

Traffic Signal Technologies Grant Program Reimbursement Instructions for Grantees

February 27, 2024

All Traffic Signal Technologies Grants are processed through eGrants (also known as Electronic Single Application for Assistance).

1. Collect Supporting Documentation

Collect the following documentation, which will be submitted with your Request for Reimbursement Form:

- Project invoices from consultant(s)/contractor(s)
- Proof of payment to consultant(s)/contractor(s) (e.g. cancelled check, bank statement)

2. Submit Invoices

Login to the [ESA Partner Portal](#) using your Keystone Login. If you have not already established Partner Portal access for the application, please follow the instructions for [Partner Portal Registration](#).

After logging in, click on “My Invoices/Receipts.” Then click on “Details” in the row of the table next to the grant for which you want to request reimbursement. A new window will pop-up to enter the reimbursement information. If the pop-up window does not appear, check to see if your browser blocked the pop-up window. It is recommended you always allow pop-ups from the ESA website.

[My Applications](#)
[My Profile](#)
[My Requests](#)
[My Invoice/Receipts](#)
[Denied Invoice/Receipts](#)
[Upload Comments/Documents](#)
[Tracking](#)
[SSRS Reports](#)
[Reporting](#)

Invoice Applications

Agency Code	Program Name	Applicant Name	Project Name	Contract	ESA ID	Requested Date	
PennDOT	ARLE Funding Program	Borough of Avalon	Borough of Avalon Traffic Signal Upgrade	C920001249	202008048146	08/10/2020	Details

In the popup window, click “+ Add New” for each contractor/consultant/vendor invoice.

Contract Summary
▼

Receipt(s)
▲

+ Add New
Search : _____

No Receipt Defined

Receipt Detail
▲

No receipt details available.

On the Receipt Details tab:

- Enter the starting and ending dates for when the work (service) was performed.
 - Note, for the first receipt submitted for a particular vendor, the start date should be when the sponsor’s contract with the vendor was approved, such as a notice to proceed date.
 - For subsequent invoices from the same vendor, the start date should be after the end date from the previous invoice.
 - The end date will generally be the invoice date, or another date indicated on the vendor’s invoice.
- Indicate whether this is a final receipt, “Yes” or “No.”
- Click the “Save” button at the top of the tab. This will add the “Claimed Amount,” “Attachment(s),” “Comment(s),” and “Certification(s)” sections to the screen.
- Click the “Edit” button to continue entering information.
- Enter the information from the vendor’s invoice under “Claimed Amount(s)” and “Vendor Details:” by clicking “+Add Record.”
 - The vendor name should be the contractor/consultant/vendor who performed the services for the sponsor (such as the contractor).
 - The vendor invoice number and invoice date should match what is printed on the invoice.
 - The receipt amount is the amount of the invoice which is an eligible project charge. If there are other amounts on the invoice which are not related to the project, they should not be included.
 - The check # and check amount should match the cancelled check. The check amount may be greater than the receipt amount if the invoice includes non-project services and charges.
 - Click the “Save” button to save the information.

Claimed Amount(s)
^

Vendor Details :

View	Edit	Delete	Vendor Name	Vendor Invoice #	Receipt Amount	Check #	Check Amt.
<div style="display: flex; justify-content: space-between; align-items: center;"> + Add Record </div>							
Vendor Name : *			Vendor Invoice # : *		Receipt Amount : *		
Invoice Date : * MM/DD/YYYY			Check # :		Check Amt. :		
<div style="display: flex; justify-content: center; gap: 20px;"> Save Cancel </div>							
Grand Total					\$0.00		\$0.00

- Click the blue “Attachment(s)” banner to open the attachments section.
- Click “+ Add Record” for each document to be attached.
 - Enter a description of what is being attached in the “Given name” box.
 - The “Notes” box is optional
 - Select “Invoice Support Doc” as the category
 - Click “Choose File” to select the file from your computer
- Upload a copy of the vendor’s invoice and also to upload proof of payment

Attachment(s) ^

View	Edit	Delete	Given Name	Notes	Category	Created Date	Created By	File Name
<div style="display: flex; justify-content: space-between; align-items: center;"> + Add Record </div> <div style="margin-top: 10px;"> <p>Given Name : _____ Notes : _____ Category : * _____</p> <p>Attachment : * Choose file </p> </div> <div style="margin-top: 10px; display: flex; justify-content: space-between;"> Save ✕ Cancel </div>								
			Invoice	Test	Invoice Support Doc	11/29/2022 03:12 PM	sgault@pa.gov	Invoice
			Proof of Payment		Invoice Support Doc	11/29/2022 03:12 PM	sgault@pa.gov	Proof of Payment

Total Records : 2 Page 1

Items per page: 10 |< < > >|

- Click the blue “Certification(s)” banner to open the certification section.
- Click the checkbox next to the certification statement

Certification(s) ^

I certify that the invoices being submitted are eligible expenses and meet all of the requirements as indicated in the grant agreement. Please note, any invoices submitted for payment are subject to auditing and verification procedures.

- Scroll back to the top and click the “Save” button. If everything validates correctly, the receipt listing at the top will include this invoice under “Ready” instead of “Incomplete.”
- If there are additional invoices, click “Add New” under Receipts to enter more follows the same process.
- After all invoices have been entered and saved, click on the checkbox in the “Select” column next to each invoice, and then click “Submit.”

Select	View	Receipt No	Invoice Number	Receipt Amount	Payment Amount
v Ready (1) <input checked="" type="checkbox"/>					
<input checked="" type="checkbox"/>		C920001249 - 295118001		\$100.00	\$0.00
Grand Total				\$100.00	\$0.00

Submit

✕ Cancel

By electronically submitting, the Grantee certifies that the expenses were incurred, paid, and are in accordance with the scope of work approved by the Department per your Project Funding Agreement. By submitting, the Sponsor also self-certifies that it has inspected the work completed for which is included in the invoices/receipts, and the work has been satisfactorily completed in accordance with all applicable PennDOT requirements, including, but not limited to, Publication 408 and Publication 148.

3. Complete a Request for Reimbursement Form

Fill out the [Traffic Signal Technologies Grant Program Request for Reimbursement Form](#). This Form should be completed in its entirety and signed an authorized sponsor representative. The Form is provided in Excel format, and must be submitted both as an Excel document and a signed PDF copy. The Excel form should be completed in its entirety by entering information from the contractor invoices and proof of payment in tabs 3-9, as applicable. Please reference your grant agreement to complete Tab 1 of the Excel form.

Please see Figures 1-3 beginning on page 6 to see an example of how each tab should be filled out.

Additional Guidance for Step 3

- **Proof of Payment:** Where possible, *please pay consultant and contractor invoices individually* and do not pay multiple, unrelated invoices under one check. Doing so makes verification of payment difficult and will delay the review of your Request for Reimbursement. If you do pay several consultant/contractor invoices together, please submit an Accounts Payable report to clearly delineate the invoice numbers and amounts included with the payment. In addition, please specify the respective invoice in the check memo line.
- **Cost Share by Expense Category:** The Department does not require actual costs to match the cost share breakdown that was submitted with the grant application and as shown in the Reimbursement Agreement. For example, preliminary engineering costs may exceed the grant application estimate and construction costs may end up being less or more than the grant application estimate. *The Department will reimburse costs as they are submitted by the grantee based on the overall percentage cost split identified in Exhibit A of the Grant Reimbursement Agreement (typically 80% PennDOT, 20% local match). PennDOT's costs are capped at the grant award amount; All costs above that amount are the responsibility of the grantee.*
- **Expense Category Descriptions:** Generally, Green Light-Go project costs are categorized in three primary categories. Do not split invoices across multiple categories in the Excel file; Enter the entire invoice amount in the category that is most applicable.
 - Preliminary Engineering: Design consultant invoices for preliminary design/engineering.
 - Final Design: Design consultant invoices for preparation of construction plans and detailed specifications for construction work.
 - Construction: Contractor invoices for construction/installation.

The additional categories provided may be used, if applicable to the project:

- Utilities: Utility relocation, replacement, make ready work, etc.
 - Right-of-Way: Right-of-Way acquisition only.
 - Miscellaneous Services: Newspaper advertisement of bids, etc.
 - In-Kind Labor: Grantee In-Kind Labor for the project. The hourly equivalent pay for labor should be adjusted by the fringe percentage. The hourly equivalent for grantee-owned equipment should be supported by documentation of how the rate was established (e.g. dividing the estimated service life of the equipment from total purchase and operations cost of the equipment, or an industry-norm hourly rate).
- **Cost Estimate:** Please be advised that PennDOT will compare each Request for Reimbursement with the cost estimate specified in your Grant/Reimbursement Agreement (Exhibit A). PennDOT has the discretion to investigate should actual costs vary significantly from the cost estimate provided.

4. Submit Request for Reimbursement Form

Please submit the completed Request for Reimbursement Form in Excel format via e-mail to RA-PDSIGNALFUNDING@pa.gov. PennDOT will use this form to track the project costs and match to the invoices submitted for reimbursement through eGrants. This form will also help you manage the project costs, including required matching funds.

5. Reimbursement Payments

PennDOT will make payments to you as the Sponsor through the Automated Clearing House (ACH). It is the responsibility of the Sponsor to ensure that the ACH information contained within the Commonwealth's Central Vendor Master File is complete and accurate. If you have questions about enrolling for ACH, please contact the Vendor Data Management Unit at the 877-435-7363 or at www.vendorregistration.state.pa.us/cvmu/paper/Forms/ACH-EFTenrollmentform.pdf.

If the Grantee does not enroll in ACH, payments will be issued by paper check. Please be advised that paper checks can delay the reimbursement process by several weeks.

6. Project Inspection

By submitting the receipts in eGrants, the Sponsor certifies that the expenses were incurred, paid, and are in accordance with the scope of work approved by the Department.

By submitting the Form, the Sponsor also self-certifies that it has inspected the work completed for which is included in the Request for Reimbursement, and the work has been satisfactorily completed in accordance with all applicable PennDOT requirements, including, but not limited to, Publication 408 and Publication 148.

Upon final project completion and before PennDOT issues the final grant reimbursement to the Sponsor, a final inspection may be completed by PennDOT. Should any discrepancies be found between the work completed and the Request for Reimbursement Forms, PennDOT retains the authority to deny the final Request for Reimbursement and/or to require the repayment of any portion of Traffic Signal Technologies grant funding that was previously dispersed to the grantee for ineligible project costs.

7. Project Records

Please maintain full and complete records of all Request for Reimbursement submissions, contractor invoices, proof of payment, and disbursement receipts for all project funds for five (5) years from the date of final payment of grant funds under the Grant/Reimbursement Agreement. The account and records must comply with generally accepted accounting practices.

Figure 1. TSTG Request for Reimbursement Form – Tab 1 Example

TSTG Reimbursement Form: Tab 1 Form revised 2/17/24

Traffic Signal Technologies Grant Program
Grantee Request for Reimbursement Form
 Pennsylvania Department of Transportation

Location Code	78HWYSFTY
Payment Request #	#01
Date	
Final Request for Reimbursement?	No

Section 1: Project Information
 Please refer to your Grant Agreement to complete this section.

1a. Grantee Name	Township ABC	1g. Project Name	Signal Improvement Project ABC
1b. Grantee SAP Vendor #	123456	1h. Grant Agreement #	C920009999
1c. County	Dauphin	1i. Grant Amount \$	\$ 100,000.00
1d. PennDOT District	District 8	1j. Grantee Mailing Address (REQUIRED)	123 Main Street Anytown, PA 12345
1e. Grant Agreement Execution Date	3/1/2023		
1f. Grant Agreement Expiration Date	6/30/2025		

Section 2: Previous Reimbursements
 Please complete tabs 2 and/or 10 (as applicable), which will auto-fill the information in this section.

	Total Cost	PennDOT Share	Grantee Local Share
Previous Costs Approved for Reimbursement (Tab 2)	\$ 5,000.00	\$ 4,000.00	\$ 1,000.00
Previous Costs Paid Directly by PennDOT (Tab 10)	\$ -	\$ -	\$ -

Section 3: Request for Reimbursement
 Please complete tabs 3-9 (as applicable), which will auto-fill the remaining tables in this section. If you do not have any costs for a certain tab, you may leave the tab blank.

Costs Submitted for Reimbursement (Per Tabs 3-8)

Costs	Total Cost	PennDOT Share	Grantee Local Share
Preliminary Engineering	\$ -		
Final Design	\$ -		
Utilities	\$ -		
Right-of-Way	\$ -		
Construction	\$ 1,500.00		
Miscellaneous Services	\$ -		
In-Kind Labor	\$ -		
Total Amount of Funds Expended	\$ 1,500.00	\$ 1,500.00	\$ -

Section 4: Project Financial Status

	Total Cost	PennDOT Share	Grantee Local Share
Project Costs to Date (including current request):	\$ 6,500.00	\$ 5,500.00	\$ 1,000.00

Share:
 Please input the percentage of PennDOT's cost share per your executed Grant Agreement (Exhibit A). The local share is automatically calculated.

	PennDOT Share	Actual Cost Share to date:
PennDOT Share	100.00%	84.62%
Grantee Local Share	0.00%	15.38%

Remaining Grant Amount to Complete \$ 94,500.00

BY SIGNING BELOW, THE GRANTEE CERTIFIES THE FOLLOWING:
 *All invoices included in this request have been paid and proof of payment is enclosed.
 *All costs included in this request are accurate
 *All costs included in this request are only for work performed on the project that is defined in the Grant Agreement and is within the approved scope of work.

 Signature of Authorized Grantee Representative Date

 Type Name of Authorized Grantee Representative

1. Reimbursement Request	2. Previous Reimbursements	3. Construction Costs	4. Preliminary Eng. Costs	5. Final Design Costs
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Figure 2. TSTG Request for Reimbursement Tab 2 Examples

TSTG Reimbursement Form: Tab 2

**Traffic Signal Technologies Grant Program
Grantee Request Project Reimbursement Tracking**
Pennsylvania Department of Transportation

Grantee Name:	Township ABC
Project Name:	Signal Improvement Project ABC
Project Name:	C9200009999

RFR #	Reimbursement Amount		Local Match		RFR	Total Project
	(PennDOT Paid)	PennDOT %	Local Match	Local %	Project Cost	Cost to Date
1	\$ 4,000.00	80.00%	\$ 1,000.00	20.00%	\$ 5,000.00	\$ 5,000.00
2					\$ -	\$ 5,000.00
3					\$ -	\$ 5,000.00
4					\$ -	\$ 5,000.00
5					\$ -	\$ 5,000.00
6					\$ -	\$ 5,000.00
7					\$ -	\$ 5,000.00
8					\$ -	\$ 5,000.00
9					\$ -	\$ 5,000.00
10					\$ -	\$ 5,000.00
11					\$ -	\$ 5,000.00
12					\$ -	\$ 5,000.00
13					\$ -	\$ 5,000.00
14					\$ -	\$ 5,000.00
15					\$ -	\$ 5,000.00
16					\$ -	\$ 5,000.00
17					\$ -	\$ 5,000.00
18					\$ -	\$ 5,000.00
19					\$ -	\$ 5,000.00
20					\$ -	\$ 5,000.00
Total	\$ 4,000.00	80.00%	\$ 1,000.00	20.00%	\$ 5,000.00	

Figure 3. TSTG Request for Reimbursement Form – Tabs 3-8 Example

TSTG Reimbursement Form: Tab 3

Traffic Signal Technologies Grant Program
Grantee Request for Reimbursement Form
 Pennsylvania Department of Transportation

Request for Reimbursement
 Payment Request # #01
 Payment Request Date 1/0/1900

Grantee Name: Township ABC
Project Name: Signal Improvement Project ABC

Summary of Contractor Invoices and Proof of Payment
Please enter each individual invoice (for construction) included in this request for reimbursement and the check/payment information. Please be advised that you must submit proof of payment.

CONSTRUCTION COSTS

	<u>PAYEE</u>	<u>INVOICE #</u>	<u>INVOICE DATE</u>	<u>INVOICE AMOUNT</u>	<u>CHECK #</u>	<u>CHECK DATE</u>	<u>CHECK AMOUNT</u>
1	Contractor Name ABC	111222	1/1/2024	\$ 1,500.00	123456	1/15/2024	\$ 1,500.00
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

Expenditures for this Request for Reimbursement \$ 1,500.00

▶
1. Reimbursement Request
2. Previous Reimbursements
3. Construction Costs
4. Preliminary Eng. Costs
5. Final Design Costs
6. Mi