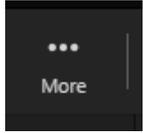
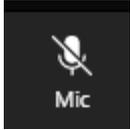
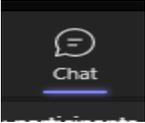


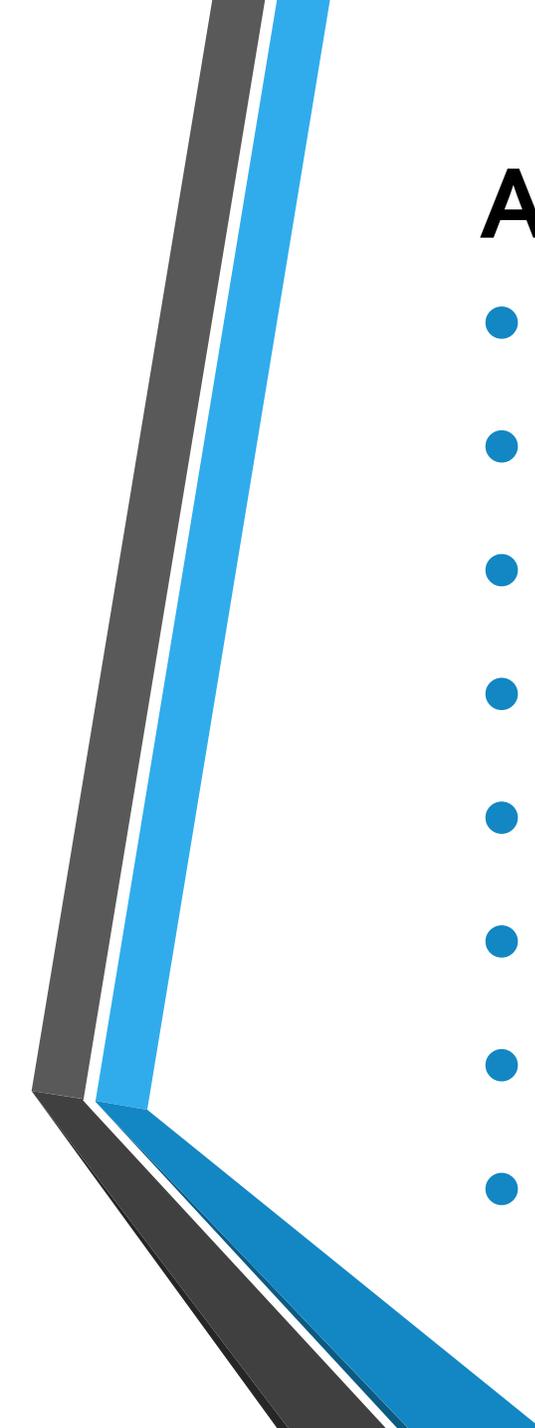


# Missouri Elderly and Handicapped Transportation Assistance Program (MEHTAP)

Program / Reimbursement  
Overview  
FY2024

# Teams Tips

- If you need live caption, go to “more”  located next to chat button and turn on live captions
- Please be sure to mute your microphone 
- Please hold questions till the end or put in the chat box 



# Agenda

- Program Background
- Eligible Expenses
- Required Documentation
- Reimbursement Requirements
- Reimbursement Form – Section 1 and 2
- Example Reimbursement Scenarios
- Reminders/Next Step
- MoDOT Contact Information

# Background

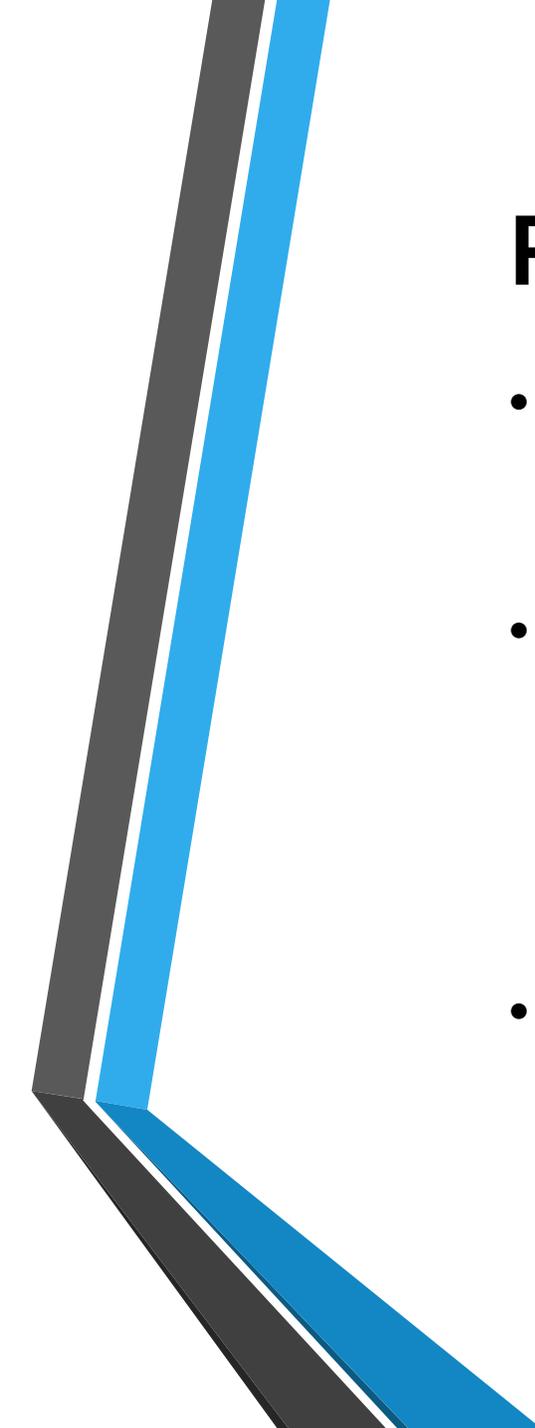
- 10 Area Agencies on Aging (AAA) and approximately 112 governmental and/or not-for-profit organizations statewide that offer or utilize transportation services for senior citizens and individuals with disabilities.
- Program provides operating assistance
- Program funds are appropriated by the Missouri General Assembly from General Revenue and State Transportation funds
- Defined by State Statute RSMo 208.250
- Distribution pursuant to Missouri Code of Regulations, 7 CSR 10-7.010
- Annual program funds \$5,000,000

# Eligible Expenses

- **Direct transportation expenses, including:**
  - Gross Salaries of Drivers, Dispatchers, Mechanics, Other Employees
    - Includes Benefits/FICA
  - Reimbursement of mileage for volunteers
  - Vehicle Fuel
  - Vehicle cost (ex. tires, lubricants, etc.)
  - Vehicle maintenance
  - Vehicle insurance
  - Vehicle licenses and registration
  - Phone/Cellular expenses (transportation related only)
  - Lease and rental cost of vehicles
  - Purchase/contracted services

# Required Documentation

- Completed Reimbursement Form (signed and dated)
  - You will complete Section 1 and 2, **areas highlighted in green ONLY**
  - ***DO NOT*** enter information in fields highlighted in blue
- Due to auditing purposes, all invoices, receipts, payroll, etc., **must** be submitted with the reimbursement
  - Expenses must be highlighted in yellow or circled on the receipts and receipts are legible with notes stating what category the receipt is for
  - Instead of the payroll stubs you may use a payroll general ledger
    - Must identify employee, pay period and check date(s)
- Redact any personal information (ex. ss numbers) or account information (ex. full credit card numbers or bank numbers)
- If there are any questions about your submission, you will be notified



# Reimbursement Requirements

- Only direct transportation related expenses are reimbursable
- Fares and Revenues (includes bus passes) must be deducted from total transportation expenses to determine **total eligible net operating expenses**
- MEHTAP funds and Federal, local, and private funds will be matched **on a dollar-for-dollar basis** to defray transportation operating losses

# Reimbursement Form – Section 1

- Payment Request Number (ex. 1, 2, 3, etc.) – entered by agency
- Date – entered by agency
- Expense Reporting Period (ex. From: 7/1/23 | To: 9/30/2023) – entered by agency

Section 1				
Internal Invoice #		Payment Request #: 1, 2 etc.		
Agency Name and Address				Date:
Name:				
Address:		City:	Ph #:	
Expense/Reporting Period		From:		To:

# Reimbursement Form – Section 1 (con't)

- Total Transportation Operating Expense
  - Auto calculated field from Page 2 – Section 2
- Fares and Revenues – **entered by agency**
- Total Eligible Net Operating Reimbursable Expenses
  - Auto calculated field = Total Transportation Expense minus Fares/Revenue
- Agency 50% Match to Total Eligible Net Operating Reimbursable Expenses
  - 50% of the Total Eligible Net Operating Reimbursable Expenses
  - Auto calculated field from Page 2 – Section 2

Expenses	
100% of Total Transportation Operating Expense for Reporting Period	\$ -
Less Fares and Revenues <b>(must be entered by agency)</b>	
<b>Total Eligible Net Operating Reimbursable Expenses</b>	\$ -
Agency <u>50% match</u> to Total Eligible Net Operating Reimbursable Expenses (Total amount from Federal / Local / State Funding source columns on page 2)	\$ -

# Reimbursement Form – Section 1 (con't)

- Previous Request
  - Auto calculated field from Page 2 – Section 2 = Amount will equal any current fiscal year prior payments issued
- Available Funding
  - Auto calculated field = MEHTAP Award minus any prior payments issued
- Requested Amount – **entered by agency**
  - Amount equals Total eligible for MEHTAP Reimbursement or available funding, whichever is less
- Print/Type Name and Title – **entered by agency**
- Date Submitted – **entered by agency**
- Signature of Authorized Official – **entered by agency**

Previous requests	\$ -	Available Funding	\$ -
<b>Requested Amount</b> -Total Eligible for MEHTAP Reimbursment or available funding, <b>which ever is less.</b>		\$	-
<b>Please attach supporting documentation that verifies operating expenses for the period.</b>			
<b>Certification</b>			
I certify that to the best of my knowledge and belief the data above is correct and that all outlays were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested and or paid.			
Print or Type Name and Title		Date Submitted	
Signature of Authorized Official		Vendor Number	

# Reimbursement Form – Section 2

- Agency Local Match – **entered by agency**
  - Enter any local, federal or state funds received for period
    - Do not enter MEHTAP funds in this section
  - Total lines auto calculate and summed in Section 1 – Agency Match line

<b>Section 2</b>			
<b>Identification of sources and amount of required match.</b>			
Identification of funding source for operating expenses*	<b>Agency Local Match</b>		
	Local	Federal	State
Local	\$ -	\$ -	\$ -
DMH - Medicaid			
DMH KRT - Medicaid			
Other - please list			
<b>Total</b>	\$ -	\$ -	\$ -

# Reimbursement Form – Section 2 (con't)

- Expense Section – **entered by agency**
  - Enter all direct transportation related expenses for expense period
  - Total Expenses for reporting period auto calculate and summed in Section 1 – Total Transportation Operating Expense line
- Previous MEHTAP Reimbursements – **entered by agency**
  - Enter any previous MEHTAP reimbursements received for current fiscal year
  - Total line auto calculates and summed in Section 1 – Previous Request line

Supporting documentation for expenses listed below are required - attach invoices, receipts, payroll stubs, etc.			
		Any Previous MEHTAP Reimbursement Requested for Fiscal Year 2024	
<b>Gross Pay</b>			
Drivers	\$ -	Invoice 1	\$ -
Dispatcher	\$ -	Invoice 2	\$ -
Mechanics	\$ -	Invoice 3	\$ -
Other (need to identify)	\$ -	Invoice 4	\$ -
Other (need to identify)	\$ -		
Volunteer Mileage Reimbursement	\$ -	Total	\$ -
<b>Vehicle Expenses</b>			
Fuel	\$ -		
Lubricants - Tires and Tubes	\$ -		
Other misc. vehicle expenses	\$ -		
Vehicle Insurance	\$ -		
Vehicle Licensing and Registration	\$ -		
<b>Other Misc. Expenses</b>			
Phone (transportation use only)	\$ -		
Leases and Rental (vehicles)	\$ -		
Purchases of Service	\$ -		
<b>Total Expenses for reporting period</b>	<b>\$ -</b>		

# Example – Reimbursement < Full Award

Grant Information			
State Project # TMEHTP24	FY24 MEHTAP Award (full year)		\$ 10,000.00
Expenses			
100% of Total Transportation Operating Expense for Reporting Period			\$ 4,000.00
Less Fares and Revenues (must be entered by agency)			\$ 500.00
<b>Total Eligible Net Operating Reimbursable Expenses</b>			<b>\$ 3,500.00</b>
Agency 50% match to Total Eligible Net Operating Expenses (Total amount from Federal / Local / State Funding source columns on page 2)			\$ 1,750.00
<b>Total Eligible for MEHTAP Reimbursment or available funding</b>			<b>\$ 1,750.00</b>
Previous requests	\$ -	<b>Available Funding</b>	\$ 10,000.00
<b>Requested Amount</b> -Total Eligible for MEHTAP Reimbursment or available funding, <i>which ever is less.</i>			<b>\$ 1,750.00</b>

# Example – Reimbursement = Full Award

Grant Information			
State Project # TMEHTP24	FY24 MEHTAP Award (full year)		\$ 10,000.00
Expenses			
100% of Total Transportation Operating Expense for Reporting Period			\$ 50,000.00
Less Fares and Revenues (must be entered by agency)			\$ 3,000.00
<b>Total Eligible Net Operating Reimbursable Expenses</b>			<b>\$ 47,000.00</b>
Agency 50% match to Total Eligible Net Operating Expenses (Total amount from Federal / Local / State Funding source columns on page 2)			\$ 23,500.00
Previous requests	\$ -	<b>Available Funding</b>	<b>\$ 10,000.00</b>
<b>Requested Amount</b> -Total Eligible for MEHTAP Reimbursement or available funding, which ever is less.			<b>\$ 10,000.00</b>

## Example – Reimbursement w/ no Fares/Revenue or Match

Grant Information			
State Project # TMEHTP24	FY24 MEHTAP Award (full year)		\$ 35,000.00
Expenses			
100% of Total Transportation Operating Expense for Reporting Period			\$ 50,000.00
Less Fares and Revenues (must be entered by agency)			\$ -
<b>Total Eligible Net Operating Reimbursable Expenses</b>			\$ 50,000.00
Agency 50% match to Total Eligible Net Operating Expenses (Total amount from Federal / Local / State Funding source columns on page 2)			\$ -
Previous requests	\$ -	<b>Available Funding</b>	\$ 35,000.00
<b>Requested Amount</b> -Total Eligible for MEHTAP Reimbursement or available funding, <i>which ever is less.</i>			\$ 25,000.00

## Example – Reimbursement 50% Net Operating Reimbursable Expenses

Grant Information			
State Project # TMEHTP24	FY24 MEHTAP Award (full year)		\$ 20,000.00
Expenses			
100% of Total Transportation Operating Expense for Reporting Period		\$	10,000.00
Less Fares and Revenues (must be entered by agency)			\$0.00
<b>Total Eligible Net Operating Reimbursable Expenses</b>		\$	10,000.00
Agency <u>50% match</u> to Total Eligible Net Operating Reimbursable Expenses (Total amount from Federal / Local / State Funding source columns on page 2)		\$	5,000.00
Previous requests	\$ -	<b>Available Funding</b>	\$ 20,000.00
<b>Requested Amount</b> -Total Eligible for MEHTAP Reimbursement or available funding, <u>which ever is less.</u>		\$	5,000.00

## Example – Reimbursement w/ Excess State/Federal/Local Funds

Grant Information			
State Project # TMEHTP24	FY24 MEHTAP Award (full year)		\$ 10,000.00
Expenses			
100% of Total Transportation Operating Expense for Reporting Period			\$ 4,000.00
Less Fares and Revenues (must be entered by agency)			\$500.00
<b>Total Eligible Net Operating Reimbursable Expenses</b>			\$ 3,500.00
Agency <u>50% match</u> to Total Eligible Net Operating Reimbursable Expenses (Total amount from Federal / Local / State Funding source columns on page 2)			\$ 2,250.00
Previous requests	\$ -	<b>Available Funding</b>	\$ 10,000.00
<b>Requested Amount</b> -Total Eligible for MEHTAP Reimbursment or available funding, <u>which</u> <u>ever is less.</u>			\$ 1,250.00

# Things to Remember

- **Reimbursement Request Submissions**
  - Send via email to Joyce Lootens; CC: Breeze McCracken
  - Subject line: **MEHTAP Reimbursement – Agency Name / Payment Number**
    - Agency Name = as it appears on reimbursement form”
- **Last quarter Reimbursement Submission**
  - Estimate (May/June only)
  - Must have approval by Administrator of Transit prior to submission
- **Payment of funds**
  - Frequency: quarterly
  - Based on actual expense for the period seeking reimbursement
- **Ridership / Mileage (annual reporting purposes)**
  - Track one-way trips (ex. senior, handicapped)
  - Track type of service trips provided (ex. medical, education, employment, nutrition, shopping, social/other)
  - Track mileage
- **Audit Requirements**
  - MEHTAP awarded funds must be included in regular audits; submit to MODOT with application
  - Receipt of federal funds greater than \$750K triggers single audit; submit copy to MoDOT



# Next Steps

- FY24 Reimbursement Forms will be sent out via email from Joyce Lootens, along with reimbursement form instructions
  - Received once Agreement is fully executed
- If you have questions on expenses or form – please ask before submitting reimbursement

# Contact Information

## Program Questions

Breeze McCracken

Phone: (573) 526-5500

Email: [Breeze.McCracken@modot.mo.gov](mailto:Breeze.McCracken@modot.mo.gov)

## Reimbursements

Joyce Lootens

Phone: (573) 522-9954

Email: [Joyce.Lootens@modot.mo.gov](mailto:Joyce.Lootens@modot.mo.gov)

---

Christy Evers

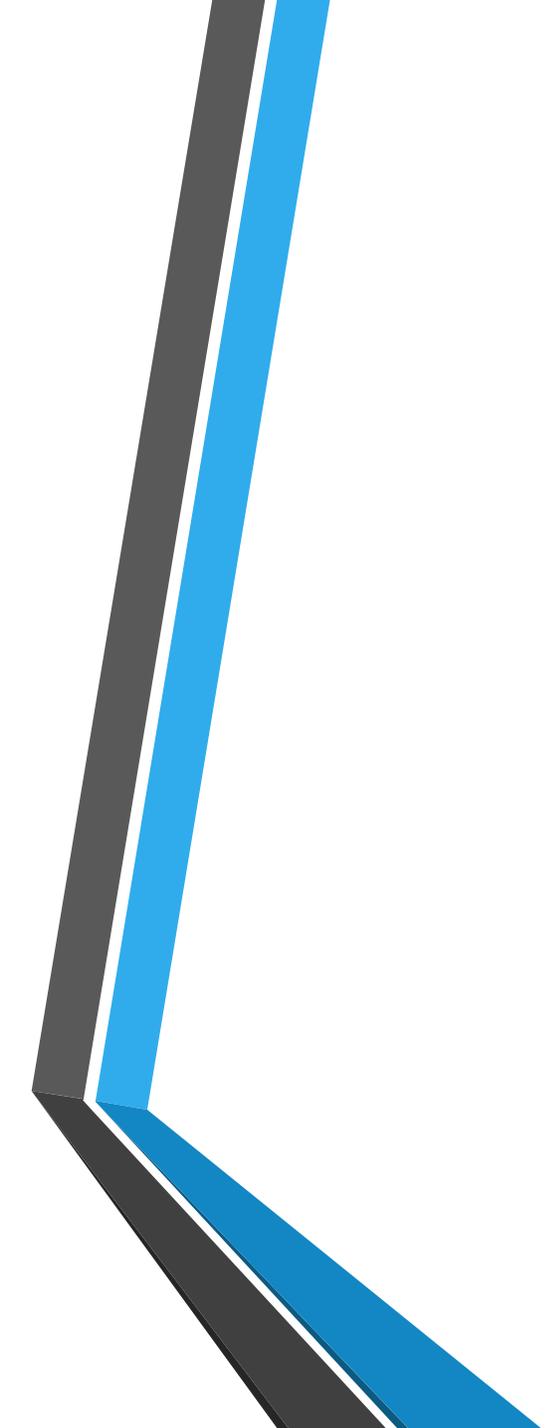
Phone: (573) 751-2523

Email: [Christy.Evers@modot.mo.gov](mailto:Christy.Evers@modot.mo.gov)

Janette Vomund

Phone: (573) 526-1308

Email: [Janette.Vomund@modot.mo.gov](mailto:Janette.Vomund@modot.mo.gov)



# Questions