

NONPUBLIC AGING SCHOOL PROGRAM

REQUEST FOR REIMBURSEMENT SUBMISSION CHECKLIST

Fiscal Year: _____ Date: _____

School Name: _____

Contact Name: _____ Phone #: _____

STATE REVIEW OF NONPUBLIC (NP) SCHOOL REQUEST FOR REIMBURSEMENT:

- Authority:** Senator James E. “Ed” DeGrange Nonpublic Aging Schools Program (NASP) under the Aid to Non-Public Schools program - see [NASP Administrative Procedures Guide](#) (APG) for the current fiscal year.
- Purpose:** This checklist is provided for Non-Public (NP) schools and MSDE staff to review and confirm that all items required for reimbursement processing are provided and all information within the submission is correct and consistent. See the instructions below and the NASP APG for the appropriate Fiscal Year, found on the [Nonpublic Aging Schools Program webpage](#).
- Process:** MSDE Office of School Facilities (OSF) will review requests for reimbursement in the order in which they are received. MSDE will use the same checklist as the NP to confirm that all documents are provided and are error free for reimbursement processing. MSDE will confirm that the submission’s work scope and total amount of requested reimbursement align with the grant awarded by the Interagency Commission on School Construction (IAC). If required, MSDE OSF will reject a submission and send back with a list of required corrections. Resubmissions due to errors or omissions will be placed at the end of the review line until new submissions are reviewed. After reviewing and resolving any issues, MSDE will forward the submission to the IAC for processing & payment.

SEND NASP REIMBURSEMENT SUBMISSION WITH CHECKLIST TO:

Email to: osfsubmissions.msde@maryland.gov

Questions? Call MSDE/OSF at 410-767-0113

SUBMISSION INSTRUCTIONS:

1. Use the NASP checklist to review your PDF submission’s forms, invoices and proof of payment documents, for content, relevance and PDF organization. The completed NASP checklist should be the first page of your PDF.
2. Explanation or Scope Change Letter(s), if required, must follow the completed NASP checklist in the PDF.
3. Reimbursement Form 306.2 must follow any explanation letters, with W-9 following immediately after.
4. The first invoice listed on Form 306.2 must follow the W-9, follow by its proof payment documents.
5. Group invoices and related proof of payment documents sequentially as listed on Form 306.2 invoice table.
6. Do not group all invoices together, each invoice should be followed by its proof of payment document(s).
7. Any document that is not easily associated with an individual invoice or proof of payment should have a written explanation noted on the document for the OSF to associate the document with its proper invoice. All documents must be clearly legible for successful processing, especially front and back of check images.
8. If questions arise about completing forms or documenting non-typical items or conditions when preparing your submission, please feel free to contact our office for assistance to avoid having your submission rejected.
9. Do not include extraneous pages, e.g. photos, proposals, contracts, blank pages, W-9, bank account and invoice pages unless they contain vital submission information. Provide essential documents only.
10. If your total grant allocation is \$50,000 or more, you must sign-up for the Automated Clearing House (ACH) with the State of Maryland to receive payment.

NASP SUBMISSION REVIEW CHECKLIST

- NOTE:**
- Check the boxes provided in the left column to confirm that all forms and supporting documents are in the submission and are free of errors or conflicting information.
 - Check the applicable boxes if an Explanation Letter or a Scope Change Request letter is provided or check the N.A. box if 'Not Applicable.'
 - Several 'explanation' items can be combined into a single Explanation Letter.
 - All Scope Change Request letters must be stand-alone letters.

NP	FORM 306.2 – ITEMS TO CHECK	MSDE
<input type="checkbox"/>	Verify that the fiscal year heading on Form 306.2 matches the year of the award for which the reimbursement is requested.	<input type="checkbox"/>
<input type="checkbox"/>	Verify that the 'Name of School' & 'Mail Payment to the Following Address' on Form 306.2 match the information on the school's W-9. <i>Note: If the school's name and/or address differ, the school <u>must</u> submit an Explanation Letter, signed and dated on school letterhead for OSF & IAC review and approval, explaining the differences in name and/or address and describing the individual entities, persons or institutions and their relationship with the school.</i>	<input type="checkbox"/>
<input type="checkbox"/>	Explanation Letter provided, if name or address is different; <input type="checkbox"/> N.A.	<input type="checkbox"/>
<input type="checkbox"/>	Verify that the 'Project' scope description matches the Invoice scope description(s) and Project Type in the school's NASP Award information for the applicable Fiscal Year. This information is available on the Nonpublic Aging Schools Program webpage .	<input type="checkbox"/>
<input type="checkbox"/>	Verify that work and/or products invoiced are eligible for reimbursement via the NASP APG . <i>Note: If the Submission Scope does not match the fiscal year's NASP Award Project Type, the school <u>must</u> submit a Scope Change Request letter, signed & dated on school letterhead for OSF & IAC review and approval, explaining the reason for proposed scope change.</i>	<input type="checkbox"/>
<input type="checkbox"/>	Scope Change Request Letter provided, if scope differs; <input type="checkbox"/> N.A.	<input type="checkbox"/>
<input type="checkbox"/>	Confirm Federal Tax ID # matches the Tax ID # on the W-9.	<input type="checkbox"/>
<input type="checkbox"/>	Confirm MSDE School number matches number on the Nonpublic School Approval webpage .	<input type="checkbox"/>
<input type="checkbox"/>	Confirm 'Max. Grant Allocation' amount matches the school's approved grant amount shown for the Fiscal Year in the NASP Awards info on the Nonpublic Aging Schools Program webpage .	<input type="checkbox"/>
<input type="checkbox"/>	Confirm 'Total' amount equals the sum of all invoices submitted for reimbursement and matches the 'Total Project Contracts' line above the invoice table.	<input type="checkbox"/>
<input type="checkbox"/>	Verify 'State Request' amount matches or is less than the amount listed for 'Max Grant Allocation' on Form 306.2.	<input type="checkbox"/>
<input type="checkbox"/>	Confirm 'Balance Paid by School' number is correct.	<input type="checkbox"/>
<input type="checkbox"/>	Confirm Form 306.2 is signed and dated.	<input type="checkbox"/>
<input type="checkbox"/>	Confirm Form 306.2 Contractor Name, Invoice Number, Invoice Date, Date Paid and Amount information match the invoices and proof of payment documents provided.	<input type="checkbox"/>
NP	W-9 FORM – ITEMS TO CHECK	MSDE
<input type="checkbox"/>	Confirm name and address match those on Form 306.2. <i>Note: If there are differences, the school <u>must</u> submit an Explanation Letter, signed and dated on school letterhead for OSF & IAC review and approval, explaining the differences in name and/or address and the relationship between the entities & locations.</i>	<input type="checkbox"/>
<input type="checkbox"/>	Name/Address Letter provided, if name or address is different; <input type="checkbox"/> N.A.	<input type="checkbox"/>
<input type="checkbox"/>	Confirm the W-9 form is signed and dated.	<input type="checkbox"/>

NASP SUBMISSION REVIEW CHECKLIST

NP	INVOICE – ITEMS TO CHECK	MSDE
<input type="checkbox"/>	Confirm the Invoice (or Pay Application) Contractor work scope matches Form 306.2's 'Project' scope line and the approved Project Type on the FY NASP Awards Webpage and the Confirm Contractor name matches the form 306.2 invoice table Contractor name information. Note: <i>If Submission Scope is not of the FY NASP Award Project Type, the school <u>must</u> submit a Scope Change Request letter, signed & dated on school letterhead for OSF & IAC review and approval, explaining the reason for proposed scope change for OSF review and approval.</i>	<input type="checkbox"/>
<input type="checkbox"/>	Scope Change Request letter provided, if scope is different; <input type="checkbox"/> N.A.	<input type="checkbox"/>
<input type="checkbox"/>	Confirm 'Bill To' school name & address matches those given on Form 306.2 and the W-9. Note: <i>If the school's name and/or address differ, the school <u>must</u> submit an Explanation Letter, signed and dated on school letterhead for OSF & IAC review and approval, explaining the differences in name and/or address and describing the individual entities, persons or institutions and their relationship with the school.</i>	<input type="checkbox"/>
<input type="checkbox"/>	Name/Address Letter provided, if name or address is different; <input type="checkbox"/> N.A.	<input type="checkbox"/>
<input type="checkbox"/>	Confirm invoice number, amount and date match Form 306.2 invoice table information.	<input type="checkbox"/>
NP	PROOF OF PAYMENT – ITEMS TO CHECK (PROVIDE ONE OR MORE AS APPLICABLE)	MSDE
<input type="checkbox"/>	Contractor's Certification of Payment - Confirm name of school, payment amount, date, & contractor's name match those on Form 306.2.	<input type="checkbox"/>
<input type="checkbox"/>	Confirm the document is notarized, signed & stamped. Note: <i>Disbursements are only payable to the NP, not to the Contractor(s).</i>	<input type="checkbox"/>
<input type="checkbox"/>	Copy of Processed Check - Confirm front & back is legible; has institution name, account holder name, and payee information; and is stamped by the bank. Note: <i>If the back of the check is unavailable or ACH, the school's bank statement is required.</i>	<input type="checkbox"/>
<input type="checkbox"/>	Wire Transfer document - Confirm front & back is legible; has institution name, account holder name, and payee information; and amount matches the invoice amount. Note: <i>If the wire transfer amount is greater than a related invoice, submit additional invoices paid under the wire transfer, with the sum of all invoices, reimbursable & non-reimbursable, matching the wire transfer amount.</i>	<input type="checkbox"/>
<input type="checkbox"/>	Bank Statement - Confirm is legible; has institution name, account holder name, and payee information; and matches the invoice amount. Highlight corresponding payment(s) for clarity.	<input type="checkbox"/>
<input type="checkbox"/>	Credit Card Statement - Confirm is legible; has an institution name, account holder name, and payee information; and dollar amount matches the invoice amount.	<input type="checkbox"/>
<input type="checkbox"/>	Proof of Payment document - Confirm the payment amount matches the invoice total. Note: <i>If a check amount is <u>greater</u> than a related invoice, include a check register report to show a breakdown of invoices paid.</i> Note: <i>If a check amount is <u>less</u> than a related invoice, submit an explanation letter, signed and dated on school letterhead, explaining why the payment was less than the invoice amount.</i>	<input type="checkbox"/>
<input type="checkbox"/>	Explanation Letter provided, if check amount is less than the invoice amount; <input type="checkbox"/> N.A.	<input type="checkbox"/>
<input type="checkbox"/>	Individual invoice payment - Confirm date matches Form 306.2 invoice table 'Date Paid'.	<input type="checkbox"/>

MSDE USE ONLY:

Signature of MSDE Staff Reviewer performing Completeness Check

Date of Confirmation