\$61,350.00

Invoice Number	Invoice Period	Salaries & Benefits	Vehicle Expenses	Uncategorized Expenses	Indirect Expenses	Total Expenses	Program Revenue	Total Invoice	Agency Match 25%	OCTA Match 75%	Running Balance
Initial Award	07/01/22	0.00	0.00	0.00	0.00	0.00	81,800.00	81,800.00	20,450.00	61,350.00	61,350.00
1 EMSD-O	07/31/22					0.00	0.00	0.00	0.00	0.00	61,350.00
2 EMSD-O	08/31/22					0.00	0.00	0.00	0.00	0.00	61,350.00
3 EMSD-O	09/30/22					0.00	0.00	0.00	0.00	0.00	61,350.00
4 EMSD-O	10/31/22					0.00	0.00	0.00	0.00	0.00	61,350.00
5 EMSD-O	11/30/22					0.00	0.00	0.00	0.00	0.00	61,350.00
6 EMSD-O	12/31/22					0.00	0.00	0.00	0.00	0.00	61,350.00
7 EMSD-O	01/31/23					0.00	0.00	0.00	0.00	0.00	61,350.00
8 EMSD-O	02/28/23					0.00	0.00	0.00	0.00	0.00	61,350.00
9 EMSD-O	03/31/23					0.00	0.00	0.00	0.00	0.00	61,350.00
10 EMSD-O	04/30/23					0.00	0.00	0.00	0.00	0.00	61,350.00
11 EMSD-O	05/31/23					0.00	0.00	0.00	0.00	0.00	61,350.00
12 EMSD-O	06/30/23					0.00	0.00	0.00	0.00	0.00	61,350.00
13 EMSD-O	07/31/23					0.00	0.00	0.00	0.00	0.00	61,350.00
14 EMSD-O	08/31/23					0.00	0.00	0.00	0.00	0.00	61,350.00
15 EMSD-O	09/30/23					0.00	0.00	0.00	0.00	0.00	61,350.00
16 EMSD-O	10/31/23					0.00	0.00	0.00	0.00	0.00	61,350.00
17 EMSD-O	11/30/23					0.00	0.00	0.00	0.00	0.00	61,350.00
18 EMSD-O	12/31/23					0.00	0.00	0.00	0.00	0.00	61,350.00
19 EMSD-O	01/31/24					0.00	0.00	0.00	0.00	0.00	61,350.00
20 EMSD-O	02/29/24					0.00	0.00	0.00	0.00	0.00	61,350.00
21 EMSD-O	03/31/24					0.00	0.00	0.00	0.00	0.00	61,350.00
22 EMSD-O	04/30/24					0.00	0.00	0.00	0.00	0.00	61,350.00
23 EMSD-O	05/31/24					0.00	0.00	0.00	0.00	0.00	61,350.00
24 EMSD-O	06/30/24					0.00	0.00	0.00	0.00	0.00	61,350.00

#### EMSD PERSONNEL ACTIVITY REPORT (PARS)

AGENCY: \_\_\_\_\_

 EMPLOYEE:
 PERIOD BEGINNING:
 07/01/2022

 JOB TITLE:
 ENDING:
 07/30/2022

	F	SA	SU	М	τυ	w	тн	F	SA	SU	м	TU	w	тн	F	SA	SU	М	τυ	w	тн	F	SA	SU	м	TU	w	тн	F	SA	ACTIVITY	% OF TOTAL
ΑCTIVITY	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	TOTAL	HOURS
HOURS WORKED																																
SICK																																
VACATION																																
HOLIDAY																																
OTHER																																
TOTAL HOURS																																

#### DIRECTIONS:

1. FILL IN AGENCY NAME, EMPLOYEE NAME, & JOB TITLE

2. ENTER THE FIRST DAY OF THE REPORTING MONTH IN THE "PERIOD BEGINNING" CELL; ENTER THE LAST DAY OF THE REPORTING MONTH IN THE "ENDING" CELL

3. FILL IN THE VARIOUS ACTIVITY NAMES/CODES THAT CORRESPOND TO THE EMPLOYEE LISTED

4. DOCUMENT EACH WORK DAY FOR THE ENTIRE MONTH

5. IN THE DAILY COLUMNS, ENTER THE ACTUAL NUMBER OF HOURS WORKED IN EACH ACTIVITY

6. THE TIME CHARGED ON A JARC/NF INVOICE FOR ANY EMPLOYEE MAY NOT EXCEED THE TOTAL ACTIVITY HOURS FOR THAT PROGRAM LISTED ON THEIR PARS

7. THE TOTAL HOURS MUST EQUAL THE NUMBER OF HOURS ON THE EMPLOYEES TIME SHEETS & PAYROLL REPORTS

8. ATTACH PARS TO THE MONTHLY INVOICE(S)

Performance Period	Quarterly Report Due Date
Q1: January-March	April 30 <sup>th</sup>
Q2: April-June	July 30 <sup>th</sup>
Q3: July-September	October 30 <sup>th</sup>
Q4: October-December	January 30 <sup>th</sup>

## **REPORTING TEMPLATE (Capital projects)**

EMSD Capital Quarterly Report								
Reporting Period:	Agency:		Quarter: (YYQ)					
Project Manager:		Phone numb	ber:					
Scope:								
Miles Traveled								
This quarter:								
Annual Goal:								
Percentage Completed:								
Inception-date:								
Preventative Maintenance:								
How many trips has the age	ncy provided?							
This quarter:								
Annual Goal:								
Percentage Completed:								
Inception-date:								

## **REPORTING TEMPLATE (Operating Projects)**

EMSD Operating Quarterly Report								
Reporting Period:	Agency:		Quarter: (YYQ)					
Project Manager:		Phone number:						
Scope:								
How many people has pro	gram/service served with this grant?							
This Quarter:								
Annual Goal:								
Percentage Completed:								
Inception-date:								
How many events has program/service hosted this quarter?								
Workshops:								
How many trips has the pr	ogram/service provided?							
This quarter:								
Annual Goal:								
Percentage Completed:								
Inception-date:								

## **SCOPE CHANGES AND EXTENSIONS**

- Must submit 90 calendar days prior to cooperative agreement deadline
- Considered on a case-by-case basis
- Maximum 12-month extension
- Cost Savings same match % required

## **FINAL REPORTING**

- Final report packages must be submitted 90 days following issuance of final payment.
  - Project Scope(s) of Work
  - Performance Metrics
  - Final Expenditures (separated for multiple project types)
  - Match Rate Verification
  - Final Schedules
  - Certifications and Assurances
  - Differences/Variances
  - Lessons Learned
- Templates will be available on the EMSD website.

## **WRAP-UP**

- Questions?
- Suggestions?

## CONTACTS

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