



We work with others to protect the health of the people of Washington State by ensuring safe and reliable drinking water.



**DWSRF PRE-CONSTRUCTION
FINANCIAL REVIEW AND CONTRACTING**
Office of Drinking Water

Agenda

- Financial Statement Requirements
- Contract Requirements
- Federal Requirements
- Invoicing
- Completion and Closeout

Financial Statements

Income

2009	\$ 12,426.
2010	\$ 13,724.
2011	\$ 14,841.

Expense

2009	\$ 11,721.
2010	\$ 13,201.
2011	\$ 13,792.

Acceptable Financials

- BARS Reporting
- S.A.O. Reports
- Tax Returns (non-municipal)
- Quickbooks (non-municipal)
- Need last 3 years of statements

Contract Requirements Overview

- Two years to complete project
- Loan repayment starts October 1 after signing contract
- 10-year term
- Must be current in [Beta.SAM.gov](https://beta.sam.gov) database

Procuring a Contractor for Professional Services

- Must follow competitive process: Advertise “Request for Professional Services” in general circulation newspaper
- Borrowers must have documented review process for proposals and statements
- Check [Beta.SAM.gov](https://beta.sam.gov) for federal exclusion
 - Print findings and keep with records

Submitting A-19 Invoice Voucher

- Use provided A-19
- Submit project status report with each invoice
 - Include supporting invoice copies
- A summary sheet of invoices is required for the review process
- Must be current in [Beta.SAM.gov](https://beta.sam.gov) Must have an active account with State Treasurer

Invoice Voucher

Form A19-1A (Rev. 5/91)		State of Washington INVOICE VOUCHER
Nxxxxxx		

AGENCY NO.	AGENCY USE ONLY		P.O. OR AUTH. NO.
	LOCATION CODE		

AGENCY NAME
Department of Health Office of Drinking Water ATTN: Dennis E. Hewitt PO Box 47822 Olympia, WA 98504-7822
VENDOR OR CLAIMANT (Warrant is to be payable to)

INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

Vendor's Certificate. I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status

BY _____
(SIGN IN INK)

(TITLE) (DATE)

Federal ID No. or Social Security No. (For Reporting Personal Services Contract Payments to I.R.S.) XX-XXXXXXX					Received By		Date Received
DATE	DESCRIPTION	QUANTITY	UNIT	UNIT PRICE	AMOUNT	FOR AGENCY USE	
Total Reimbursement Request							

Prepared by	Telephone Number	Date	Agency Approval	Date
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Doc. Date	Pmt Due Date	Current Doc No.	Ref. Doc No.	Vendor Number	Vendor Message
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Ref Doc Suf	Trans Code	M O D	MASTER INDEX			Sub Obj	Sub Sub Obj	Orig Index	Work Class	County	City/ Town	Project	Sub Proj	Proj Phas	Amount	Invoice Number
			Fund - Appn - P.I.	Alloc	Budget Unit											

Grants Approval for Payment	Date	Warrant Total	Invoice No
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Project Completion

1. Email project completion request to your DOH project manager
2. Project manager will review deliverables for final 10%
3. DOH project manager will generate:
 - *Project Completion Amendment* for signature (if needed)
 - Process Final A-19 request

Questions?



Contact

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Grants and Loan Unit Manager

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mike.copeland@doh.wa.gov

doh.wa.gov/DWSRF



handle: WADeptHealth

