



**Federal Aviation
Administration**

Space Transportation Infrastructure Matching (STIM) Grants Program

Monitoring, Reimbursement, and Close-Out

Federal Aviation Administration
Office of Commercial Space Transportation
800 Independence Avenue, SW, Room 325
Washington, DC 20591

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1.0 MONITORING

You are now a participant in the Space Transportation Infrastructure Matching (STIM) Grants Program, administered by the Federal Aviation Administration's Office of Commercial Space Transportation (FAA/AST). Your project is well underway. Now you need to turn your attention to the monitoring requirements for your project.

Federal Law requires periodic monitoring for all grant programs. The terms and conditions for your STIM Grant award included this requirement. The periodic monitoring information you must submit includes the grant status and other relevant information. It also contains the funding profile of the project. This information assists the FAA/AST in evaluating the progress of your project

The intent of this periodic monitoring package and the included examples is to assist you in complying with the periodic monitoring requirements of the grant award. Any one of the examples provided may not exactly capture the unique nature of your specific project, but the combination of all the examples should address most questions related to the periodic monitoring package. Specific questions not addressed by this example package should be directed to the point of contact within the FAA/AST for the STIM Grants Program.

Throughout this document, the STIM Grants Program Point of Contact will be referred to as the Point of Contact. Wherever 'you' or 'your' appears, it refers to the Sponsor or Grant Sponsor.

1.1 MONITORING PACKAGES

Periodic monitoring is the way the Federal Government tracks the progress of your grant project. You have the opportunity to report the work completed and the funds expended on the project, including the matching funds you have received and spent. The STIM Grant Program requires you to submit a Quarterly Monitoring Package. This chapter details how to complete and submit this package.

1.1.1 Submitting a Quarterly Monitoring Package

1. Receive a Quarterly Monitoring Notice by email from the Point of Contact one week before the package is due. The email will remind you of the date when the package is due.
2. Observe the dates outlined below for submitting the package.

Quarter Ends	Email Notice Sent*	Package Due
March 31	April 24	April 30
June 30	July 23	July 30
September 30	October 23	October 30
December 31	January 23	January 30

*If the date falls on a weekend, the Point of Contact will send the email the following business day.

3. Complete the Federal Financial Report (FFR), Form SF 425. See Section 1.2 Form Instructions.
4. Complete the Write-up that summarizes progress on your project. See Section 1.1.3 Preparing a Write-Up.
5. Submit the Quarterly Monitoring Package to the Point of Contact. You may submit the package electronically or in hard copy.

To submit the package electronically,

- scan all the documents as one package,
 - create a .pdf file,
 - submit the .pdf file.
6. Use Form SF-425 to request reimbursement.
 - You may request reimbursement as part of the Quarterly Monitoring Package.
 - You may submit Form SF-425 at any time to request a reimbursement. See Section 2.0 Reimbursement for more information.

1.1.2 Using the Financial Report Form

Only one form is required in the Quarterly Monitoring Package. It is the SF-425, *Federal Financial Report (FFR)*. A fillable version of this form is included in the Quarterly Monitoring Notice in both .pdf and .xls formats. You can also use the online form at:

<http://www.sba.gov/content/standard-form-425-federal-financial-report>

The online form does not allow you to save your inputs. You can complete it and print it out, but you cannot save it.

1.1.3 Preparing a Write-Up

The FAA/AST uses the Write-Up portion of your Quarterly Monitoring Report to obtain an accurate picture of your grant project. The Write-Up does not have to follow a specific format. It does need to capture certain information.

1. Describe the project status. Include:
 - Significant events in the current monitoring period
 - Planned events in the upcoming monitoring period
2. Provide a Cost Summary. This should state whether you are requesting reimbursement for this quarter. It should also make note of any issues connected to the cost of the project.
3. Summarize the project Schedule. Identify:
 - Proposed completion date (from actual application)
 - Expected completion date, explanation of delay, path forward to completion (if the expected date is different from the proposed completion date)
4. Identify any issues and concerns connected to the project.
5. Detail any other relevant information.
6. Provide pictures of the project, if applicable. Pictures are the best way to capture the status of the project when an on-site inspection is not possible.
7. Include the Write-Up in the Quarterly Monitoring Package. Do not send it as a separate email. This allows the STIM Grants Program to keep all information related to the grant together in one package for audit purposes.

1.2 FORM INSTRUCTIONS

The instructions provided in Appendix D: Form Instructions: SF-425, Federal Financial Report detail how to complete the SF-425, *Federal Financial Report (FFR)* specifically for the STIM Grants Program. The FAA/AST uses this form for both the Quarterly Monitoring Package requirement and reimbursement, if requested. Please type or print legibly.

1.3 EXAMPLES

This section includes three examples to help you complete the Quarterly Monitoring Package. These examples do not capture every scenario. However, they should provide enough information to assist in most situations.

The names, addresses, and other information related to the examples are fictitious and do not represent any grant sponsor or grant award project— past or present. The names, addresses, and other information were used to provide some levity and entertainment, as well as to demonstrate the process. They are not intended to offend.

Example 1: RocketMan Spaceport – Non-Construction

Example 2: High Flyin’ Aviation – Non-Construction, Multiple Grant Awards in Award Period

Example 3: Spaceport In The Clouds – Construction

**EXAMPLE 1:
ROCKETMAN SPACEPORT**

Description

(This page is not required in the Monitoring Package)

- RocketMan Spaceport applied for and received a grant for a non-construction project in FY2009
 - Only one grant was awarded – ID Number: 10-AST0101
- This Monitoring Package is for the third reporting period since the award was granted
 - For the first reporting period, RocketMan Spaceport did not seek reimbursement of funds
 - For the second reporting period, RocketMan Spaceport did not seek reimbursement of funds
 - For this reporting period, RocketMan Spaceport does seek reimbursement of funds
 - Reimbursement request is for full award value
 - There will be no award funds remaining
 - This will be the final monitoring report for RocketMan Spaceport; they will complete their close-out report separately
- Monitoring Package requires:
 - SF-425
 - Write-up

SF-425

FEDERAL FINANCIAL REPORT
(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted FAA/AST		2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) 10-AST0101		Page of 1 1 pages			
3. Recipient Organization (Name and complete address including Zip code) RocketMan Spaceport, 123 Main Street, Out Of This World, XY, 98765							
4a. DUNS Number 12-3456789	4b. EIN 71-8765432	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)		6. Report Type <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Final	7. Basis of Accounting <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual		
8. Project/Grant Period (Month, Day, Year) From: 10/01/2008 To: 09/30/2009			9. Reporting Period End Date (Month, Day, Year) 06/30/2010				
10. Transactions				Cumulative			
<i>(Use lines a-c for single or multiple grant reporting)</i>							
Federal Cash (To report multiple grants, also use FFR Attachment):							
a. Cash Receipts							
b. Cash Disbursements							
c. Cash on Hand (line a minus b)							
<i>(Use lines d-o for single grant reporting)</i>							
Federal Expenditures and Unobligated Balance:							
d. Total Federal funds authorized \$250,000.00							
e. Federal share of expenditures \$0.00							
f. Federal share of unliquidated obligations \$250,000.00							
g. Total Federal share (sum of lines e and f) \$250,000.00							
h. Unobligated balance of Federal funds (line d minus g) \$0.00							
Recipient Share:							
i. Total recipient share required \$250,000.00							
j. Recipient share of expenditures \$250,000.00							
k. Remaining recipient share to be provided (line i minus j) \$0.00							
Program Income:							
l. Total Federal program income earned							
m. Program income expended in accordance with the deduction alternative							
n. Program income expended in accordance with the addition alternative							
o. Unexpended program income (line l minus line m or line n)							
11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
g. Totals:							
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation: Seeking reimbursement of funds this reporting period.							
13. Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and intent set forth in the award documents. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)							
a. Typed or Printed Name and Title of Authorized Certifying Official Elton B. John Director, RocketMan Spaceport				c. Telephone (Area code, number, and extension) 555-867-5309			
b. Signature of Authorized Certifying Official				d. Email Address elton.b.john@rocketmansp.com			
				e. Date Report Submitted (Month, Day, Year)			

Standard Form 425 - Revised 6/28/2010
OMB Approval Number: 0348-0061
Expiration Date: 10/31/2011

Paperwork Burden Statement

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0061), Washington, DC 20503.

WRITE-UP
ROCKETMAN SPACEPORT
#10-AST0101

Grant Project: Ventilation System, Processing and Handling Systems, and Safety Upgrades for Rocket Propellant Storage

Status of project

Significant events in the current monitoring period

The ventilation system was delivered, installed, inspected, and tested February 27, 2010. Reimbursement for this system could have been in the last monitoring period, but we preferred to submit all invoices for reimbursement at the same time.

The processing and handling systems for the rocket propellant were delivered, installed, inspected, and tested on May 31, 2010. These systems handle the current propellants for our launch providers, but can also facilitate the processing and handling of other propellants.

All safety upgrades, to include stocking up on personal protective equipment and other supplies, have been procured and completed as of June 30, 2010.

Planned events in the upcoming monitoring period

We anticipate the close-out of this grant within the next 30 days. Our close-out package will be prepared and submitted upon completion of close-out activities.

Cost summary

All of the funding for this grant has been expended and we are seeking full reimbursement at this time.

Schedule summary

Proposed completion date (from actual application)

From our application we anticipated the work for this project to be completed by 30 September 2010.

Expected completion date, explanation of delay, path forward to completion (if different from proposed completion date)

The actual work and procurement of relevant safety systems is complete. We plan to complete the close-out and provide our close-out package to FAA/AST no later than August 15, 2010. This will be roughly 45 days earlier than our proposed completion date.

Issues or concerns

None.

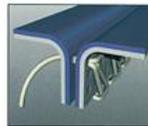
Other relevant information

The grant we received was instrumental in making our rocket propellant storage facility compliant with OSHA requirements and a safer environment within our spaceport.

Ventilation System (multiple units procured):



Safety Equipment:



Serged Seams



**EXAMPLE 2:
HIGH FLYIN' AVIATION**

Description

(This page is not required in the Monitoring Package)

- High Flyin' Aviation applied for and was awarded multiple grants for non-construction projects in FY2009
 - Two grants were awarded – ID Numbers: 10-AST0707 and 10-AST0708
- This Monitoring Package is for the third reporting period since the award was granted
 - 10-AST0707:
 - For the first reporting period, High Flyin' Aviation did not seek reimbursement of funds
 - For the second reporting period, High Flyin' Aviation did seek reimbursement of funds
 - For this reporting period, High Flyin' Aviation does not seek reimbursement of funds
 - There are award funds remaining
 - 10-AST0708:
 - For the first reporting period, High Flyin' Aviation did not seek reimbursement of funds
 - For the second reporting period, High Flyin' Aviation did not seek reimbursement of funds
 - For this reporting period, High Flyin' Aviation does not seek reimbursement of funds
 - The full award value remains
- Monitoring Package requires:
 - SF-425 for each project
 - Write-up

SF-425 (10-AST0707)

FEDERAL FINANCIAL REPORT (Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted FAA/AST		2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) 10-AST0707			Page <u>1</u> of <u>2</u> pages		
3. Recipient Organization (Name and complete address including Zip code) High Flyin' Aviation, 123 Aeroplaza Court, Blue Skies, OP, 65432							
4a. DUNS Number 58-45632-1	4b. EIN 68-4567891	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) [REDACTED]		6. Report Type <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	7. Basis of Accounting <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual		
8. Project/Grant Period (Month, Day, Year) From: 10/01/2008 To: 09/30/2009				9. Reporting Period End Date (Month, Day, Year) 06/30/2010			
10. Transactions (Use lines a-c for single or multiple grant reporting)					Cumulative		
Federal Cash (To report multiple grants, also use FFR Attachment):							
a. Cash Receipts [REDACTED]							
b. Cash Disbursements [REDACTED]							
c. Cash on Hand (line a minus b) [REDACTED]							
(Use lines d-o for single grant reporting)							
Federal Expenditures and Unobligated Balance:							
d. Total Federal funds authorized						\$100,000.00	
e. Federal share of expenditures						\$25,000.00	
f. Federal share of unliquidated obligations						\$0.00	
g. Total Federal share (sum of lines e and f)						\$25,000.00	
h. Unobligated balance of Federal funds (line d minus g)						\$75,000.00	
Recipient Share:							
i. Total recipient share required						\$100,000.00	
j. Recipient share of expenditures						\$25,000.00	
k. Remaining recipient share to be provided (line i minus j)						\$75,000.00	
Program Income:							
l. Total Federal program income earned						[REDACTED]	
m. Program income expended in accordance with the deduction alternative						[REDACTED]	
n. Program income expended in accordance with the addition alternative						[REDACTED]	
o. Unexpended program income (line l minus line m or line n)						[REDACTED]	
11.	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
Indirect Expense							
[REDACTED]							
g. Totals:							
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation: Not seeking reimbursement of funds this reporting period. Note: Previously reimbursed for \$25,000.00.							
13. Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and intent set forth in the award documents. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)							
a. Typed or Printed Name and Title of Authorized Certifying Official Amelia C. Airhardt CEO, High Flyin' Aviation				c. Telephone (Area code, number, and extension) 555-395-7512			
b. Signature of Authorized Certifying Official				d. Email Address aairhardt@blueskiesair.com			
[REDACTED]				e. Date Report Submitted (Month, Day, Year) [REDACTED]			

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SF-425 (10-AST0708)

FEDERAL FINANCIAL REPORT (Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted FAA/AST		2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) 10-AST0708				Page of 2 2 pages	
3. Recipient Organization (Name and complete address including Zip code) High Flyin' Aviation, 123 Aeroplaza Court, Blue Skies, OP, 65432							
4a. DUNS Number 56-45632-1	4b. EIN 68-4567891	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) [REDACTED]		6. Report Type <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	7. Basis of Accounting <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual		
8. Project/Grant Period (Month, Day, Year) From: 10/01/2008 To: 09/30/2009			9. Reporting Period End Date (Month, Day, Year) 06/30/2010				
10. Transactions (Use lines a-c for single or multiple grant reporting)						Cumulative	
Federal Cash (To report multiple grants, also use FFR Attachment):							
a. Cash Receipts b. Cash Disbursements c. Cash on Hand (line a minus b)							
(Use lines d-o for single grant reporting)							
Federal Expenditures and Unobligated Balance:							
d. Total Federal funds authorized						\$50,000.00	
e. Federal share of expenditures						\$0.00	
f. Federal share of unliquidated obligations						\$0.00	
g. Total Federal share (sum of lines e and f)						\$0.00	
h. Unobligated balance of Federal funds (line d minus g)						\$50,000.00	
Recipient Share:							
i. Total recipient share required						\$50,000.00	
j. Recipient share of expenditures						\$0.00	
k. Remaining recipient share to be provided (line i minus j)						\$50,000.00	
Program Income:							
l. Total Federal program income earned							
m. Program income expended in accordance with the deduction alternative							
n. Program income expended in accordance with the addition alternative							
o. Unexpended program income (line l minus line m or line n)							
11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
g. Totals:							
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation: Not seeking reimbursement of funds this reporting period.							
13. Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and intent set forth in the award documents. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)							
a. Typed or Printed Name and Title of Authorized Certifying Official Amelia C. Airhardt CEO, High Flyin' Aviation				c. Telephone (Area code, number, and extension) 555-395-7512			
b. Signature of Authorized Certifying Official				d. Email Address aairhardt@blueskiesair.com			
[REDACTED]				e. Date Report Submitted (Month, Day, Year)			

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WRITE-UP (10-AST0707)
HIGH FLYIN' AVIATION
#10-AST0707

Grant Project: Facility Master Plan

Status of project

Significant events in the current monitoring period

Last period's reimbursement was to get the baseline for the project started. During the current monitoring period, the contractor started the plan in an incremental approach. A body was organized for review of each increment, and will continue to do so as the project is worked.

Planned events in the upcoming monitoring period

The contractor will continue to work the project.

Cost summary

We will not be seeking reimbursement for this period. The contractor does not expect payment until the facility master plan is complete. It is not expected that the project will exceed the proposed value from the grant application.

Schedule summary

Proposed completion date (from actual application)

From our application we anticipated the work for this project to be completed by 31 December 2010.

Expected completion date, explanation of delay, path forward to completion (if different from proposed completion date)

The project is currently on schedule.

Issues or concerns

None.

Other relevant information

None.

WRITE-UP (10-AST0708)
HIGH FLYIN' AVIATION
#10-AST0708

Grant Project: Horizontal Runway Lighting

Status of project

Significant events in the current monitoring period

No activities to report at this time. We are currently waiting for the completion of the runway before the lighting can be installed and tested.

Planned events in the upcoming monitoring period

We anticipate the runway to be completed in the next monitoring period. Once the runway is completed, the lighting installation will be started.

Cost summary

We will not be seeking reimbursement for the lighting until the lighting is installed and tested. Based on the estimates from the vendors, the estimates we submitted in the application have not changed.

Schedule summary

Proposed completion date (from actual application)

From our application we anticipated the work for this project to be completed by 30 September 2010.

Expected completion date, explanation of delay, path forward to completion (if different from proposed completion date)

The runway was supposed to be completed on or about April 15, 2010. Due to weather conditions, the schedule for the runway was pushed out. The runway, to date, is roughly 80% complete and expected completion is July 1, 2010. Once the runway effort is complete, the lighting installation can commence.

We expect the completion date for the lighting to slip by roughly 30 days, with a new expected completion date of October 31, 2010. The only hold-up that could cause a slip would be unexpected weather conditions.

Issues or concerns

We are tracking the status of the runway and expect to start the lighting as soon as possible. Should the runway completion slip, causing our efforts to slip, we will notify FAA/AST soonest.

Other relevant information

None.

**EXAMPLE 3:
SPACEPORT IN THE CLOUDS**

Description

(This page is not required in the Monitoring Package)

- Spaceport In The Clouds applied for and was awarded a grant for a construction project in FY2009
 - Only one grant was awarded – ID Number: 10-AST0909
- This Monitoring Package is for the third reporting period since the award was granted
 - For the first reporting period, Spaceport In The Clouds did seek reimbursement of funds
 - For the second reporting period, Spaceport In The Clouds did not seek reimbursement of funds
 - For this reporting period, Spaceport In The Clouds does seek reimbursement of funds
 - There are award funds remaining
- Monitoring Package requires:
 - SF-425
 - Write-up

SF-425

FEDERAL FINANCIAL REPORT (Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted FAA/AST		2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment)			Page of 1 1 pages	
3. Recipient Organization (Name and complete address including Zip code) Spaceport In The Clouds, 123 Rocket Fuel Way, Beyond, CD, 97531						
4a. DUNS Number 98-765-369	4b. EIN 95-2468013	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)		6. Report Type <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	7. Basis of Accounting <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual	
8. Project/Grant Period (Month, Day, Year) From: 10/01/2008 To: 09/30/2009				9. Reporting Period End Date (Month, Day, Year) 06/30/2010		
10. Transactions				Cumulative		
<i>(Use lines a-c for single or multiple grant reporting)</i>						
Federal Cash (To report multiple grants, also use FFR Attachment):						
a. Cash Receipts						
b. Cash Disbursements						
c. Cash on Hand (line a minus b)						
<i>(Use lines d-o for single grant reporting)</i>						
Federal Expenditures and Unobligated Balance:						
d. Total Federal funds authorized \$200,000.00						
e. Federal share of expenditures \$125,000.00						
f. Federal share of unliquidated obligations \$25,000.00						
g. Total Federal share (sum of lines e and f) \$150,000.00						
h. Unobligated balance of Federal funds (line d minus g) \$50,000.00						
Recipient Share:						
i. Total recipient share required \$200,000.00						
j. Recipient share of expenditures \$150,000.00						
k. Remaining recipient share to be provided (line i minus j) \$50,000.00						
Program Income:						
l. Total Federal program income earned						
m. Program income expended in accordance with the deduction alternative						
n. Program income expended in accordance with the addition alternative						
o. Unexpended program income (line l minus line m or line n)						
11. Indirect Expense						
	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged
f. Federal Share						
g. Totals:						
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation: Seeking reimbursement of funds this reporting period. Note: Previously reimbursed for \$125,000.00, seeking reimbursement for \$25,000.00 this period.						
13. Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and intent set forth in the award documents. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)						
a. Typed or Printed Name and Title of Authorized Certifying Official Buzz E. Armstrong President, Spaceport In The Clouds				c. Telephone (Area code, number, and extension) 555-284-6957		
b. Signature of Authorized Certifying Official				d. Email Address buzz@sitc.net		
				e. Date Report Submitted (Month, Day, Year)		

Standard Form 425 - Revised 6/28/2010
OMB Approval Number: 0348-0061
Expiration Date: 10/31/2011

Paperwork Burden Statement

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0061), Washington, DC 20503.

WRITE-UP
SPACEPORT IN THE CLOUDS
#10-AST0909

Grant Project: Operations Control Facility for Vertical Launch (Blockhouse)

Status of project

Significant events in the current monitoring period

During this period, much of the construction that was started in the previous periods was continued – some completed. Additionally, inspections related to the construction were conducted as well.

Planned events in the upcoming monitoring period

Completion is anticipated in the next monitoring period. Final work – interior furnishings, information systems, and alarm systems remain and are expected to be completed in the next period.

Cost summary

We will be seeking reimbursement for this period to cover some of the incurred costs – invoices will be attached.

The project may exceed the proposed total cost; however we will absorb the additional costs. We understand there are no more grant funds available for this period.

Schedule summary

Proposed completion date (from actual application)

In our application, we stated this project would be completed by November 15, 2010.

Expected completion date, explanation of delay, path forward to completion (if different from proposed completion date)

The project is currently on schedule, but there is no margin remaining. Should the schedule slip, FAA/AST will be contacted and a new plan for completion will be presented.

Issues or concerns

Potential schedule slip, but will address if this does become an issue.

Other relevant information

None.

Operations Control Facility – Blockhouse (schematic of facility and actual picture of exterior):



2.0 REIMBURSEMENT

Space Transportation Infrastructure (STIM) Grants are paid on a reimbursement basis; no funds are pre-authorized or pre-disbursed. The reimbursement of a STIM Grant is the process by which the grant sponsor and the FAA/AST perform required actions compliant with the Department of Transportation (DOT) invoicing process: request, review, validate, and approve. Upon approval of the request, awarded funds are then disbursed. It is important that all parties understand and comply with the STIM Grants Program Reimbursement Process so that unnecessary delays can be avoided and the grant sponsor may receive their awarded funds in a timely manner.

In 2013, the DOT implemented a program to transform and automate the grants payment process. This program improves grant reimbursement processing activities via a system called the Delphi eInvoicing System.

2.1 DELPHI INVOICING SYSTEM

The Delphi eInvoicing System is a real-time invoicing tool. It improves efficiency by reducing the time between invoice submission and payment. Further, it improves data transparency by providing grant sponsors with accurate invoice status and reporting capabilities.

The system is available for invoice submission and processing from 6:00 am Eastern Time (ET) Monday to 9:00 pm ET Saturday. System maintenance takes place between 9:00 pm Saturday until 6:00 am ET Monday.

2.2 ESTABLISHING A DELPHI INVOICING ACCOUNT

In order to use the Delphi eInvoicing System, all grant sponsors external to the DOT must complete the eAuthentication certification process. eAuthentication verifies your identity before issuance of a user name and password.

Follow these steps to receive a Delphi eInvoicing System account:

Step		Description
1.	Receive a Delphi account.	AST submits the grant sponsor's point(s) of contact and all applicable contact information for access. This step requires no action on your part.
2.	Receive an email invitation from Delphi on behalf of the DOT to register for an account.	<ol style="list-style-type: none"> Each point of contact for the grant sponsor will receive an email invitation containing the link to the Online Registration form. The link provided in the invitation is a unique identifier to the individual to whom it was sent and cannot be shared with others. If additional point(s) of contact for the grant sponsor require access to the eInvoice system, please contact AST.
3.	Complete the online registration form.	
4.	Complete and print a Proof of Identity form (a PDF document that the system generates). A copy of this form is available in Appendix A.	<ol style="list-style-type: none"> The invitation provides a link to the Proof of Identity form. Select the PDF link to access the form. The invitation includes your PIN. Use this PIN to complete the Proof of Identity form. Print out the form.
5.	Have the Proof of Identity form validated by a Notary Public. Then mail the notarized form to the address listed on the form.	<ol style="list-style-type: none"> Once completed and printed, each point of contact must take the form and a government issued picture ID to a Notary Public. Specific information from the ID such as the issuing authority, ID number, and expiration date will be recorded on the form. Each point of contact must sign and date the form. The Notary Public must sign, date, and stamp the form. Return the notarized form via <u>certified</u> mail (USPS, FedEx, UPS) to the address provided on the form.

6.	Delphi on behalf of the DOT will validate each point of contact form, and approve and set up each account. Each point of contact will receive separate emails with their user name and password.	<ul style="list-style-type: none"> a. The credentials provided in the separate emails allow each point of contact access to the system. b. The user name will be your email address. c. Upon logging into the Delphi eInvoicing system or the first time, there will be a prompt to change the password to a personal password of the user's choosing.
7.	<p>Activate your account within 90 days of receiving your credentials to prevent the account from being deactivated. You must log in at least once every 90 days to keep the account active. The account will remain valid unless it is deactivated due to inactivity or AST requests it to be deactivated. If the account has been deactivated, contact the Customer Service Center (CSC) Help Desk, for assistance: 1-866-641-3500, Option 4, Option 3</p>	

2.3 DELPHI EINVOICING TRAINING

There are many resources available to a Delphi eInvoicing System user. On-line training is available at:

<http://www.dot.gov/policy-initiatives/delphi-einvoicing-system-training-materials>

Training available through the DOT link above includes:

1. An eAuthentication Process Tutorial is available to walk you through the steps to become authenticated and activate your Delphi eInvoicing System account.
2. Web-based training: a one hour, online course that includes simulations, knowledge checks, and practice exercises.
3. Desktop User Manual: a detailed and printable document that complements the Web-based training.
4. Quick Reference Guides: high level and printable outline for common tasks required when using the Delphi eInvoicing System.
5. DOT Agency Process Recommendations (APR): an outline with recommendations and requirements specific to AST regarding the way grant sponsors should submit requests. This document can also be found in Appendix B: DOT Agency Process Recommendations (APR) Specific to AST.

Because the AST Reimbursement Request Process may vary slightly from other DOT organizations' reimbursement processes, please do not hesitate to contact the Point of Contact with any questions, concerns, comments, or ideas. There are several forms and templates the Delphi eInvoicing System uses that are not applicable to the STIM Grants Program Reimbursement Process. The STIM Grants Program may require certain attachments that are not required for other DOT grant program reimbursement.

2.4 OVERVIEW OF THE REIMBURSEMENT PROCESS

There are three main actions in the Reimbursement process.

1. You submit the Request for Reimbursement by creating a standard invoice in the Delphi eInvoicing System. Then you submit it to the Point of Contact. See Section 2.5.2 Create Invoice for details.
2. The Point of Contact then reviews the Request for Reimbursement, validates the supporting documentation that is attached, and submits a memo to the STIM Grants Program Selection Authority (the AST-100 Division Manager) whether or not to approve the request, using the worksheet format found at Appendix H. Once the Selection Authority approves or disapproves the request via the worksheet, the Point of Contact approves or disapproves the Request for Reimbursement in the Delphi eInvoicing System. The STIM Grants Program Selection Authority has the final approval authority for the Request for Reimbursement. See Section 2.6 Review, Validation, and Approval for details.
3. The Point of Contact notifies you that the Request for Reimbursement has been approved or disapproved. The notification, if the Request for Reimbursement was approved, includes a request to notify the Point of Contact when you receive the funds. This confirms the Request for Reimbursement has been paid. See Section 2.7 Notification and Confirmation and Receipt of Funds for details.

2.5 REQUEST FOR REIMBURSEMENT

A Request for Reimbursement to the STIM Grants Program is made in the Delphi eInvoicing System.

2.5.1 Login to Delphi and Select the Responsibility

1. Navigate to the Delphi eInvoicing web page.

[https://delphiapps.esc.gov:30099/OA_HTML/AppsLocalLogin.jsp?langCode=US&username=\(your username here\)](https://delphiapps.esc.gov:30099/OA_HTML/AppsLocalLogin.jsp?langCode=US&username=(your username here))

The Login Page displays.



Welcome to the Department of Transportation eInvoicing Login Page

Please enter your User Name and Password below.

Username

Password

I have read and accept the eInvoicing Rules of Behavior.

Login

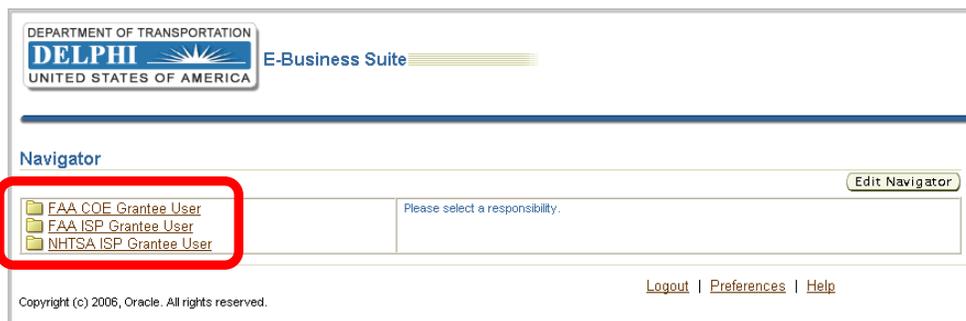
I have read the eInvoicing Rules of Behavior in their entirety, and I recognize that it is my responsibility to ensure that I comply with all DoT policies, regulations, guidelines and rules regarding the protection, handling, processing, transmission, distribution, and destruction of sensitive unclassified information. I understand that failure to comply with any or all of the below security requirements could result in the loss of my system privileges, disciplinary action by DoT, and/or civil or criminal penalties.

eInvoicing Rules of Behavior

You are accessing a U.S. Government information system. This information system, including all related equipment, networks, and network devices, is provided for U.S. Government-authorized use only. Unauthorized or improper use of this system is prohibited, and may result in civil and criminal penalties, or administrative disciplinary action. The communications and data stored or transiting this system may be, for any lawful Government purpose, monitored, recorded, and subject to audit or investigation. By using this system, you understand and consent to such terms.

2. Enter your Username and Password in the correct fields.
3. Check the box to acknowledge you have read and accept the Rules of Behavior.
4. Click Login.

The Navigator page displays.



DEPARTMENT OF TRANSPORTATION
DELPHI
UNITED STATES OF AMERICA

E-Business Suite

Navigator

FAA COE Grantee User
 FAA ISP Grantee User
 NHTSA ISP Grantee User

Please select a responsibility.

Edit Navigator

Logout | Preferences | Help

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5. Select the correct Responsibility.

If you have other DOT grants, there may be more than one agency listed. If the grantee has no other DOT grants, then only FAA AST and the STIM Grants Program will display.

2.5.2 Create Invoice

1. Select the Invoices tab on the Responsibility home page.
2. Select the Create Standard Invoice button.

The General Information page displays.

The screenshot shows the DELPHI eInvoicing interface. At the top left is the logo for the Department of Transportation, DELPHI, United States of America. The main header includes 'eInvoicing' and navigation links for 'Home', 'Logout', and 'Preferences'. Below this is a secondary navigation bar with 'Home', 'Orders/Grants', and 'Invoices' tabs. The 'Invoices' tab is highlighted with a red box. Underneath, there are two buttons: 'Create Standard Invoice' (highlighted with a red box) and 'Create Credit Memo Invoice'. A search section follows with a 'Search By' dropdown set to 'Invoice Number' and a 'Go' button. Below the search is a 'Saved Invoices' table with columns for Invoice Number, Date, PO Number, Grant Number, Invoice Amount Status, View Attachments, Update, and Delete. The table currently shows 'No search conducted.' At the bottom, there are 'Create Standard Invoice' and 'Create Credit Memo Invoice' buttons, and a footer with 'Home | Orders/Grants | Invoices | Home | Logout | Preferences'.

3. Search for the grant by using a Supplier Name or Grant Number. Once a grant is awarded, the Supplier Name will be the name of the grant sponsor as it appears in the Delphi eInvoicing System. The Grant Number is unique to the grant. The percentage sign (%) can be used as a wild card for searching. Select Go to search.

The screenshot shows the 'Create Invoice: Purchase Orders' page in the DELPHI eInvoicing system. At the top is the same logo and header as the previous screenshot. Below the header is a progress bar with four steps: 'Orders/Grants' (active), 'Lines to Invoice', 'General Information', and 'Review and Submit'. The page title is 'Create Invoice: Purchase Orders' with 'Cancel' and 'Step 1 of 4 Next' buttons. A search section is present with the instruction: 'Please enter your search criteria and select the Go button to see the result. Note that the search is case insensitive.' There are two input fields: 'Supplier' with a '%' symbol and 'Grant Number'. Both fields are highlighted with a red box. Below the fields are 'Go' and 'Clear' buttons. At the bottom, there is a table with columns: 'Select PO Number', 'Grant Number', 'Award Amount', 'Amount Previously Invoiced', 'Available Balance', 'Agency', and 'Description:'. The table shows 'No search conducted.' At the bottom right, there are 'Cancel' and 'Step 1 of 4 Next' buttons, and a footer with 'Home | Orders/Grants | Invoices | Home | Logout | Preferences'.

4. Enter the invoice amount. This value defaults to the full remaining Available Balance. If you want a different amount, change the amount in the Invoice Amount field. If a Request for Reimbursement is being made for more than one grant, those grants will appear in subsequent rows of the table.

Create Invoice: Lines to Invoice

* Indicates required field
 USD = US Dollar
 Supplier Name **PARKS ASSOCIATION GRANT**

Orders/Grants Selected

PO Number	Grant Number	Award Amount	Amount Previously Invoiced	Available Balance	Invoice Amount
CTT11M007	CTT11M007	750000	525000	225000	4600

Invoice Summary

Total (USD) **4,600.00**

Step 2 of 4

5.

<p>If... a Request for Reimbursement is being made for more than one grant,</p> <p>a Request for Reimbursement is being made for a single grant,</p>	<p>Then... Select Calculate to calculate the total value being invoiced from all grants. Select Next to move to the next step.</p> <p>Select Next to move to the next step.</p>
---	---

If the amount entered in the Invoice Amount is greater than the Available Balance, an error message will display stating that there are not enough funds available to invoice. Re-enter an invoice amount within the Available Balance.

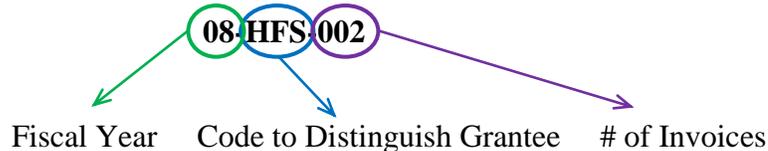
The General Information page displays.

Note: Templates for forms SF-270 and SF-271 are in the Delphi eInvoicing System . The STIM Grants Program does not use these forms, so please disregard these templates.

6. Enter the Invoice Number.

Per the Agency Process Recommendations (APR)PR for FAA/AST, (see Appendix B), the Invoice Number format includes the fiscal year the award was made, the code used to distinguish the grantee, and other factors for the Point of Contact to use for tracking. This document contains that information, although the Point of Contact will be happy to provide it to you as well.

Example: A grant award was made in fiscal year 2008 to the High Flying Spaceport. This is the second invoice that has been submitted on this grant. The Invoice Number is: 08-HFS-002



7. Enter the Invoice Date.

The Invoice Date is the date the invoice is submitted. Typically this is the date you created the invoice. However, if additional information needs to be included and is not available at the time you initiate the invoice, these dates may be different.

8. Enter the Invoice Description.

Per the APR for FAA/AST, The Invoice Description must include:

- o the Federal Grant Number (provided by the Point of Contact). This number is also the Federal Grant Number used for Quarterly Monitoring and the SF-425, *Federal Financial Report (FFR)*.

- whether the request is a Partial or Full Reimbursement, and
- whether the request is an Initial, Additional, or Final Request for Reimbursement.

The Invoice Description must also include a listing of the files that are supposed to be attached. Required attachments, at a minimum, include:

- the SF-425, *Federal Financial Report (FFR)*; A copy of this form can be found in Appendix C: SF-425, Federal Financial Report. A fillable version of this form is sent to each grant sponsor in their Quarterly Monitoring Notice, in both .pdf and .xls formats. Instructions for completing this form specifically for the STIM Grants Program can be found in Appendix D: Form Instructions: SF-425, Federal Financial Report.
- Invoices
- Proof of Payment
- Proof of Sponsor match
- Proof of Industry Contribution. You must attach proof of the 10% industry contribution for Final Reimbursement, or if only one Request for Reimbursement is being made. It is optional for interim or partial reimbursements

If your match includes “in kind” contributions, you must describe these contributions in detail, with the value of the “in kind” stated. The stated value must be fair, reasonable, and verifiable. The Point of Contact can help you determine if the stated value fits these criteria.

For questions regarding what is required or what is acceptable, contact the Point of Contact.

9. Enter the Attachments.

You must provide all supporting documentation associated with the request. Attach the documents you listed in Number 8.

Failure to provide the requisite attachments will trigger an automatic disapproval of the invoice.

10. Enter the Period of Performance.

Per the APR for FAA/AST, the Period of Performance is based on the fiscal year the award was made, not the period in which the project is started or completed. However, the project must start within the fiscal year it was awarded. Any extensions to the completion date have to be requested and approved in writing, on file with the Point of Contact.

11. Click Next.

The Review and Submit page displays.

2.5.3 Review and Submit Invoice

Once the invoice has been created, the last step is to review to make sure the invoice is correct and then submit the invoice.

Home Orders/Grants Invoices

Create Invoices | View Invoices

Orders/Grants Lines to Invoice General Information **Review and Submit**

Create Invoice: Review and Submit

Supplier Name **PARKS ASSOCIATION GRANT** Invoice Date **18-Feb-2012** Invoice Description **Enter description here.** Step 4 of 4

Supplier Number **100485906** Invoice Number **Test1234**

Total (USD) **4,600.00**

Step 4 of 4

Home | Orders/Grants | Invoices | Home | Logout | Preferences

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1. Select the Finish button.

The Confirmation page displays.

Home Orders/Grants Invoices

Create Invoices | View Invoices

Confirmation

Invoice Test1234 was submitted to our Accounts Payable department on 18-Feb-2012. The confirmation number for this invoice is the invoice number. After the invoice has been processed, you can query its status by using the Invoices tab.

Invoice: Test1234

Supplier Name **PARKS ASSOCIATION GRANT** Invoice Date **18-Feb-2012** Invoice Description **Enter description here.**

Supplier Number **100485906** Invoice Number **Test1234**

Total (USD) **4,600.00**

[Return to Invoices](#)

Home | Orders/Grants | Invoices | Home | Logout | Preferences

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2. Click Printable Page to print out hard copy for record keeping purposes.

3. Click Logout.

2.6 REVIEW, VALIDATION, AND APPROVAL

The Delphi eInvoicing System issues a notice to the Point of Contact and the review, validation, and approval process begins. The Point of Contact thoroughly reviews and validates all documentation you submitted in the Request for Reimbursement. Finally, the Point of Contact sends an approval notice to the STIM Grants Program Selection Authority. When the formal approval comes from the STIM Grants Program Selection Authority via a signed off Request for Reimbursement Worksheet (Appendix H), the Point of Contact submits the approval in the Delphi eInvoicing System. This section details the steps in this process.

2.6.1 Review and Validation

1. The Point of Contact receives a notice from Delphi that the grant Request for Reimbursement is ready for review.
2. The Point of Contact reviews the entries and documentation accompanying the SF-425, *Federal Financial Report (FFR)*. The following line items receive detailed attention:

- Line 10d denotes the total Federal funds authorized, or the actual value of the award.
- Line 10e denotes the amount of Federal funds that have been previously reimbursed, which is cumulative if multiple reimbursements have been made.
- Line 10f denotes the amount of Federal funds that are being requested at this time.
- Line 10h denotes the amount of Federal funds remaining on the grant award after this Request for Reimbursement is paid.

3. The Point of Contact assesses the invoices and proof of payment documentation submitted.

You must demonstrate that the monies have been paid for the products or services. The STIM Grants Program is a reimbursement-based program. If you fail to demonstrate that the monies have been previously paid, the Request for Reimbursement will be disapproved.

4. The Point of Contact verifies that the monies have been paid. Acceptable proof of payment may be copies of canceled checks, or vendor invoices marked "Paid".
5. The Point of Contact validates your match of at least 50% of the total project cost. This may be higher depending on the terms of your specific grant award.

You must provide a copy of the bill and evidence that you have paid the bill (for example, an invoice marked 'Paid') with your Request for Reimbursement.

If you paid more than the required 50% of the total project cost for the amount requested (for a partial grant award reimbursement), these additional

funds will be noted and carried over for subsequent partial grant award reimbursements if valid.

Other means of validating that your match is at least 50% of the total project cost will be considered on a case-by-case basis. Should your match include “in kind” contributions, you must describe these contributions in detail, with the value of the “in kind” stated. The stated value must be fair, reasonable, and verifiable. The Point of Contact can help you determine if the stated value fits the criteria.

6. The Point of Contact verifies that the private component of 10% of the total project cost has been met. This private component can come from actual monies paid on the invoice (noted and demonstrated as such), monies provided to you for the project, or “in kind” contributions.

For a single, full grant award value request, you must demonstrate the private component of 10% of the total project cost at the time of the request. For multiple, partial grant award value requests, you do not need to include the private component of 10% of the total project cost at the time of the request. However, you must note when and how this private component will be met with each request. The final partial grant award value request will include a thorough review of previous requests to insure this private component has been noted, demonstrated, validated, and met before the last reimbursement. If you do not meet the full private component, the final Request for Reimbursement will be disapproved.

Other means for demonstrating the private component match of at least 10% of the total project cost will be considered on a case-by-case basis. Should the private component include “in kind” contributions, you must describe these contributions in detail, with the value of the “in kind” stated. The stated value must be fair, reasonable, and verifiable. The Point of Contact can help the grant sponsor determine if the stated value fits the criteria. The private component was clearly spelled out in the grant application, so if there has been deviation from this, it must be noted as well.

7. The Point of Contact completes the FAA/AST internal document, “Request for Reimbursement Worksheet (Full and Partial Requests),” for all Requests for Reimbursement. This worksheet becomes part of your file, whether a full grant award or partial grant award Request for Reimbursement is made.

In the case of a partial grant award Request for Reimbursement, the Point of Contact will reference this worksheet with each reimbursement request to ensure you have met the 50% match of the total project cost (cumulative for partial grant award requests).

The Point of Contact will also reference the worksheet with each reimbursement request to ensure that the private contribution match of at least 10% of the total project cost has been noted, demonstrated, validated, and met. This worksheet template can be found in Appendix E: Request for Reimbursement Worksheet.

2.6.2 Approval

1. Once the review process is complete, the Point of Contact makes a recommendation on the “Request for Reimbursement Worksheet (Full and Partial Requests)” for approval or disapproval of the Request for Reimbursement.

This recommendation is provided to the STIM Grants Program Selection Authority with all supporting documentation to obtain the formal approval or disapproval.

2. Both the recommendation and approval or disapproval, with signatures and dates, are included on the FAA/AST internal document, “Request for Reimbursement Worksheet (Full and Partial Requests)”.
3. Should the Request for Reimbursement be disapproved during this step, the grant sponsor will be notified of the disapproved status at this time. Additionally, you will be advised of what steps need to be taken for the Request for Reimbursement to be approved in the future. The Reimbursement Process for disapproved requests is complete at this point.

2.6.3 Authorization and Coordination for Payment

1. The Point of Contact receives the formal approval of the Request for Reimbursement.
2. The Point of Contact then enters the approval into the eInvoice system.
From this point, the eInvoicing system, through the established hierarchy, notifies the next coordination element until the Request for Reimbursement has been paid.
3. The Point of Contact may coordinate with FAA/AMZ-112 for confirmation of receipt of approval for payment. This coordination may also include a follow-up once FAA/AMZ-112 has sent the payment out to the grant sponsor.
4. FAA/AMZ-112 may request or the Point of Contact may provide to FAA/AMZ-112 the “Request for Reimbursement Worksheet (Full and Partial Requests)”.

Note: This form cannot be attached to the eInvoicing request that came in to the eInvoicing system. It must be sent to AMZ-112 by email.

5. The Point of Contact should notify the FAA/AST Financial Management Point of Contact (AST-3) of the approval of the Request for Reimbursement by copying AST-3 on the email to AMZ-112.

2.7 NOTIFICATION AND CONFIRMATION AND RECEIPT OF FUNDS

1. The Point of Contact receives confirmation from FAA/AMZ-112 that the funds have been submitted for payment to the grant sponsor.

2. The Point of Contact sends you an email.

This email notifies you that the Request for Reimbursement has been approved and that payment is in process.

3. The email will also request that the you confirm that payment has been received with either an email or a phone call.

4. If there has been no confirmation of receipt of funds after 10 business days, the Point of Contact will call you to determine if funds have been disbursed or if further investigation is required.

3.0 CLOSE-OUT

You have received a grant for your spaceport improvement project. You have worked diligently to complete the project and are now ready to bring the process to a close. The close-out of a STIM Grant occurs when you and the FAA/AST agree the project is complete. You then perform the required final actions related to the Grant Agreement. All parties need to understand and comply with the STIM Grants Program Close-Out Process. The FAA/AST encourages prompt attention to the required actions to avoid unnecessary delays.

3.1 CLOSE-OUT PROCESS STEPS

The Close-Out Process has four steps. These steps are:

1. Notification,
2. Close-Out Package,
3. Close-Out Package Review and Approval, and
4. Final Close-Out Memorandum.

Federal Law, Department of Transportation Regulations, and FAA Guidance^{1 2 3} require the entire process be completed within 90 calendar days from the first notification to close-out the grant.

3.1.1 Notification

1. Notify the STIM Point of Contact of your desire to close out the grant.
2. Make the notification with a(n):
 - E-mail or
 - Formal letter.

Telephone calls or voice mail messages do not satisfy this requirement. Regulations require a written record.

3.1.2 Close-Out Package

1. Submit the Close-Out Package to the Point of Contact.
2. See Section 3.2 Close-Out Package for detailed instructions for the contents of this package.
3. Send the package so that it arrives within 45 days of your first notification to Close-Out the grants. This allows time for the entire process to be completed within the required 90 days.

3.1.3 Close-Out Package Review and Approval

1. The FAA/AST reviews the Close-Out package.
2. The FAA uses the Close-Out Package checklist as a guide during the review process. You can find a copy of this checklist in APPENDIX F: Checklist for Close-Out Package.

¹ OMB Circular A-102 (revised), *Grants and Cooperative Agreements with State and Local Governments*.

² 49 CFR, Part 18, *Uniform Administrative Requirements for Grants and Cooperative Agreements for State and Local Governments*.

³ FAA Order 5100.38C. Airport Improvement Program Handbook and Associated Program Guidance Letters.

3. The FAA may conduct a physical inspection of the project to ensure:
 - You have met the intent of the grant award.
 - You have completed the project according to the Grant Agreement and any subsequent approved changes.

3.1.4 Final Close-Out Memorandum

1. The Point of Contact prepares the STIM Grant Close-Out memorandum for record. The Point of Contact uses the Close-Out Package Checklist as a guide during the review process.
2. The Selection Authority reviews and approves the memorandum.
3. The memorandum becomes part of your project file.
4. The Point of Contact records the project as closed out.
5. The Point of Contact provides a copy of the memorandum to the FAA/AMZ (Budget Office).
6. The Point of Contact provides you a copy of the memorandum.

3.2 CLOSE-OUT PACKAGE

In preparing the Close-Out Package, consider these four key areas.

1. Project work completion,
2. Administrative requirements,
3. Financial requirements, and
4. Certification page.

The following sub-sections detail the requirements for each of the key areas.

A checklist for your Close-Out Package appears in APPENDIX F: Checklist for Close-Out Package. The FAA uses this checklist during its review of the Close-Out Package. A sample Certification Page is in Appendix G: Sample for Certification Page.

3.2.1 Project Work Completion

The conditions for determining work completion vary according to the type of grant project. Per the authorizing legislation, the projects eligible for STIM Grants include:

1. Technical and environmental studies
2. Construction, improvement, design, and engineering of space transportation infrastructure (including facilities and associated equipment)

Technical and Environmental Studies: Studies are developed to establish or improve infrastructure, and may be used in planning, making development decisions, or determining the scope of a license application. Studies may not be used to prepare the license application. The conditions for close-out of the grant award for studies are met when:

1. You have completed the work elements identified in the project narrative.
 - This project narrative is part of the application submission. During the period of the grant, the scope or schedule identified in the program narrative may change, provided the changes have been discussed, approved, and documented by the Point of Contact.
2. The Point of Contact has reviewed and the STIM Grant Selection Authority has accepted the final report before notification for close-out.
 - Acceptance does not require the FAA/AST to agree with the findings, conclusions, and/or recommendations of the study.
 - Should significant differences of opinion exist, a letter should be sent to the grant sponsor outlining the FAA/AST position. Any differences will appear in the Close-Out Memorandum for Record. For example, a grant might fund an environmental assessment. If the work is incomplete or in error, AST cannot force the grantee to correct it by refusing to close out the grant. However, AST can document their disagreement and refuse to accept the document as

part of a license application until the deficiencies are corrected.

Construction, Improvement, Design, and Engineering:

1. *Construction:* The conditions for close-out of the grant award are met when all work items identified in the project narrative have been completed.
 - This project narrative is part of the application submission. During the period of the grant, the scope or schedule identified in the program narrative may change, provided the changes have been discussed, approved, and documented by the STIM Grant Point of Contact.
 - Correction of noted discrepancies (punch list items) must be completed before notification of close-out, unless specific approval from the STIM Grant Selection Authority has been given.
2. *Improvement:* Improvements can range from equipment acquisition to enhancing/updating existing infrastructure.
 - For equipment acquisition, the conditions for close-out of the grant award are met when the equipment is delivered, installed, tested, and determined to be fully operational in accordance with project narrative, to include plans and specifications.
 - For enhancing or updating existing infrastructure, follow the criteria listed under *Construction*.
3. *Design:* Follow the criteria listed under *Technical and Environmental Studies*. FAA/AST does not need to review and approve designs.
4. *Engineering:* Follow the criteria listed under *Technical and Environmental Studies*. FAA/AST does not need to review engineering data and diagrams.

If the project has a combination of any of the above, you may close-out individual portions of the project once each specific portion has meet the conditions for completion.

3.2.2 Administrative Requirements

You must submit the following administrative items as part of Close-Out:

If ...	Then...
There have been deviations from the original application submission (to include scope and schedule),	Submit project narrative from the original application submission Submit information from the Point of Contact and approvals the STIM Grant Selection Authority regarding changes or deviations from the original application submission (to include scope and schedule).

If ...	Then...
There have been no deviations from the original application submission,	No project narrative is required.

- Photographs of completed project, if applicable
- Federally-owned property report, if applicable
 - This is a list of all federally owned property for which you are accountable
- For study projects:
 - Copy of the final report, as approved by the STIM Grant Selection Authority
- For construction projects, to include new and enhancement:
 - “As built” plans
 - Property map if any changes for location of construction were made from what was submitted in the original application
- For equipment acquisition projects:
 - Inventory list of equipment purchased with grant award
- For design and engineering projects:
 - Copy of the final designs or engineering data and diagrams
- If your site is located on or adjacent to an airport, an updated Airport Layout Plan (Form 7460) showing the changes. This form must be approved by FAA Office of Airports (ARP) before the grant can be closed out.

3.2.3 Financial Requirements

You must submit a final SF-425, *Federal Financial Report (FFR)* as part of Close-Out. This form is required even if you have already received payment equal to the full award value of the grant.

The form can serve as a request for the final payment if the full award value has not been expended. You must state on the form and in the Close-Out Package that you are making a request for final reimbursement.

The form can be found in Appendix C: SF-425, Federal Financial Report and instructions for completing the form appears in Appendix D: Form Instructions: SF-425, Federal Financial Report.

Should you Close-Out the grant and there are funds remaining on the award that will not be expended, you must note the following in the Close-Out Package:

1. Amount remaining on the award that will not be expended
2. Declaration stating there is no intent to use the remaining funding on the award, now or in the future

Your SF-425 must demonstrate the required 10% industry contribution, along with supporting documentation.

3.2.4 Certification Page

1. Complete the Certification Page.

A sample appears in Appendix G: Sample for Certification Page.

2. Include it in the Close-Out Package.

3.3 CLOSE-OUT PACKAGE SUBMISSION

To submit the Close-Out Package, follow these steps:

1. Make sure the Close-Out Package contains all the necessary items found in the Checklist.
2. Submit the package within 45 days of notifying the Point of Contact that the project is ready for close out. Electronic submissions (.pdf) are preferred.
3. The Point of Contact will date and time-stamp the package when it arrives. This date serves as the official stamp for the 45 day mark.

APPENDICIES

Appendix A: Proof of Identity Form

Appendix B: DOT Agency Process Recommendations (APR) Specific to AST

Appendix C: SF-425, Federal Financial Report (FFR)

Appendix D: Form Instructions: SF-425, Federal Financial Report (FFR)

Appendix E: Space Traffic Infrastructure Matching Grants Program – Request for Reimbursement Worksheet (Full and Partial Requests)

Appendix F: Checklist for Close-Out Package

Appendix G: Sample for Certification Page

APPENDIX A: PROOF OF IDENTITY FORM

 U.S. Department of Transportation iSupplier Payment Request System User Account Application		
Applicant Name:	<input style="width: 90%;" type="text"/>	Enter full legal name
Organization:	<input style="width: 90%;" type="text"/>	Enter the legal name of the organization you represent
Work Address:	<input style="width: 90%;" type="text"/>	Enter work street address including suite/room/mail routing
City:	<input style="width: 90%;" type="text"/>	Enter work city name
State/Province:	<input style="width: 90%;" type="text"/>	Enter work state/province name
Zip/Postal Code:	<input style="width: 90%;" type="text"/>	Enter work zip code or postal code
Work Phone:	<input style="width: 90%;" type="text"/>	Enter work phone number including extension
Work E-mail:	<input style="width: 90%;" type="text"/>	Enter work e-mail address (this will be your login)
Home Address:	<input style="width: 90%;" type="text"/>	Enter home street address (must match ID)
City:	<input style="width: 90%;" type="text"/>	Enter home city name
State/Province:	<input style="width: 90%;" type="text"/>	Enter home state/province name
Zip/Postal Code:	<input style="width: 90%;" type="text"/>	Enter home zip code or postal code
Identifying Information		
The applicant must provide a Federal or State issued identification, such as a driver's license or passport. The identification must have a photo that will be verified by the Notary Public.		
ID Number:	<input style="width: 90%;" type="text"/>	Enter ID Number from presented Gov't issued identification
Issuing Authority:	<input style="width: 90%;" type="text"/>	Enter the name of the Government Issuing Office
Expiration Date:	<input style="width: 90%;" type="text"/>	Enter the expiration date listed in the identification
Unique PIN:	<input style="width: 90%;" type="text"/>	Enter the unique 5-digit PIN from your e-mail invitation
Signatures		
<p>_____</p> <p>Applicant Signature</p>	<p>_____</p> <p>Date</p>	<p>On this _____ day of _____, 20____,</p> <p>did personally appear before me</p> <p>_____</p> <p>and presented identification as recorded herein. I have verified the photo of the presenter of the identification, and have verified the identifying information recorded herein, verified that the recorded address matches the identification, and witnessed their signature upon this form.</p>
<p>Affix Seal:</p> <div style="border: 1px solid black; width: 150px; height: 80px; margin: 10px auto;"></div>	<p>_____</p> <p>Notary Public</p>	<p>_____</p> <p>Commission Expires</p>
<p>Mail via certified USPS, UPS, FedEx, etc. to:</p> <p>DOT Enterprise Services Center FAA Accounts Payable, AM2-100 PO Box 25710 Oklahoma City, OK 73125</p>		

APPENDIX B: DOT AGENCY PROCESS RECOMMENDATIONS (APR) SPECIFIC TO AST

Course Name	Delphi Invoicing System Training: Grant Recipient
Agency	FAA Office of Commercial Space Transportation (AST)



AGENCY Process Recommendations:

At various points within the Delphi Invoicing System training, you will see yellow boxes containing the caption "Agency Process Recommendation". These captions highlight functionalities and processes within the system that may be used differently by each agency.

1	<p>Invoice: Please refer to the agency that you are invoicing regarding how you should populate the Invoice Number field, as well as what information should be added in the Invoice Description field.</p> <p>Agency Process Recommendation: Refer to agency Policies and Guidelines for specific instructions</p> <p>Agency Policies and Guidelines:</p> <p>FAA/AST Space Transportation Infrastructure Matching (STIM) Grants Program Point of Contact (POC) will provide the format for the Invoice Number format to the grantee. This format may be provided in the Reimbursement Request Process document the POC has provided or will provide to the grantee.</p> <p>This is not a free-form field for the STIM grantee to populate for their purposes.</p> <p>The Invoice Number format will include the fiscal year the award was made, the code used to distinguish the grantee, and other factors for the STIM POC to use for tracking.</p> <p>At a minimum, the Invoice Description must include the Federal Grant Number (provided by the STIM POC), whether the request is for Partial or Full Reimbursement, and whether the request is an Initial, Additional, or Final request for reimbursement. The Invoice Description must also include a listing of the files that are supposed to be attached. Required attachments include: SF-425, Invoices, Proof of Payment. Required attachment for final reimbursement (or if only one reimbursement request is being made) is: Proof of Industry Contribution.</p>
2	<p>Attachment: Please refer to the agency that you are invoicing regarding what should be included in the attachment Description field, as well as what should be uploaded and populated in the Define Attachment section. This may include the agency's desired attachment type (File, URL, or text), format (Word, Excel, or PDF) and naming convention.</p> <p>Agency Process Recommendation: Refer to agency Policies and Guidelines for specific instructions</p> <p>Agency Policies and Guidelines:</p> <p>FAA/AST Space Transportation Infrastructure Matching (STIM) Grants Program Point of Contact (POC) will provide the grantee with what is needed for the attachment Description. This information may be provided in the Reimbursement Request Process document the POC has provided or will provide to the grantee.</p> <p>This is not a free-form field for the STIM grantee to use.</p> <p>The attachment Description should inform the reviewer/approver of what is contained in that file. The attachment type will always be "File".</p>

3	<p>Period of Performance: Please note that Period of Performance is not a system required field; however, the agency that you invoice may require that you include it. Refer to the contract your organization has with the agency to know what to input for the Period of Performance fields. If the period of performance is outside of the contracted dates, this must be noted to the reviewer/approver.</p>
<p>Agency Process Recommendation: Refer to agency Policies and Guidelines for specific instructions</p>	
<p>Agency Policies and Guidelines:</p> <p>FAA/AST Space Transportation Infrastructure Matching (STIM) Grants Program Point of Contact (POC) will provide the grantee with what is needed for the attachment Description. This information may be provided in the Reimbursement Request Process document the POC has provided or will provide to the grantee.</p> <p>This is not a free-form field for the STIM grantee to use.</p> <p>The Period of Performance Begin and End will be provided to the grantee by the STIM POC and will be based on the fiscal year the award was made, not the period in which the project is started or completed. However, the project has to have been started within the fiscal year it was awarded, and any extensions to the completion date have to be requested and approved in writing and on file with the STIM POC.</p>	
4	<p>SF270/271: Please refer to the agency that you are invoicing regarding which form (if any), the SF270 or SF271, you should complete.</p>
<p>Agency Process Recommendation: The grant recipient will NOT use the SF270 or SF271 forms</p>	
<p>Agency Policies and Guidelines:</p> <p>Notification to the grantee that the SF270 and/or SF271 is NOT required for the STIM Grants Program will be provided by the STIM POC.</p> <p>Grantee will attach the SF-425, as required.</p>	
5	<p>SF270/271: If the agency that you are invoicing requires you to fill out the SF270 or SF271, please refer to that agency regarding how to populate each field.</p>
<p>OA Process Recommendation: Refer to agency Policies and Guidelines for specific instructions</p>	
<p>Agency Policies and Guidelines:</p> <p>Notification to the grantee that the SF270 and/or SF271 is NOT required for the STIM Grants Program will be provided by the STIM POC.</p>	

6	<p>Credit Memo: Unless otherwise noted, you have 29 days to offset the credit memo with another invoice; however, some agencies may set the offset threshold to a different number of days. Please refer to the agency to which you are submitting a credit memo to confirm the 29-day offset.</p>
<p>Agency Process Recommendation: Refer to agency Policies and Guidelines for specific instructions</p>	
<p>Agency Policies and Guidelines:</p> <p>Credit memos are not used with the STIM Grants Program. All requests are based on reimbursement of expenses the grantee has already incurred or paid. Proof of this is required in the supporting documentation for the request for reimbursement.</p>	
7	<p>Credit Memo: Please refer to the agency to which you are submitting the credit memo regarding how you should populate the Invoice Number field and for specific guidance on what should be included in the Invoice Description field, as well as any required backup documentation.</p>
<p>Agency Process Recommendation: Refer to agency Policies and Guidelines for specific instructions</p>	
<p>Agency Policies and Guidelines:</p> <p>Credit memos are not used with the STIM Grants Program. All requests are based on reimbursement of expenses the grantee has already incurred or paid. Proof of this is required in the supporting documentation for the request for reimbursement.</p>	

APPENDIX C: SF-425, FEDERAL FINANCIAL REPORT

FEDERAL FINANCIAL REPORT (Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted FAA/AST		2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment)			Page of 1 pages		
3. Recipient Organization (Name and complete address including Zip code)							
4a. DUNS Number	4b. EIN	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)	6. Report Type <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	7. Basis of Accounting <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual			
8. Project/Grant Period (Month, Day, Year) From: To:			9. Reporting Period End Date (Month, Day, Year)				
10. Transactions <i>(Use lines a-c for single or multiple grant reporting)</i>			Cumulative				
Federal Cash (To report multiple grants, also use FFR Attachment):							
a. Cash Receipts							
b. Cash Disbursements							
c. Cash on Hand (line a minus b)							
<i>(Use lines d-o for single grant reporting)</i>							
Federal Expenditures and Unobligated Balance:							
d. Total Federal funds authorized							
e. Federal share of expenditures							
f. Federal share of unliquidated obligations							
g. Total Federal share (sum of lines e and f)			\$0.00				
h. Unobligated balance of Federal funds (line d minus g)			\$0.00				
Recipient Share:							
i. Total recipient share required							
j. Recipient share of expenditures							
k. Remaining recipient share to be provided (line i minus j)			\$0.00				
Program Income:							
l. Total Federal program income earned							
m. Program income expended in accordance with the deduction alternative							
n. Program income expended in accordance with the addition alternative							
o. Unexpended program income (line l minus line m or line n)							
11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
			g. Totals:				
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation: <i>Seeking reimbursement of funds this reporting period.</i>							
13. Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and intent set forth in the award documents. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)							
a. Typed or Printed Name and Title of Authorized Certifying Official			c. Telephone (Area code, number, and extension)				
			d. Email Address				
b. Signature of Authorized Certifying Official			e. Date Report Submitted (Month, Day, Year)				
			14. Agency use only:				

Standard Form 425 - Revised 6/28/2010
OMB Approval Number: 0348-0061
Expiration Date: 10/31/2011

Paperwork Burden Statement
According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0061), Washington, DC 20503.

APPENDIX D: FORM INSTRUCTIONS: SF-425, FEDERAL FINANCIAL REPORT

These following instructions explain how to complete the SF-425, *Federal Financial Report (FFR)* specifically for the STIM Grants Program for Request for Reimbursement. Please type or print legibly.

Item	Entry
1	Enter "FAA/AST." This is already entered in on the form template sent to you. If you use the form from another source, you will have to enter this.
2	Enter the AST Grant Number you have been provided.
3	Enter your information.
4	Enter your information.
5	Do not use. This has been grayed out in the form template sent to you. If you use the form from another source, leave this block blank.
6	Check the appropriate box. For this program, use only "Quarterly" or "Final."
7	Check the "Cash" box. This will always be "Cash."
8	Enter the dates for the Fiscal Year the grant was awarded.
9	Enter the end date for the quarter of the Quarterly Monitoring Period if Request for Reimbursement is submitted with the Quarterly Monitoring Package. If the Request for Reimbursement is not in cycle with the Quarterly Monitoring Period, enter the date of the request.
10a	Do not use. This has been grayed out in the form template sent to you. If you use the form from another source, leave this block blank.
10b	Do not use. This has been grayed out in the form template sent to you. If you use the form from another source, leave this block blank.
10c	Do not use. This has been grayed out in the form template sent to you. If you use the form from another source, leave this block blank.
10d	Enter the total amount of the grant award.
10e	Enter the amount of Federal funds that you have been reimbursed for previously. This is the <u>cumulative</u> total of funds that you have been reimbursed for throughout the award.
10f	Enter the amount of Federal funds that you are requesting for reimbursement with this form submission. If you are not seeking reimbursement at this time, enter \$0.00.
10g	This line should calculate for you in the form template sent to you. If you use the form from another source, you will need to add Line 10e and 10f.
10h	This line should calculate for you in the form template sent to you. If you use the form from another source, you will need to subtract Line 10g from 10d.
10i	Enter the total amount for matching for the grant award. This should be equal to or greater than the value in Line 10d.

Item	Entry
10j	Enter the amount of matching funds you have expended. This is the <u>cumulative</u> total of funds that you have expended (previous and current periods) throughout the award.
10k	This line should calculate for you in the form template sent to you. If you use the form from another source, you will need to subtract Line 10j from 10i.
10l	Do not use. This has been grayed out in the form template sent to you. If you use the form from another source, leave this block blank.
10m	Do not use. This has been grayed out in the form template sent to you. If you use the form from another source, leave this block blank.
10n	Do not use. This has been grayed out in the form template sent to you. If you use the form from another source, leave this block blank.
10o	Do not use. This has been grayed out in the form template sent to you. If you use the form from another source, leave this block blank.
11	Do not use any blocks of this section. They have been grayed out in the form template sent to you. If you use the form from another source, leave this section blank.
12	Note in this section that you are seeking reimbursement with this form submission. Include a record of any previously reimbursed funds. Examples: "Seeking final reimbursement of funds in close-out. Note: Previously reimbursed for \$xxx,xxx.xx, seeking reimbursement for \$yyy,yyy.yy this period."
13a	Enter the name and title of the Certifier.
13b	Have the Certifier sign.
13c	Enter the Certifier's telephone number.
13d	Enter the Certifier's email address.
13e	Enter the date you submit the report.

APPENDIX E: REQUEST FOR REIMBURSEMENT WORKSHEET

Space Transportation Infrastructure Matching Grants Program – Request for Reimbursement Worksheet (Full and Partial Requests) is included on the next two pages.

Space Transportation Infrastructure Matching Grants Program

Request for Reimbursement Worksheet
(Full and Partial Requests)

Grant Sponsor: _____

Project Title: _____

STIM Grant ID: _____ Award Value: _____

Request for Reimbursement: Full Partial Date of Request: _____

Information from SF-425 – *Federal Financial Report (FFR)*:

Line 10d (Federal Funds Authorized): _____

Line 10e (Federal Funds Previously Reimbursed): _____

Line 10f (Federal Funds Being Requested): _____

Line 10h (Federal Funds Remaining): _____

Grant Sponsor Match (at least 50% total project cost):

Minimum Match Required: _____

Previous Reimbursement Match Provided: _____

Current Reimbursement Match: _____

Remaining Match Required: _____

Full Grant Sponsor Match Requirement Met: Yes No

Notes: _____

Private Contribution (at least 10% total project cost):

Minimum Contribution Required: _____

Previous Reimbursement Contribution Provided: Yes No

If "No," how is this to be provided prior to final payment and close-out?

Current Reimbursement Contribution: Yes No

If "No," how is this to be provided prior to final payment and close-out?

Remaining Contribution Required: _____

Full Private Contribution Requirement Met: Yes No

Notes: _____

STIM Grants Program Point of Contact Recommendation:

- Approved
- Disapproved

Signature

Date

STIM Grants Program Selection Authority Recommendation:

- Approved
- Disapproved

Signature

Date

Additional Notes: _____

APPENDIX F: CHECKLIST FOR CLOSE-OUT PACKAGE

Below is a checklist to assist in the STIM Grants Program Close-Out Process.

BEFORE CLOSE-OUT

- For study projects: Submit final report to the Point of Contact for review and acceptance.
- For projects that affect airports, submit Draft Airport Layout Plan (Form 7460) showing changes to FAA/ARP for review and approval

CLOSE-OUT

- Notify the Point of Contact of desire to close-out the grant.
- Ensure the requirements are met for the Project Work Completion key area.

Prepare Close-Out Package. Include the following:

1. For projects in which there have been deviations from the original application submission (to include scope and schedule):
 - Project narrative from the original application submission
 - Information from the Grant Point of Contact and approvals from the Selection Authority regarding changes or deviations from the original application submission (to include scope and schedule)
 - * NOTE: For projects in which there have not been deviations from the original application submission, no project narrative is required.
2. Photographs of completed project, if applicable
3. Federally-owned property report, if applicable
4. For study projects: Copy of the final report, as approved by the STIM Grant Selection Authority
5. For construction projects, to include new and enhancements: “As built” plans
6. For construction projects, to include new and enhancements: Property map if any changes for location of construction were made from what was submitted in the original application
7. For equipment acquisition projects: Inventory list of equipment purchased with grant award

- 8. For design and engineering projects: Copy of the final designs or engineering data and diagrams
- 9. SF-425, *Federal Financial Report (FFR)*
 - Indicate if a request for final reimbursement is being made
 - If funds remaining on the award, note the amount remaining on the award that will not be expended and include a declaration stating there is no intent to use the remaining funding on the award, now or in the future
 - Include documentation to demonstrate the require 10% industry participation
- 10. Certification Page, signed by the Sponsor’s Designated Official Representative
- Submit the Close-Out Package within forty-five (45) days of notification to the Point of Contact of the desire to close-out the grant.
- Confirm with the Point of Contact that the Close-Out Package has been received.

APPENDIX G: SAMPLE FOR CERTIFICATION PAGE

The Sponsor does hereby certify that it has complied with all assurances, statements, representations, warranties, covenants, and agreements contained in the Project Application; any approved deviations from such; and the terms and conditions related to the Grant Award. This project is complete and the Sponsor recommends it for close-out.

Executed this _____ day of _____, _____.

(Name of Sponsor)

(Signature of Sponsor's Designated Official Representative)

By: _____
(Typed Name of Sponsor's Designated Official Representative)

Title: _____
(Typed Title of Sponsor's Designated Official Representative)

APPENDIX H: SAMPLE REQUEST FOR REIMBURSEMENT WORKSHEET

This template may also be found in the STIM Grants folder under Worksheets and Checklists.

Space Transportation Infrastructure Matching Grants Program

Request for Reimbursement Worksheet
(Full and Partial Requests)

Grant Sponsor: _____
Project Title: _____
STIM Grant ID: _____ Award Value: _____

Request for Reimbursement: Full Partial Date of Request: _____

Information from SF-425 – *Federal Financial Report (FFR)*:

Line 10d (Federal Funds Authorized): _____
Line 10e (Federal Funds Previously Reimbursed): _____
Line 10f (Federal Funds Being Requested): _____
Line 10h (Federal Funds Remaining): _____

Grant Sponsor Match (at least 50% total project cost):

Minimum Match Required: _____
Previous Reimbursement Match Provided: _____
Current Reimbursement Match: _____
Remaining Match Required: _____

Full Grant Sponsor Match Requirement Met: Yes No

Notes: _____

Private Contribution (at least 10% total project cost):

Minimum Contribution Required: _____
Previous Reimbursement Contribution Provided: Yes No
If “No”, how is this to be provided prior to final payment and close-out?

Current Reimbursement Contribution: Yes No
If “No”, how is this to be provided prior to final payment and close-out?

Remaining Contribution Required: _____

Full Private Contribution Requirement Met: Yes No

Notes: _____

STIM Grants Program Point of Contact Recommendation:

- Approved
- Disapproved

Signature Date

STIM Grants Program Selection Authority Recommendation:

- Approved
- Disapproved

Signature Date

Additional Notes: _____

