

**CLEAN OHIO TRAILS FUND  
PERFORMANCE AND BILLING FORM  
INSTRUCTIONS**

One copy of the Clean Ohio Trails Fund Billing Form must be completed in order to request reimbursement. Instructions for the completion of the form are as follows:

- 1-4. Self-explanatory.
5. Circle "partial" unless this is the final close-out billing.
6. Note if this is the first, second, third, etc. billing submittal for reimbursement.
7. Indicate the period that is covered by the work incurred for this billing. *For example: From May 16, 2002 to August 4, 2003.*
8. If more than one billing form is used, mark each consecutively and note the total number of pages. *For example: Page 3 of 5.*
9. Indicate the name of the vendor, individual, or contractor to whom payment was made. In the case of donations, identify the donor.
10. Provide the number from the check that was used to pay the vendor in column #9. In the case of donations, indicate by the word "donation".
11. Fill in the total dollar amount as written on the check for which reimbursement is being claimed or the full value of the donation.
12. Indicate the amount of the figure in column #11 that is eligible for reimbursement. This amount is usually the same as that in column #11 except when several items, eligible and ineligible, have been included on the same check.
13. Describe exactly what was purchased for each reimbursable item. Identify the facility so that the grants coordinator can determine the eligibility of the item. *For example: Seven poles for lighting the trail.*
14. Add all of the figures in column 12 and indicate the sum here.
15. Multiply the figure in item #14 by 0.75 and indicate the amount here. This will be the amount of the reimbursement check for this billing (but will not exceed the amount of the grant).
16. The agency director or person responsible for project administration must certify to the accuracy of the reimbursement request.
17. Fill in the current date.

**\*\*IMPORTANT = Invoices, purchase orders, contractor's payment requests and copies of canceled checks (front and back) must accompany the Performance and Billing Form.**



**RECREATIONAL TRAILS PROGRAM/CLEAN OHIO TRAILS FUND  
FORCE ACCOUNT AND DONATION LABOR FORM  
INSTRUCTIONS**

The Force Account and Donated Labor Forms document the labor costs of the applicant's employees and/or donated laborers that worked on a Recreational Trails Program or Clean Ohio Trails Fund project. To justify these expenses, the Force Account and Donated Labor Forms must be submitted along with copies of the payroll.

Column headings are self-explanatory. The employee's entire day must be documented. If the employee spent half a day on the project site an entry must be made for the remainder of the day.

Donated and in-kind labor services may be contributed by professional and technical personnel, consultants, and skilled or unskilled labor. "Administrative" labor is not eligible for reimbursement. Each hour of service may be counted as part of the local sponsor's matching share if the service is part of an approved project. The value for a person donating non-skilled services should be figured at the same rate as that paid to an entry-level laborer. If the donor is professionally skilled in a trade or service, the rate this individual is paid may be claimed for matching assistance. A letter from the donor's employer; on company letterhead, must document this rate.

Overtime pay is not normally eligible unless a written justification accompanies the force account sheet. The justification should explain the circumstances surrounding the additional time needed to complete the work. Overtime reimbursement will be considered only when an employee is working full-time for a period of several days or weeks at the project site. A rule to remember is that salaries and wages for persons working on assisted projects shall not exceed wage rate for similar persons working on similar jobs.

**RECREATIONAL TRAILS PROGRAM/CLEAN OHIO TRAILS FUND  
FORCE ACCOUNT LABOR FORM**

Applicant: \_\_\_\_\_

Project Number: \_\_\_\_\_

Employee's Name: \_\_\_\_\_

Pay Period: \_\_\_\_\_

Date	Location	Hours	Wage Rate	Eligible Wage Costs	Description of Work	Overtime			Total Claimed Costs
						Time In In Hours	Wage Rage	Eligible Overtime Costs	
<b>TOTALS</b>					<b>TOTALS</b>				

I certify, under penalty of perjury, that the above time record is correct, fair, and is based upon work performed and actual payment.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

**RECREATIONAL TRAILS PROGRAM/CLEAN OHIO TRAILS FUND  
DONATED LABOR FORM**

Applicant: \_\_\_\_\_

Project Number: \_\_\_\_\_

Donor's Name: \_\_\_\_\_

This form is used to document labor costs of volunteer workers who worked on the Recreational Trails Program/Clean Ohio Trails Fund project. To justify their donated time, the completed form must be submitted with the billing. One form must be completed for each person, listing the date(s), hour(s), wage rate, and type of work completed on the project. The form must be signed by the donor and their supervisor (usually the applying Agency's director). A statement from the local fiscal officer, which certifies the wage rate, must be included, if it had not already been submitted.

Date	Location	Hours	Wage Rate	Total Eligible Wage Cost	Description of Work
<b>TOTALS</b>					

I certify, under penalty of perjury, the above information is correct, fair, and an accurate representation of the actual work performed.

\_\_\_\_\_  
Donor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

RECREATIONAL TRAILS PROGRAM/CLEAN OHIO TRAILS FUND  
DONOR'S STATEMENT

I confirm that the following material, items or equipment was used on or for \_\_\_\_\_

\_\_\_\_\_.

Value of donation: \_\_\_\_\_.

Date of donation: \_\_\_\_\_.

Hours for equipment was kept by: \_\_\_\_\_ actual hours on project site or by  
\_\_\_\_\_ hour meter reading. (Check appropriate box)

\_\_\_\_\_  
Signed, Donor

I certify that the above listed material, items, or equipment was used on the \_\_\_\_\_  
\_\_\_\_\_ project.

\_\_\_\_\_  
Signed, Agency Representative/Project Sponsor

**RECREATIONAL TRAILS PROGRAM/CLEAN OHIO TRAILS FUND**

**= CERTIFICATION FOR DONATED MATERIALS =**

Donor	Quantity	Material/Item	Donation Used For	Value of Donation

I certify that all donated materials claimed for reimbursement were used solely for public recreation and trail improvements developed with fund assistance from the Recreational Trails Program/Clean Ohio Trails Fund.

\_\_\_\_\_  
Signature/Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Project Sponsor

**=BE SURE TO ATTACH DONOR'S STATEMENT =**

**CERTIFICATE OF AUTHORITY  
RECREATIONAL TRAILS PROGRAM/CLEAN OHIO TRAILS FUND**

I, \_\_\_\_\_ do hereby certify that I am the principal legal officer of \_\_\_\_\_ and that the \_\_\_\_\_ is a legally constituted public body or nonprofit organization with full authority and legal capability to perform all obligations and terms of the proposed Recreational Trails Program (RTP)/Clean Ohio Trails Fund (COTF) assisted recreation improvement contract with \_\_\_\_\_, for the bid amount of \$\_\_\_\_\_.

I further certify that all state and local laws regulating and governing the procurement of goods and/or services by competitive public bidding have been followed and strictly adhered to by \_\_\_\_\_ in the award of the above RTP/COTF assisted recreation improvement contract.

In witness whereof, I have made and executed this Certificate of Authority this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_.

By: \_\_\_\_\_

Legal Counsel for \_\_\_\_\_