MIAMI-DADE COUNTY

County Executive Office
County Manager
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June 14, 2011

Dr. Yvette Taylor
Regional Administrator
U.S. Department of Transportation
Federal Transit Administration
Region IV
230 Peachtree Street, N.W., Suite 800
Atlanta, GA 30303

Dear Dr. Taylor:

Enclosed please find the changes we discussed to the American Recovery and Reinvestment Act (ARRA) Standard Operating Procedures (SOP) during our teleconference yesterday morning. As requested, we are also sending an SOP for all other federal grants.

As promised, I have consulted with the County Attorney's Office regarding your comments on our reference to "Mayor or designee" in the SOP. The Miami-Dade County Home Rule Charter provides the framework for Miami-Dade County government. The Mayor is the head of County government and "shall be responsible for the management of all administrative departments of the County government and for carrying out policies adopted by the Commission. The Mayor, or such other persons who may be designated by the Mayor, shall execute contracts and other instruments, and sign bonds and other evidences of indebtedness..." Art. II, Sec. 2.02, Miami-Dade Home Rule Charter.

Article Four of the Charter established the position of "County Manager." The County Manager's function is to "assist the Mayor in the administration of county government and shall serve under the direction of the Mayor." Art. IV, Miami-Dade Home Rule Charter. In an August 24, 2010 countywide election, the voters of Miami-Dade County amended the Miami-Dade County Home Rule Charter to eliminate the office of County Manager as a charter official effective November 2012.

I currently act with the authority granted as a charter official under Article Four as well as the authority as the Mayor's designee under Article Two, Section 2.02. However, it is clear that even as a charter position, I serve under the "direction of the Mayor." Accordingly, with the abolition of the charter position in November 2012, the highest level of persons to sign such an authorization would most appropriately be the Mayor or Mayor's designee. It is my understanding that the FTA suggests that this designee be a high ranking Miami-Dade County official with oversight responsibility for Miami-Dade Transit, but is not employed by Miami-Dade Transit. This preference will be communicated to our future Mayor.

As I indicated over the phone, I hope that the meeting that Chairman Martinez and I will be attending tomorrow in Washington DC results in a clear path forward for restoring Miami-Dade Transit's drawdown privileges. Any assistance you can provide to that end is appreciated.

Sincerely,

Alina T. Hudak
County Manager

Enclosure

c: Honorable Ray LaHood, Secretary, United States Department of Transportation
Honorable Joe A. Martinez, Chairman,
and Members, Miami-Dade Board of County Commissioners
Peter M. Rogoff, Administrator, Federal Transit Administration
Robert A. Cuevas, County Attorney
Ysela Llort, Assistant County Manager
Jennifer Glazer-Moon, Special Assistant/Director, Office of Strategic Business Management
Cathy Jackson, Director, Audit and Management Services
Carter Hammer, Finance Director

Miami-Dade Transit **Standard Operating Procedure (SOP)**

Title of Procedure:	Federal Reimbursement Request Procedures for ARRA Project(s).	Procedure Number	Approval Date
		PR-FB-01	
Revision No.:	**Draft (6/14/11)**	Approval Signature	(Print Name)
			Alina T. Hudak

Reference Documents:	ECHO (Electronic Clearing House Operation) control request form	

References to other documents, standards or local, state or federal mandates that amplify or reinforce requirements stated are listed here.

REVIEW LOG

Title	Print Name	Signature	Date
Grant Accountant, MDT	Carie Stern		
Accounting Manager, MDT	Nirav Bhatt		
Grants Manager	Suzanne Salichs, PhD		
Interim Controller, MDT	Jose Fernandez, CPA		
Interim Assistant Finance Director, MDT	David Ritchey, CPA		
Interim Director, MDT	Ysela Llort		
Controller, Miami-Dade County	Blanca Padron, CPA		
Director, Department of Procurement Management	Miriam Singer		
Director, Office of Capital Improvement	George Navarrete		
Assistant County Manager	Ysela Llort		
Mayor or Designee	Alina T. Hudak		

Interdepartmental reviews by required personnel are listed here.

List of Records:	Copy of Certificate of Acceptance (maintained by Miami-Dade Transit (MDT) Finance)	ECHO (Electronic Clearing House Operation) Control Request Form
	Financial Approval Checklist (Maintained by MDT Finance)	ARRA Request for Reimbursement Certification
	Invoices (maintained by Miami-Dade County Finance)	Billing Summary and Detail Expenditure Reports
	ECHO-Web Payment Report	Standard Form (SF) 270 – Request for Advance or Reimbursement Form (Standard Form 270)
	Solicitation(s) and Signed Contract(s)	

Identify all key forms to be used that will become records of activities completed in the process.

Title of Procedure:	Federal Reimbursement Request Procedures for ARRA Project(s).	Procedure Number	Approval Date
		PR-FB-01	
Revision No.:	**Draft (6/14/11)**	Approval Signature	(Print Name)
			Alina T. Hudak

1.0 Purpose

The purpose of this Standard Operating Procedure (SOP) is to establish a temporary Federal Reimbursement Request Procedure for the American Recovery and Reinvestment Act (ARRA) of 2009 to ensure that the reimbursement will be used for the intended purpose contained within the scope of the Miami-Dade County (County) or Municipalities ARRA project(s).

2.0 Scope

This SOP applies to the Federal Reimbursement Process established for the reimbursement of ARRA County and municipal project(s) in accordance with the Federal Transit Administration (FTA) guidelines.

3.0 Responsibility

Individual	Responsibilities
Mayor or Designee	▪ Reviews the supporting documentation, approves, signs and dates the ARRA Request for Reimbursement Certification, certifying that all outlays were made in accordance with the intended purpose contained within the scope of the ARRA project(s). ▪ Submit reimbursement and supporting documentation to the FTA's Regional Administrator. ▪ Signs as Authorizing Official on the ECHO Control Request Form, Request for Reimbursement Certification Form, and Certification of Acceptance.
Assistant County Manager (ACM)	▪ Approves, signs and dates the ARRA Request for Reimbursement Certification certifying that all outlays were made in accordance with the intended purpose contained within the scope of the project(s).
Miami-Dade Transit's (MDT) Director	▪ Approves, signs and dates the ARRA Request for Reimbursement Certification certifying that all outlays were made in accordance with the intended purpose contained within the scope of the project(s) and forwards to the ACM.

Director, Office of Capital Improvements (OCI)	▪ Certifies that the ARRA project(s) capital construction contracts are in compliance with FTA requirements.
Director, Department of Procurement Management (DPM)	▪ Certifies that the ARRA project(s) contract documents conforms to the FTA procurement requirements.
MDT Assistant Director of Finance	▪ Ensures that appropriate reviews have been performed and that proper supporting documentation is attached to the request for reimbursement package. ▪ Approves, signs and dates the SF270 – Request for Advance or Reimbursement Form or Electronic Control Request Operation (ECHO) Form, as applicable.
MDT Controller	▪ Ensures that appropriate reviews have been performed and that proper supporting documentation is attached to the request for reimbursement package. ▪ Approves, signs and dates the SF270 – Request for Advance or Reimbursement Form or Electronic Control Request Operation (ECHO) Form, as applicable. ▪ Verifies information entered in the ECHO system prior to executing drawdown. ▪ Approves wire transfer-in entry.
MDT Grants Manager	▪ MDT's Grants Manager along with Grant Accountant reviews the reports and determines which grant activities or cost objectives are ready for reimbursement. ▪ MDT's Grant's Manager along with Grant Accountant prepares the request for reimbursement package for approval, including municipal certificate of acceptance as appropriate. ▪ The Accounting Manager and the Grant Manager together reviews the request for reimbursement package and supporting documentation.

MDT Accounting Manager	▪ Reviews the request for reimbursement package and supporting documentation. Signs and dates the Approval Routing Slip indicating the review of the request for reimbursement package is complete, accurate and ready for final approval. ▪ Executes drawdown in the ECHO system, as applicable.
MDT Grant Accountant	▪ Prepares the request for reimbursement package for approval, including municipal certificate of acceptance as appropriate. ▪ Signs and dates the Approval Routing Slip indicating that the request for reimbursement package is complete and accurate. ▪ Files the request for reimbursement package. ▪ Follows up with the Central Finance Department's Bank Reconciliation Unit to confirm receipt of funds. ▪ Prepares wire transfer-in entry, as applicable.

4.0 General Information

The ARRA of 2009 Projects encompass Transit related enhancements and bus purchases for the County and municipalities in Miami-Dade County. Interlocal Agreements have been executed between Miami-Dade County and each Municipality.

For Transit related ARRA enhancement projects, the OCI will work closely with MDT staff to ensure that capital construction contracts are in compliance with the FTA requirements. In addition, OCI will independently certify to the Assistant County Manager, that ARRA solicitations (contract) awards for capital construction contracts are in compliance with the FTA requirements. Before any invoice is paid on capital construction contracts, work performed will be signed off by MDT's Project Managers.

For goods and/or services purchases, the DPM will work closely with MDT staff to ensure that the contract document conforms to the FTA procurement requirements. In addition, DPM will independently certify to the Assistant County Manager, that the ARRA solicitation is in full compliance with the FTA procurement requirements.

The OCI is responsible for soliciting Architectural & Engineering contracts and construction contracts under $2.5 million and coordinating their approval through the Mayor or Designee. Construction contracts under $2.5 million are advertised by MDT. It is also responsible for the Equitable Distribution Program (EDP) which provides the County with a pool of architectural and engineering firms for various miscellaneous projects under $2 million in construction value. DPM is responsible for soliciting contracts for goods and/or services and coordinating their approvals through the Mayor or Designee. MDT will confirm that the vendor have met Post Buy America Requirement prior to MDT making final payment.

Miami-Dade Transit, Department of Procurement Management and Office of Capital Improvements will include the solicitations and signed contracts as part of the reimbursement documentation.

5.0 Procedure

1. MDT's Grant Accountant generates the Summary and Detail Expenditure Reports from Miami-Dade County's Financial and Management Information System (FAMIS). The detail report is a transaction level report which includes check number, vendor number, vendor name and amount information. The MDT's Grants Manager and the Grant Accountant review the reports and determine which grant activities or cost objectives are ready for reimbursement.

2. The Grants Manager and the Grant Accountant will compile a reimbursement package which includes:
   a) ARRA Request for Reimbursement Certification. (See attached Form)
   b) The SF 270 Form or ECHO Control Request Form, as applicable. (See attached Form)
   c) The Billing Summary (prepared by MDT) which includes cost code, description, detail expenditures, amount.
   d) Copies of check files including invoices and other supporting documents, with its corresponding Invoice Approval Checklist (See attached Form). This Form has been developed to strengthen the invoice process. This Form will be attached to each invoice to be processed and routed for appropriate approvals prior payment.
   e) The Certificate of Acceptance (applicable only at the completion of the project), will be attached to the final request for reimbursement, for each Municipality. (See attached Form)

3. The Accounting Manager and the Grants Manager reviews the request for reimbursement package and supporting documentation for completeness, accuracy and initials and signs the Approval Routing Slip as evidence of review.

4. DPM and OCI will independently certify to the Assistant County Manager and Mayor or Designee that the ARRA solicitation is in full compliance with the FTA procurement requirements.

5. The MDT Controller and Assistant Director certify that appropriate reviews have been performed and proper supporting documentation is attached to the reimbursement package. The MDT Controller and Assistant Director of Finance will authorize the approval of the request for reimbursement by reviewing the package, signing and dating the SF 270 or ECHO Control Request Form.

6. The MDT Director approves, signs and dates the ARRA Request for Reimbursement Certification certifying that all outlays were made in accordance with the intended purpose contained within the scope of the ARRA projects.

7. The Assistant County Manager approves, signs and dates the ARRA Request for Reimbursement Certification certifying that all outlays were made in accordance with the intended purpose contained within the scope of the municipalities' ARRA projects. Reviews the supporting documentation for approval.

8. Mayor or Designee reviews the supporting documentation, approves, signs and dates the ARRA Request for Reimbursement Certification, certifying that all outlays were made in accordance with the intended purpose contained within the scope of the ARRA projects. Certifies and submits the request for reimbursement with supporting documentation to FTA for approval. Written confirmation from the Mayor or Designee will be sent to FTA confirming that the Procurement originated as a federal contract, and/or meets all federal requirements including all applicable federal clauses. Further, written confirmation will be sent from the Mayor or Designee to the FTA confirming that neither 2% User Access Program (UAP) nor Inspector General (IG) fee was in the solicitation, contract nor charged to the invoices.

9. Once authorized by the FTA, the Accounting Manager inputs the amounts in the ECHO system to process FTA's approved request for reimbursement. MDT Controller verifies the information inputted in the ECHO system against the back-up documentation before the drawdown is submitted. The Accounting Manager prints the ECHO-Web Payment report and attaches it to the reimbursement package.

10. The Grant Accountant files the copies of the request for reimbursement package in a secured centralized filing area. The documents are maintained in accordance with FTA records retention requirements.

11. The Grant Accountant follows up with the Central Finance Department's Bank Reconciliation Unit for confirmation of receipts of funds from FTA and prepares the wire transfer entry to record receipt of funds in the general ledger.

12. The MDT Controller reviews the wire transfer entry and compares to ECHO drawdown and approves the entry. Journal Entry must be accompanied with copy of authorized ECHO drawdown form and forwards to Finance Department for posting in the County's general Accounting System (FAMIS) which is under the supervision of the County's Finance Controller.

[DRAFT] ARRA MUNICIPALITIES
REQUEST FOR REIMBURSEMENT CERTIFICATION

RE: **Request for Reimbursement Package No. _____**
SF 270 OMB Approval No.: _____

DATE: _____

I, [County Mayor or Mayor's Designee], certify that:

1. I have reviewed this [Request for Reimbursement Package No. _____] submitted by Miami-Dade Transit (MDT); and
2. I am responsible for establishing and maintaining controls and procedures over financial reporting for MDT and have:
    a. Designed such disclosure controls and procedures, or caused such disclosure controls and procedures to be designed under my supervision, to ensure that material information relating to MDT, is made known to us by others within those entities, particularly during the period in which this Request is being prepared;
    b. Designed such internal control over financial reporting, or cause such internal control over financial reporting to be designed under our supervision, to provide reasonable assurance regarding the reliability of financial reporting and the preparation of financial statements for external purposes in accordance with generally accepted accounting principles;
    c. Evaluated the effectiveness of MDT's disclosure controls and procedures; and
    d. Disclosed in or along with this Request any change in MDT's internal control over financial reporting that occurred during MDT's most recent fiscal quarter (MDT's fourth fiscal quarter in the case of an annual report) that has materially affected, or is reasonably likely to materially affect, MDT's internal control over financial reporting; and
3. Based on my knowledge, the financial statements, and other financial information included in this form and supporting documentation, fairly present in all material respects the financial condition, results of operations and cash flows of MDT as of, and for, the periods presented in this Request; and
4. Based on my knowledge, all outlays were made in accordance with the intended purpose contained within the scope of the ARRA projects within Miami-Dade County and the reimbursement is for the intended purpose contained in the scope of the [municipalities'] AARA projects; and
5. Based on my knowledge, the Procurement originated as a federal contract, and/or meets all federal requirements including all applicable federal clauses. Further, neither a 2% User Access Program (UAP) fee nor Inspector General (IG) fee was included in the solicitation, contract or charged to the invoices.

_____ _____

[Miami-Dade County Mayor or Mayor's Designee] [Date]

FTA
ECHO CONTROL REQUEST FORM

FY 2011

ECHO CONTROL NUMBER:	69084001	**DA[illegible]:**	
REQUEST NO:			
RECIPIENT'S NAME:	Miami-Dade Transit Agency	**TEL[illegible]:**	
APPROVING OFFICIAL:		**CONT[illegible]:**	
TOTAL AMOUNT CLAIMED:	$0		

PROJECT NO.	AMOUNT	(X) CRED[illegible]	PROJE[illegible] NO.	AMOUNT	(X) CREDIT
				$0	

Signature of Authorizing Official *

Date

* I certify that to the best of my knowledge and belief the data are correct and that all outlays were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested.

Sample

Computer-Generated Form

REQUEST FOR ADVANCE OR REIMBURSEMENT

(See instructions on back)

OMB APPROVAL NO. 0348-0004

PAGE # OF # PAGES

1. TYPE OF PAYMENT REQUESTED
   a. "X" one or both boxes: ☐ ADVANCE ☐ REIMBURSEMENT
   b. "X" the applicable box: ☐ FINAL ☐ PARTIAL

2. BASIS OF REQUEST: ☐ CASH ☐ ACCRUAL

3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED: MIAMI DADE TRANSIT

4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY

5. PARTIAL PAYMENT REQUEST NUMBER FOR THIS REQUEST: #

6. EMPLOYER IDENTIFICATION NUMBER: 5960000573

7. RECIPIENT'S ACCOUNT NUMBER OR IDENTIFYING NUMBER: ACCT #

8. PERIOD COVERED BY THIS REQUEST
   FROM (month, day, year): date
   TO (month, day, year): date

9. RECIPIENT ORGANIZATION
   Name: Name
   Number and Street:
   City, State and ZIP Code:

10. PAYEE (Where check is to be sent if different than item 9)
    Name:
    Number and Street:
    City, State and ZIP Code:

11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS/ADVANCES REQUESTED

PROGRAMS/FUNCTIONS/ACTIVITIES	(a)	(b)	(c)	TOTAL
a. Total program outlays to date (As of date)	$0			$0
b. Less: Cumulative program income				0
c. Net program outlays (Line a minus line b)	0			0
d. Estimated net cash outlays for advance period				0
e. Total (Sum of lines c & d)	0			0
f. Non-Federal share of amount on line e				0
g. Federal share of amount on line e				0
h. Federal payments previously requested				0
i. Federal share now requested (Line g minus line h)	0			0
j. Advances required by month, when requested by Federal grantor agency for use in making prescheduled advances: 1st month		SUBMIT INVOICE IN ACCORDANCE		
2nd month		WITH AWARD INSTRUCTIONS		
3rd month				

12. ALTERNATE COMPUTATION FOR ADVANCES ONLY

a. Estimated Federal cash outlays that will be made during period covered by the advance	
b. Less: Estimated balance of Federal cash on hand as of beginning of advance period	
c. Amount requested (Line a minus line b)	

13. CERTIFICATION

I certify that to the best of my knowledge and belief the data on the reverse are correct and that all outlays were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL

DATE REQUEST SUBMITTED

TYPED OR PRINTED NAME AND TITLE: Name and title

TELEPHONE (AREA CODE, NUMBER, EXTENSION): phone and email address

This space for agency use

SAMPLE

MIAMI-DADE TRANSIT

CERTIFICATE OF ACCEPTANCE

Project No.
Project Name:
FCSC:
Description:
Contract No.:

The Undersigned, to the best of our knowledge and belief, hereby certify that:

1. The construction/procurement provided, pursuant to Contract No.:_____ dated _____ for the City of _____for _____ (*description of scope of work)*, under the Federal Transit Administration American Recovery and Reinvestment Act (ARRA) of 2009 Grant Number _____has been completed as of _____.

2. Payment in full has been made to all persons/entities that have furnished labor, services and/or goods for the project.

3. The following documents are in place:

    a. Invoices with expenses paid
    b. Interlocal Agreement between Miami-Dade Transit and the City of _____
    c. Drug and Alcohol Testing and Monitoring for Municipalities and Contractors Standard Operating Procedures
    d. Buy America Audit

_____ Date _____
Signature of Mayor or designee

Pursuant to the Interlocal Agreement Between Miami-Dade Transit Agency and the City of _____ For Federal Funding Pass-Through Arrangements with the American Recovery and Reinvestment Act (ARRA) of 2009 Federal Transit Administration (FTA 5307) for the "*City to Operate Bus Circulator Services and Install Bus Shelters"* dated _____ the City of _____hereby certifies that said Municipal improvement meets all the requirements for Final Acceptance as specified by the said Agreement, that the Drug and Alcohol Testing and Monitoring Standard Operating Procedures are in place and comply with the Federal Transit Administration requirements and provisions. The City of _____ further certifies that the City of _____will maintain the asset in a state of good repair and in accordance with applicable federal, state and local provisions. By signing below, the City of _____certifies final acceptance of the Municipal improvements pursuant to the Interlocal Agreement.

_____ Date _____
Signature of Manager/Mayor

DRAFT

MIAMI-DADE COUNTY TRANSIT

MDT INVOICE PAYMENT PROCESS CHECKLIST

Project Name: _____

Project Number: _____

Consultant/Contractor/Vendor Name: _____

Contract Number: _____ **Work Order / PO Number:** _____

Invoice Number: _____ **Invoice Amount:** _____

Approved Project Project Prioritization and Budget Approval (PPBA) Information:

Fund Source	Amount	Index Code

Approved Work Order/Purchase Order Information:

Fund Source	Amount	Index Codes	Sub-object Code

Invoice Specific Information

Category	Project Manager (Name)	Budget Analyst (Name)	Grant Coord (Name)	Finance (Name)
1. Invoiced costs is eligible under the Federal Grant? (Y/N)				
2. Index Code to pay this Invoice* is correct. (Y/N) _____				
3. Sub-Object Code used to pay this Invoice is correct (Y/N) _____				
4. Ensure IG and UAP fees have not been deducted. Federally funded projects do not allow IG and UAP fees be deducted. (Y/N)				
Signatures:				
Date Of Signature:				

* If there is a need to change the Index Code to continue with the processing of this invoice, MDT Budget will obtain MDT Grants approval for the eligibility of the proposed IC. Budget will also initiate a revision to the approved PPBA. Upon approval of the PPBA, the revised PPBA will be forwarded to the Project Manager for future use.

Please Attach to original invoice for payment processing

Miami-Dade Transit **Standard Operating Procedure (SOP)** FTA

Title of Procedure:	Federal Reimbursement Request Procedures for FTA Grants.	Procedure Number	Approval Date
Revision No.:	**Draft (6/14/11)**	Approval Signature	(Print Name)
			Alina T. Hudak

Reference Documents:	ECHO (Electronic Clearing House Operation) control request form	

References to other documents, standards or local, state or federal mandates that amplify or reinforce requirements stated are listed here.

REVIEW LOG

Title	Print Name	Signature	Date
Grant Accountant, MDT	Carie Stern		
Accounting Manager, MDT	Nirav Bhatt		
Grants Manager	Suzanne Salichs, PhD		
Interim Controller, MDT	Jose Fernandez, CPA		
Interim Assistant Finance Director, MDT	David Ritchey, CPA		
Deputy Director, MDT	Hugh Chen		
Interim Director, MDT	Ysela Llort		
Controller, Miami-Dade County	Blanca Padron, CPA		
Director, Department of Procurement Management	Miriam Singer		
Director, Office of Capital Improvement	George Navarrete		
Assistant County Manager	Ysela Llort		
Mayor or Designee	Alina T. Hudak		

Interdepartmental reviews by required personnel are listed here.

List of Records:	FTA Request for Reimbursement Certification	ECHO (Electronic Clearing House Operation) Control Request Form
	Financial Approval Checklist (Maintained by MDT Finance)	Standard Form (SF) 270 – Request for Advance or Reimbursement Form (Standard Form 270)
	Invoices (maintained by Miami-Dade County Finance)	Billing Summary and Detail Expenditure Reports
	ECHO-Web Payment Report	Solicitation(s) and Signed Contract(s)
	Preventive Maintenance Labor Certification	

Identify all key forms to be used that will become records of activities completed in the process.

Title of Procedure:	Federal Reimbursement Request Procedures for FTA Grants.	Procedure Number	Approval Date
Revision No.:	**Draft (6/14/11)**	Approval Signature	(Print Name)
			Alina T. Hudak

1.0 Purpose

The purpose of this Standard Operating Procedure (SOP) is to establish a temporary Federal Reimbursement Request Procedure for Federal Transit Administration (FTA) Grants. The SOP is intended to ensure that the reimbursement will be used for the intended purpose contained within the scope of FTA grants.

2.0 Scope

This SOP applies to the Federal Reimbursement Process established for the reimbursement of grant funding in accordance with the Federal Transit Administration guidelines.

3.0 Responsibility

Individual	Responsibilities
Mayor or Designee	▪ Reviews the supporting documentation, approves, signs and dates the Request for Reimbursement Certification, certifying that all outlays were made in accordance with the intended purpose contained within the scope of the FTA grant. ▪ Submit reimbursement and supporting documentation to the FTA's Regional Administrator. ▪ Signs as Authorizing Official on the ECHO Control Request Form, Request for Reimbursement Certification Form, and Certification of Acceptance.
Assistant County Manager (ACM)	▪ Approves, signs and dates the Request for Reimbursement Certification certifying that all outlays were made in accordance with the intended purpose contained within the scope of the grant.
Miami-Dade Transit Director	▪ Approves, signs and dates the Request for Reimbursement Certification certifying that all outlays were made in accordance with the intended purpose contained within the scope of the grant and forwards to the ACM.
Director, Office of Capital Improvements (OCI)	▪ Certifies that the FTA project(s) capital construction contracts are in compliance with FTA requirements.

Director, Department of Procurement Management (DPM)	▪ Certifies that the FTA project(s) contract documents conforms to the FTA procurement requirements.
Deputy Director, Miami-Dade Transit (MDT)	▪ Reviews and confirms certification and supporting documentation for labor charges in Preventive Maintenance operating grants. ▪ Approves, signs and dates the Preventive Maintenance Labor Certification form.
MDT Assistant Finance Director	▪ Ensures that appropriate reviews have been performed and that proper supporting documentation is attached to the request for reimbursement package. ▪ Approves, signs and dates the SF270 – Request for Advance or Reimbursement Form or Electronic Control Request Operation (ECHO) Form, as applicable.
MDT Controller	▪ Ensures that appropriate reviews have been performed and that proper supporting documentation is attached to the request for reimbursement package. ▪ Approves, signs and dates the SF270 – Request for Advance or Reimbursement Form or Electronic Control Request Operation (ECHO) Form, as applicable. ▪ Verifies information entered in the ECHO system prior to executing drawdown. ▪ Approves wire transfer-in entry.
MDT Grants Manager	▪ MDT's Grants Manager along with Grant Accountant reviews the reports and determines which grant activities or cost objectives are ready for reimbursement. ▪ MDT's Grant's Manager along with Grant Accountant prepares the request for reimbursement package for approval. ▪ The Accounting Manager and the Grant Manager together reviews the request for reimbursement package and supporting documentation.

MDT Accounting Manager	▪ Reviews the request for reimbursement package and supporting documentation. Signs and dates the Approval Routing Slip indicating the review of the request for reimbursement package is complete, accurate and ready for final approval. ▪ Executes drawdown in the ECHO system, as applicable.
MDT Grant Accountant	▪ Prepares the request for reimbursement package for approval. ▪ Signs and dates the Approval Routing Slip indicating that the request for reimbursement package is complete and accurate. ▪ Files the request for reimbursement package. ▪ Follows up with the Central Finance Department's Bank Reconciliation Unit to confirm receipt of funds. ▪ Prepares wire transfer-in entry, as applicable.

4.0 General Information

Miami-Dade Transit (MDT) is the 14th largest public transit system in the country (based on passenger trips) and the largest transit agency in Florida. The support provided by the Federal Transit Administration (FTA) ensures a safe, efficient, accessible, and convenient transportation system that meets the needs of our community and enhances the quality of life for those who reside in and visit Miami-Dade County. The FTA partnership with MDT is essential in the County's Transportation Mission Statement: "To provide a seamless, efficient, intermodal transportation system that enhances mobility throughout our neighborhoods and region, and expedites domestic and international commerce.

The OCI will work closely with MDT staff to ensure that capital construction contracts are in compliance with the FTA requirements. In addition, OCI will independently certify to the Assistant County Manager, that solicitations (contract) awards for capital construction contracts are in compliance with the FTA requirements. Before any invoice is paid on capital construction contracts, work performed will be signed off by MDT's Project Managers.

For goods and/or services purchases, the DPM will work closely with MDT staff to ensure that the contract document conforms to the FTA procurement requirements. In addition, DPM will independently certify to the Assistant County Manager, that the solicitation is in full compliance with the FTA procurement requirements.

The OCI is responsible for soliciting Architectural & Engineering contracts and construction contracts under $2.5 million and coordinating their approval through the Mayor or Designee. Construction contracts under $2.5 million are advertised by MDT. It is also responsible for the Equitable Distribution Program (EDP) which provides the County with a pool of architectural and engineering firms for various miscellaneous projects under $2 million in construction value. DPM is responsible for soliciting contracts for goods and/or services and coordinating their approvals through the Mayor or Designee. MDT will confirm that the vendor have met Post Buy America Requirement prior to MDT making final payment.

Miami-Dade Transit, Department of Procurement Management and Office of Capital Improvements will include the solicitations and signed contracts as part of the reimbursement documentation.

The Miami-Dade Transit Deputy Director for Operation will review and confirm certifications and supporting documentation for labor charges in preventive maintenance operating grants.

5.0 Procedure

1. MDT's Grant Accountant generates the Summary and Detail Expenditure Reports from Miami-Dade County's Financial and Management Information System (FAMIS). The detail report is a transaction level report which includes check number, vendor number, vendor name and amount information. The MDT's Grants Manager and the Grant Accountant review the reports and determine which grant activities or cost objectives are ready for reimbursement.

2. The Grants Manager and the Grant Accountant will compile a reimbursement package which includes:
   a) Request for Reimbursement Certification. (See attached Form)
   b) The SF 270 Form or ECHO Control Request Form, as applicable. (See attached Form)
   c) The Billing Summary (prepared by MDT) which includes cost code, description, detail expenditures, amount.
   d) Copies of check files including invoices and other supporting documents, with its corresponding Invoice Approval Checklist (See attached Form). This Form has been developed to strengthen the invoice process. This Form will be attached to each invoice to be processed and routed for appropriate approvals prior payment.

3. The Accounting Manager and the Grants Manager reviews the request for reimbursement package and supporting documentation for completeness, accuracy and initials and signs the Approval Routing Slip as evidence of review.

4. DPM and OCI will independently certify to the Assistant County Manager and Mayor or Designee that the solicitation is in full compliance with the FTA procurement requirements.

5. The MDT Deputy Director will reviews and confirm certification and supporting documentation for labor charges in preventive maintenance operating grants and approves, signs and dates the Preventive Maintenance Labor Certification form.

6. The MDT Controller and Assistant Director certify that appropriate reviews have been performed and proper supporting documentation is attached to the reimbursement package. The MDT Controller and Assistant Director of Finance will authorize the approval of the request for reimbursement by reviewing the package, signing and dating the SF 270 or ECHO Control Request Form.

7. The MDT Director approves, signs and dates the Request for Reimbursement Certification certifying that all outlays were made in accordance with the intended purpose contained within the scope of the FTA projects and forwards to the Assistant County Manager.

8. The Assistant County Manager approves, signs and dates the Request for Reimbursement Certification certifying that all outlays were made in accordance with the intended purpose contained within the scope of the FTA grant, reviews the supporting documentation for approval.

9. Mayor or Designee reviews the supporting documentation, approves, signs and dates the Request for Reimbursement Certification, certifying that all outlays were made in accordance with the intended purpose contained within the scope of the FTA projects. Certifies and submits the request for reimbursement with supporting documentation to FTA for approval. Written confirmation from the Mayor or Designee will be sent to FTA confirming that the Procurement originated as a federal contract, and/or meets all federal requirements including all applicable federal clauses. Further, written confirmation will be sent from the Mayor or Designee to the FTA confirming that neither the 2% User Access Program (UAP) nor Inspector General (IG) fee was in the solicitation, contract nor charged to the invoices.

10. Once authorized by the FTA, the Accounting Manager inputs the amounts in the ECHO system to process FTA's approved request for reimbursement. MDT Controller verifies the information inputted in the ECHO system against the back-up documentation before the drawdown is submitted. The Accounting Manager prints the ECHO-Web Payment report and attaches it to the reimbursement package.

11. The Grant Accountant files the copies of the request for reimbursement package in a secured centralized filing area. The documents are maintained in accordance with FTA records retention requirements.

12. The Grant Accountant follows up with the Central Finance Department's Bank Reconciliation Unit for confirmation of receipts of funds from FTA and prepares the wire transfer entry to record receipt of funds in the general ledger.

13. The MDT Controller reviews the wire transfer entry and compares it to ECHO drawdown and approves the entry. Journal Entry must be accompanied with copy of authorized ECHO drawdown form and forwards to Finance Department for posting in the County's general Accounting System (FAMIS) which is under the supervision of the County's Finance Controller.

[DRAFT]
REQUEST FOR REIMBURSEMENT CERTIFICATION

RE: **Request for Reimbursement Package No. _____**
SF 270 OMB Approval No.: _____

DATE: _____

I, [County Manager], certify that:

1. I have reviewed this [Request for Reimbursement Package No. _____] submitted by Miami-Dade Transit (MDT); and
2. I am responsible for establishing and maintaining controls and procedures over financial reporting for MDT and have:
    a. Designed such disclosure controls and procedures, or caused such disclosure controls and procedures to be designed under my supervision, to ensure that material information relating to MDT, is made known to us by others within those entities, particularly during the period in which this Request is being prepared;
    b. Designed such internal control over financial reporting, or cause such internal control over financial reporting to be designed under our supervision, to provide reasonable assurance regarding the reliability of financial reporting and the preparation of financial statements for external purposes in accordance with generally accepted accounting principles;
    c. Evaluated the effectiveness of MDT's disclosure controls and procedures; and
    d. Disclosed in or along with this Request any change in MDT's internal control over financial reporting that occurred during MDT's most recent fiscal quarter (MDT's fourth fiscal quarter in the case of an annual report) that has materially affected, or is reasonably likely to materially affect, MDT's internal control over financial reporting; and
3. Based on my knowledge, the financial statements, and other financial information included in this form and supporting documentation, fairly present in all material respects the financial condition, results of operations and cash flows of MDT as of, and for, the periods presented in this Request; and
4. Based on my knowledge, all outlays were made in accordance with the intended purpose contained within the scope of the projects within Miami-Dade County and the reimbursement is for the intended purpose contained in the scope of the projects; and
5. Based on my knowledge, the Procurement originated as a federal contract, and/or meets all federal requirements including all applicable federal clauses. Further, neither a 2% User Access Program (UAP) fee nor Inspector General (IG) fee was included in the solicitation, contract or charged to the invoices.

_____ _____

[Miami-Dade County Mayor or Mayor's Designee] [Date]

FTA
ECHO CONTROL REQUEST FORM

FY 2011

ECHO CONTROL NUMBER:	69084001	**DA[illegible]:**	
REQUEST NO:			
RECIPIENT'S NAME:	Miami-Dade Transit Agency	**TEL[illegible]:**	
APPROVING OFFICIAL:		**CONT[illegible]:**	
TOTAL AMOUNT CLAIMED:	$0		

PROJECT NO.	AMOUNT	(X) CRED[illegible]	[illegible]ROJE[illegible] NO.	AMOUNT	(X) CREDIT
				$0	

Signature of Authorizing Official *

Date

* I certify that to the best of my knowledge and belief the data are correct and that all outlays were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested.

Sample

Computer-Generated Form

REQUEST FOR ADVANCE OR REIMBURSEMENT

(See instructions on back)

OMB APPROVAL NO. 0348-0004

PAGE # OF # PAGES

1. TYPE OF PAYMENT REQUESTED — a. "X" one or both boxes: ☐ ADVANCE ☐ REIMBURSEMENT; b. "X" the applicable box: ☐ FINAL ☐ PARTIAL

2. BASIS OF REQUEST: ☐ CASH ☐ ACCRUAL

3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED: MIAMI DADE TRANSIT

4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY

5. PARTIAL PAYMENT REQUEST NUMBER FOR THIS REQUEST: #

6. EMPLOYER IDENTIFICATION NUMBER: 5960000573

7. RECIPIENT'S ACCOUNT NUMBER OR IDENTIFYING NUMBER: ACCT #

8. PERIOD COVERED BY THIS REQUEST — FROM (month, day, year): date — TO (month, day, year): date

9. RECIPIENT ORGANIZATION
Name: Name
Number and Street:
City, State and ZIP Code:

10. PAYEE (Where check is to be sent if different than item 9)
Name:
Number and Street:
City, State and ZIP Code:

SAMPLE

11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS/ADVANCES REQUESTED

PROGRAMS/FUNCTIONS/ACTIVITIES	(a)	(b)	(c)	TOTAL
a. Total program outlays to date (As of date)	$0			$0
b. Less: Cumulative program income				0
c. Net program outlays (Line a minus line b)	0			0
d. Estimated net cash outlays for advance period				0
e. Total (Sum of lines c & d)	0			0
f. Non-Federal share of amount on line e				0
g. Federal share of amount on line e				0
h. Federal payments previously requested				0
i. Federal share now requested (Line g minus line h)	0			0
j. Advances required by month, when requested by Federal grantor agency for use in making prescheduled advances — 1st month		SUBMIT INVOICE IN ACCORDANCE		
2nd month		WITH AWARD INSTRUCTIONS		
3rd month				

12. ALTERNATE COMPUTATION FOR ADVANCES ONLY

a. Estimated Federal cash outlays that will be made during period covered by the advance	
b. Less: Estimated balance of Federal cash on hand as of beginning of advance period	
c. Amount requested (Line a minus line b)	

13. CERTIFICATION

I certify that to the best of my knowledge and belief the data on the reverse are correct and that all outlays were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL

DATE REQUEST SUBMITTED

TYPED OR PRINTED NAME AND TITLE: Name and title

TELEPHONE (AREA CODE, NUMBER, EXTENSION): phone and email address

This space for agency use

Miami-Dade County Transit
Preventive Maintenance Labor Certification

RE: **Preventive Maintenance Labor Certification**

DATE: _____

I certify that to the best of my knowledge and belief that the supporting documentation for Preventive Maintenance charges is correct and complies with the MDT Force Account Plan as approved by the FTA.

_____ _____

Deputy Director Date

MIAMI-DADE COUNTY TRANSIT

MDT INVOICE PAYMENT PROCESS CHECKLIST

attach to original invoice for payment processing

Consultant/Contractor/Vendor Name: _____

Doing Business As (If applicable): _____

Federal Employer Identification Number (FEIN): _____

Project Name: _____

Project Number: _____

Contract Number: _____ **Work Order / PO Number:** _____

Invoice Number: _____ **Invoice Amount:** _____

Amount	Payment Index Codes

Amount	Payment Index Codes

Invoice Specific Information

	Contract meets State/Federal Procurement Requirements and invoiced costs are eligible under the Grant.	Index Code(s) to pay this Invoice* is correct.	Is IG fee allowed?	Is UAP fee allowed?	Ensure IG and UAP fees have not been deducted if NOT allowed by the Grant.
	YES/NO/NA	YES/NO	YES/NO	YES/NO	YES/NO/NA
Project Manager (PM): Name: _____ Date: _____ Sign: _____					
MDT Budget: (Verify PM Signature) Name: _____ Date: _____ Sign: _____					
MDT Procurement: (Required even if N/A) Name: _____ Date: _____ Sign: _____					
MDT Grant Coordination: Name: _____ Date: _____ Sign: _____					
MDT Finance: Name: _____ Date: _____ Sign: _____					

* If there is a need to change the Index Code (IC) to continue with the processing of this invoice, MDT Budget will obtain MDT Grants approval for the eligibility of the proposed IC. Budget will also initiate a revision to the approved Project Prioritization Budget Approval (PPBA). Upon approval of the PPBA, the revised PPBA will be forwarded to the Project Manager for future use. MDT Grant Payment Checklist 6/1/2011

MDT Finance Contact Person: _____ Phone: _____