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| ARM-ACM-509\_fillable (Rev.11/21) |
|  | Wisconsin Department of Agriculture, Trade and Consumer ProtectionDivision of Agricultural Resource Management • Bureau of Agrichemical ManagementPO Box 8911 • Madison WI 53708-8911Phone: (608) 224-4545 • Email: DATCPcswp@Wisconsin.gov  |

**Final Report - Unwanted Prescription Drug Collection**

**Instructions for Expense Reimbursement and Match Documentation**

**This form is the core financial reporting document for Unwanted Prescription Drug (Drug) grants.** Grantees can document all expenses eligible for reimbursement from the department at the end of the contract period.

If your expenses and match documentation requires more space than this form contains, there are two worksheets available on the [DATCP website](http://cleansweep.wi.gov/) or you may create your own. They are: Local Expense Worksheet *(ARM-ACM-447)* and Labor Worksheet *(ARM-ACM-446)*. Submit any extra worksheets with this form along with your final report. Nearly all the forms and worksheets are now fillable Word documents. If you prefer a non-fillable form, contact the Clean Sweep Program Coordinator at (608) 224-4545 or DATCPcswp@Wisconsin.gov.

**Specific Instructions:**
**All** unwanted prescription drug grant recipients (continuous or temporary) can use this form. Remember, temporary collections are collections that take place on three days or less in a calendar year. A continuous collection takes place four days or more in a calendar year or if a drug drop box or boxes are used.

*In-kind Match Documentation*

* In-kind match are expenses for which you can’t or won’t request reimbursement such as supply costs that the project will cover or the value of donated services or labor that the project will pay for.
* **For temporary collections, labor expenses must be used as in-kind match.** Fringe benefits may be included in hourly labor rates.
* **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 of the form to document all reimbursable expenses, including eligible waste disposal costs covered by DATCP.
* Cash match is the difference between reimbursable expenses and the DATCP grant award. Typically, these 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.

**Eligible Costs:**

* Direct costs for supplies and services used to handle unwanted prescription drugs or operate the collection event.
* Signs, supplies, refreshments for workers or volunteers at a collection event.
* Development, production or distribution of promotional or educational materials.
* Staff labor costs associated with the project (training, report preparation, drug transport). Fringe benefits may be calculated into the hourly rate.
* Direct costs for staff to receive, pack or sort drugs. Remember, staff costs associated with continuous collections can be used for reimbursement or match.
* Waste disposal costs for items not accepted by the Wisconsin Dept. of Justice (DOJ) take back.

**Expense Reimbursement and Match**

**Page 2**

**Ineligible Costs:**

* Capital purchases such as cameras, alarms or storage sheds. These can be used 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, only normal hourly rates.

**Purchase of Drug Drop Box**

* If you applied for a grant to purchase a drug drop box, enter the cost in the section “Local Expenses: For Reimbursement or as Cash Match.”
* Submit invoice for the drop box purchase.
* Remember that you need to have a 25% match for the *total project*. If your grant was $1,000, remember that the match is calculated as $1000/.75-$1000 = $333. The match can be time, purchase of supplies like baggies, printing of signs or flyers, mileage to deliver drugs to DOJ.

*Grant Match Requirements*

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

**Transfer of Unused Prescription Drug Funds**

If you are the grant coordinator for the unwanted prescription drug grant *and* a household hazardous waste grant, unused drug funds can be transferred to cover household hazardous waste expenses.

*Other Required Forms to Submit*

* Waste hauler invoice if you used a waste hauler other than the Wisconsin DOJ no-cost disposal
* Unwanted Prescription Drug Collection Summary (*ARM-ACM-445*)
* Invoice for drug drop box purchase if applicable.

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

## Expense Reimbursement and Match Worksheet

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| **Unwanted Prescription Drug Grant** | **Grant Award: $** Award **Required Match: $** Req’d Match |

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| **IN-KIND MATCH DOCUMENTATION** |
| **Municipal Labor or Volunteers** (list staff names) | **Hours** | **Unit Rate(volunteer=$10/hour)** | **Amount**  |
| Staff name | Hours/unit | Unit rate | $ Amount |
| Staff name | Hours/unit | Unit rate | $ Amount |
| Staff name | Hours/unit | Unit rate | $ Amount |
| Total Labor Costs (A) | $ Amount |
| Building Rent or Lease (B) | $ Amount |
| **Other Costs** (Examples: ineligible waste collection costs covered by municipality, equipment rental, etc.)  |
| Click here to enter text. | $ Amount |
| Click here to enter text. | $ Amount |
| Click here to enter text. | $ Amount |
| **Total Other Costs (C)** | $ Amount |
| **Total In-Kind Match (D)** (Sum A, B and C) | **$** Amount |

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| **LOCAL EXPENSES: FOR REIMBURSEMENT OR AS CASH MATCH** |
| **Labor:** List staff municipal workers **(Only** **continuous collections eligible for reimbursement.)** | **Hours** | **Unit Rate(Volunteer=$10/hour)** | **Amount** |
| Click here to enter text. | Hours/unit | Unit rate | $ Amount |
| Click here to enter text. | Hours/unit | Unit rate | $ Amount |
| Click here to enter text. | Hours/unit | Unit rate | $ Amount |
| **Total Labor Costs (E)** | $ Amount |
| **Waste Disposal** (from waste contractor invoice)  |
| **Waste hauler costs for non-DOJ disposal (F)** | $ Amount |
| **Supplies or Services** (i.e. promotion/marketing, supplies, rent, volunteer food/beverage) – List item |
| Click here to enter text. | $ Amount |
| Click here to enter text. | $ Amount |
| Click here to enter text. | $ Amount |
| **Total Supplies and Services (G)** | $ Amount |
| **Total Reimbursable Local Expenses (H)** (Sum E, F and G) | **$** Amount |
| **REIMBURSEMENT REQUEST** |
| **a. DATCP Grant Award** | $ Amount |
| **b. Subtract grant funds transferred to household grant, if applicable** | $( Amount ) |
| **c. Total DATCP grant award available** (Line a minus Line b**)** | $ Amount |
| **d. Total Reimbursable Local Expenses** (from Line H above) | $ Amount |
| **e. Reimbursement request** *(Line c, or Line d if local expenses are less than award)* | **$** Amount |
| **f. Match:** *In-kind Match* (from Line D above) | $ Amount |
|  *Cash Match* Difference between local reimbursable expenses and DATCP Award (line d- line c) | $ Amount |
| **Total Match:** (In-kind + Cash Match) (*Total Match must be greater or equal to [(Grant Award/.75 ) - (Grant Award)]* | $ Amount |