|  |  |
| --- | --- |
| ARM-ACM-389\_fillable (Rev.11/21) | |
|  | Wisconsin Department of Agriculture, Trade and Consumer Protection  Division of Agricultural Resource Management • Bureau of Agrichemical Management  PO Box 8911 • Madison WI 53708-8911  Phone: (608) 224-4545 • Email: [DATCPcswp@Wisconsin.gov](mailto:DATCPcswp@Wisconsin.gov) | |

**Final Report - Ag and HHW Clean Sweep Collections**

**Instructions for Expense Reimbursement Match Documentation**

**This is the core financial reporting document for Agricultural (Ag) and Household Hazardous (HHW) grants.** Grantees can document all expenses eligible for reimbursement from the department at the end of the grant contract period.

If your expenses and match documentation need more space than this form contains, there are two worksheets available or you may create your own. The extra sheets are available on the [DATCP website](http://cleansweep.wi.gov/). They are: Local Expense Worksheet (*ARM-ACM-395*) and Labor Worksheet (*ARM-ACM-392*). Submit the extra worksheets (or your own version) along with this form and the final written narrative. If you prefer a non-fillable Word document, contact the Clean Sweep Program Coordinator at (608) 224-4545 or [DATCPcswp@Wisconsin.gov](mailto:DATCPcswp@Wisconsin.gov).

**Specific Instructions:**   
**All** HHW and Ag Clean Sweep grant recipients (continuous or temporary collections) can use this form.

*In-kind Match Documentation*

* In-kind match are expenses for which you can’t or won’t request reimbursement. Examples: printing costs that the project cover or, labor costs that the project will pay.
* **For temporary collections, labor expenses must be used as in-kind match**. (You can include fringe benefits in the hourly rate.)
* **Volunteer hours** cannot be reimbursed but they can be used as match. Value time at $10 per hour.

*Local Expense as Reimbursement or Cash Match*

* Use the local reimbursable expense portion to document all reimbursable expenses, including eligible waste disposal costs covered by DATCP.
* Cash match is the difference between reimbursable expenses and DATCP grant award. Typically, those are the extra expenses that the county or municipality will cover.
* For **continuous collections** seeking reimbursement of staffing costs, list those expenses in this section. DATCP will only reimburse those staff employed by local units of government who are in active pay status. Retirees and volunteers do not meet this standard (list them in the in-kind section).
* Fringe benefits may be included in the hourly labor rate.
* Fees collected from participants can be used as cash match.

**Eligible costs include:**

**Estimating Disposal Costs**

* Hiring a contractor to receive, evaluate, pack, transport and dispose of chemical waste.
* Direct costs for equipment rentals, supplies and services used to operate the collection site and handle collected chemical waste.
* Signs, supplies, refreshments for worker, staff or volunteers at the collection.
* Promotional material development and distribution (such as printing and mailing).
* Staff labor costs associated with the project (such as training, meeting attendance, report preparation). Fringe benefit may be calculated into the hourly rate.

**Expense Reimbursement Instructions**

**Page 2**

* Direct costs for staff to receive and pack chemical waste at continuous collection events. **Note:** Staff costs associated with **continuous collection programs may be reimbursed or used for match**. *Temporary programs may claim costs for staff time as match*, but may not be reimbursed for the expenses.
* Staff costs or professional services can also be used as match. Base the value on normal salary. Fringe costs can be included.

**Ineligible Costs include:**

* Facility lease or rental. Use these costs as match.
* Capital purchases (e.g., cameras, scales, alarms, testing equipment, storage sheds), rent or the utility bills to power the site. Use these costs as match.
* Overtime: Because Saturday is viewed as a “normal” working day for all clean sweeps, municipal overtime reimbursement will not be authorized for Saturday work. Contracted labor rates will apply on Saturdays.

*Grant Match Requirements*

* Grantees must document a 25% or more match to the final reimbursement request.
* Where waste disposal costs exceed grant amounts, the remaining balance counts as “match.”
* Reimbursement cannot exceed the grant award (or the grant plus any allowable transfer).
* DATCP cannot provide overage assistance for those projects that exceed grant amounts. **Local governments are *fully responsible* for all costs beyond approved grant amounts.**

*Fund Transfer*

* Counties with both HHW and Ag grants can transfer up to half of the value of one grant to the other. Place transfer amounts at the bottom of the “Reimbursement Request” section.
* **UNUSED UWANTED PRESCRPTION DRUG GRANT FUNDS:** Municipalities with both HHW and Unwanted Prescription Drug grant funds can transfer those unused funds for HHW expenses. HOWEVER, the HHW grant and the Unwanted Prescription Drug grant have to be coordinated by the same entity. Enter transferred funds in the box on the reimbursement request section.

*Other Required Forms to Submit*

* The waste hauler invoice
* Ag and/or HHW Collection Waste Summary (*ARM-ACM-390*)

Maintain other receipts and documentation for six years. Grant recipients’ financial records may be subject to a program audit.

**Expense Reimbursement and Match Worksheet**

***(Complete one worksheet for each grant type received)***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Grant Type (check one):** | **HHW** | **Ag** | **Grant Award: $** Enter text **Required Match: $** Enter text | | | |
| **IN-KIND MATCH DOCUMENTATION** | | | | | |
| **Municipal or Volunteer Labor** (list staff names) | | | **Hours** | **Rate (Volunteer=$10/hour)** | **Amount** |
| Click here to enter text. | | | Click here to enter text. | Enter rate | $ Enter amount |
| Click here to enter text. | | | Click here to enter text. | Enter rate | $ Enter amount |
| Click here to enter text. | | | Click here to enter text. | Enter rate | $ Enter amount |
| Total Labor Costs (A) | | | | | $ Enter amount |
| Building Rent or Lease (B) | | | | | **$** Enter amount |
| **Other Costs** (Examples: ineligible waste collection costs covered by municipality, equipment rental, etc.) | | | | | |
| Click here to enter text. | | | | | $ Enter amount |
| Click here to enter text. | | | | | $ Enter amount |
| Click here to enter text. | | | | | $ Enter amount |
| **Total Other Costs (C)** | | | | | $ Enter amount |
| **Total In-Kind Match (D)** (sum of A, B, and C) | | | | | **$** Enter amount |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **LOCAL EXPENSES: FOR REIMBURSEMENT OR AS CASH MATCH** | | | | |
| **Labor:** List staff names **(Only** **continuous collections eligible for labor reimbursement.)** | **Hours/Unit** | **Unit Rate** | **Amount** | |
| Click here to enter text. | Enter hrs/unit | Enter rate | $ Enter amount | |
| Click here to enter text. | Enter hrs/unit | Enter rate | $ Enter amount | |
| Click here to enter text. | Enter hrs/unit | Enter rate | $ Enter amount | |
| **Total Labor Costs (E)** | | | **$** Enter amount | |
| **Waste Disposal** (from waste contractor invoices for each of the categories ) | | | | |
| Waste Collection Costs (for eligible chemicals) | | | $ Enter amount | |
| VSQG Costs (for DATCP subsidized ag pesticides/chemicals) | | | $ Enter amount | |
| **Total Waste Collection Costs (F)** | | | **$** Enter amount | |
| **Supplies or Services** (i.e. promotion/marketing, supplies, rent, volunteer food/beverage) – List items | | | | |
| Click here to enter text. | | | $ Enter amount | |
| Click here to enter text. | | | $ Enter amount | |
| Click here to enter text. | | | $ Enter amount | |
| **Total Supplies and Services (G)** | | | $ Enter amount | |
| **Total Reimbursable Local Expenses (H)** (sum of E, F, and G) | | | **$** Enter amount | |
|  | | | | |
| **Reimbursement Request** | | | | |
| a. DATCP Grant Award | | | | $ Enter amount |
| b. Transferred amount to this grant (if any-up to 50% of Ag to HHW or vice versa) | | | | $ Enter amount |
| c. Transferred Unused Unwanted Prescription Drug grant funds | | | | $ Enter amount |
| d. Total DATCP Grant Award Available (a+b+c) | | | | $ Enter amount |
| e. Total local reimbursable expenses (Line H from above) | | | | $ Enter amount |
| **Reimbursement Request (Line d, *or Line e if local expenses are less than award)*** | | | | **$** Enter amount |
| **Match:** *In-Kind Match* (D from above) | | | | $ Enter amount |
| *Cash Match* Difference between local reimbursable expenses and DATCP award is “cash match” (e – d) | | | | $ Enter amount |
| ***Total Match***: (In-kind + Cash Match)  (NOTE: *Total Match must be ≥ [(Grant Award/.75)-(Grant Award)]* | | | | **$** Enter amount |