

FORM B1 (page 1): RUNNING BUDGET SUMMARY for PROJECTS with INTERLOCAL COSTS and/or OTHER IN-KIND
Use one form for each group of costs with the same eligibility requirements.

Agreement No.: ___ Recipient: ___ Payment Request No.: ___ Page: ___ of ___

FOR PROJECTS WITH MORE THAN ONE GROUP OF ELIGIBILITY REQUIREMENTS: Group No.: ___ Fund Source(s): ___

(1) Element No.	Costs Incurred this Request from Form C1			Cumulative Costs from Previous Form B1			New Cumulative Costs				(9) Budget	(10) Eligible Cumulative Element Cost
	(2) CASH	(3) IN-KIND		(4) CASH	(5) IN-KIND		(6) CASH	(7) IN-KIND		(8) TOTAL		
		(A) Inter- local	(B) Other		(A) Inter- local	(B) Other		(A) Inter- local	(B) Other			
Pro- ject							(11)	(12A)	(12B)	(13)		(14)

***** GO TO FORM B1 (Page 2) AND COMPLETE ALL STEPS BEFORE COMPLETING FORM A *****

INSTRUCTIONS FOR COMPLETING FORM B1

1. (First line) Enter the agreement number, recipient name, payment request number, and page numbers.
2. (Second line) If the terms of the agreement establish groups of costs by different eligibility requirements, enter the group which is documented on this page. Otherwise, enter "1." Enter the name(s) of the fund source(s).
3. (Column 1) Enter the number of each budget element (task, subtask or object) established in the agreement.
4. (Column 9) Enter the amount budgeted for each element in the agreement.
5. (Columns 2 and 3) On the line corresponding to each element, enter the totaled costs reported on Form C1. Enter cash expenditures in column 2, interlocal costs in column 3A, and other in-kind contributions in column 3B.
6. (Columns 4 and 5) If this is the first payment request, leave these columns blank. Otherwise, enter the cumulative costs computed in columns 6, 7A and 7B of the previous Form B1. Enter the previous cumulative cash expenditures in column 4, previous cumulative interlocal costs in column 5A, and previous cumulative other in-kind contributions in column 5B.
7. (Columns 6 and 7) For each element, add columns 2 and 4 to obtain new cumulative cash expenditures. Add columns 3A and 5A to obtain new cumulative interlocal costs, and add columns 3B and 5B to obtain new cumulative other in-kind contributions.
8. (Column 8) For each element, add columns 6, 7A and 7B to obtain new cumulative total element costs.
9. (Column 10) For each element, compare the entry in column 8 (cumulative total element cost) with the entry in column 9 (budget amount). For each element, enter the smaller of the entries in column 8 and 9 in column 10 (this is the eligible element amount to this point). **IF THE CUMULATIVE TOTAL COSTS FOR ANY ELEMENT EXCEED THE BUDGET, THE EXCESS WILL NOT BE ELIGIBLE--AND WILL NOT BE REIMBURSED--WITHOUT AN AMENDMENT. CONTACT YOUR PROJECT OFFICER IMMEDIATELY.**
10. (Boxes 11, 12A, 12B, 13 and 14) Add each of columns 6, 7A, 7B, 8 and 10.
11. Complete the work sheet on FORM B1 (page2) to compute eligible cumulative costs and the amount of funding from each fund source.

FORM B1 (page 1) -Additional Instructions

Running Budget Summary for Projects with Interlocal Costs and/or Other In-Kind

HEADING In the heading, enter the following:

- * Grant (Agreement) number
- * Recipient name
- * Payment request number
- * Page number (1 of 1, 1 of 2, etc.)
- * Group number if there is more than one group in the grant budget
- * Fund source for the group if a group is indicated

**COLUMN (1)
ELEMENT NO.**

- * Indicate the task number
- * There will ALWAYS be one (1) line on this form for each task, even if there are no expenses for a particular task in the current billing
- * There is only one (1) line on this form for each task, subtasks are NEVER listed on this form

COSTS INCURRED THIS REQUEST FROM FORM C1

**COLUMN (2)
CASH**

- * Enter the total current cash expenditures for the task as computed on the C1 form and shown in Box (9)
- * If there are subtasks shown on the C1 form, the total of all the subtasks for the task would be the task total

**COLUMN (3)
IN-KIND**

- * Enter the total value of any interlocal costs used as cash match for the task from the C1 form as shown in Box (10A)

A - INTERLOCAL

- * Column (3B) should be left blank as none of the Solid Waste & Financial Assistance grant programs allow

B - OTHER

- * In-Kind other than Interlocal Costs

CUMULATIVE COSTS FROM PREVIOUS FORM B1

**COLUMN (4)
CASH**

- * If this is the first billing for a grant, enter a zero in this space
- * If this is not the first billing, enter the amount shown in Column (6) on your LAST billing's Form B1

**COLUMN (5)
IN-KIND**

- * If this is the first billing for a grant, enter a zero in this space
- * If this is not the first billing, enter the amount shown in Column (7A) on your LAST billing's Form B1

A - INTERLOCAL

- * Column (5B) should be left blank as none of the Solid Waste & Financial Assistance grant programs allow In-Kind other than Interlocal Costs

B - OTHER

- * Column (5B) should be left blank as none of the Solid Waste & Financial Assistance grant programs allow In-Kind other than Interlocal Costs

NEW CUMULATIVE COSTS

**COLUMN (6)
CASH**

- * Add the amounts in Column (2) and Column (4) to obtain the correct amount for this space
- * This is the total amount of cash spent to date for this task

**COLUMN (7)
IN-KIND**

- * Add the amounts in Column (3A) and Column (5A) to obtain the correct amount for this space in Column (7A)

A - INTERLOCAL

- * This is the total amount of Interlocal In-Kind to date for this task

B - OTHER

- * Column (7B) should be left blank as none of the Solid Waste & Financial Assistance grant programs allow In-Kind other than Interlocal Costs

COLUMN (8)

- * For each task, add Columns (6) and (7A) to get the **TOTAL** total costs to date

**COLUMN (9)
BUDGET**

- * Enter the Budget amount for each task in this Column
- * The correct Budget can be found in the original Grant Agreement

**COLUMN (10)
ELIGIBLE
CUMULATIVE
ELEMENT COST**

**BOX (11)
BOX (12A)
BOX (12B)
BOX (13)
BOX (14)**

- * If the grant has been amended, the Budget figures from the most recent amendment should be used
- * Enter the smaller of Column (8) or Column (9)
- * Your eligible costs can **NEVER** exceed the amount budgeted for a task
- * The dollar amount shown in this column is the total eligible amount spent to date (over the life of the grant) by task
- * Sum of Column (6)
- * Sum of Column (7A)
- * Sum of Column (7B), should be zero
- * Sum of Column (8)
- * Sum of Column (10)

FORM B1 (page 2): COMPUTE ELIGIBLE COSTS and FUND AMOUNTS

Complete Form B1 (page 1) before completing this worksheet.

Agreement No.: ___ Recipient: ___ Payment Request No.: ___

- 1. Enter the cumulative total cash expenditures from box 11, Form B1 (page 1). \$ _____

- 2. If the terms of the agreement specify that interlocal costs are valid cash match, enter cumulative total interlocal costs from box 12A, Form B1 (page 1). NOTE: Interlocal costs may not exceed the total budgeted element cost minus the total cash expended for that element. \$ _____

- 3. Add lines 1 and 2. \$ _____

- 4. **Verify that all match requirements are met.**
 - 4(a) Percent of eligible project costs which must be cash: Add the fund share (%) from all Ecology-administered fund sources which support these costs, and enter as a decimal. NOTE: This should correspond to the sum of the fund shares on line 6(a) below. \$ _____

 - 4(b) Percent of eligible project costs which must be cash match: Enter the cash match requirement in the agreement as a decimal. If none, enter zero. \$ _____

 - 4(c) Percent of eligible project costs which must be cash or interlocal costs: Add lines 4(a) and 4(b). \$ _____

- 5. **Compute the cumulative costs which are eligible at this point.**
 - 5(a) Maximum eligible cumulative costs based on total match requirements: **DIVIDE** line 1 by line 4(a) and enter the result. \$ _____

 - 5(b) Maximum eligible cumulative costs based on cash match requirements: **DIVIDE** line 3 by line 4(c) and enter the result. \$ _____

 - 5(c) Maximum eligible cumulative costs based on the budget. Box 14, Form B1. \$ _____

 - 5(d) **ELIGIBLE CUMULATIVE COSTS.** This is the amount of the project costs which meet ALL budget and match requirements at this point in the project. Enter the smallest of lines 5(a), 5(b) and 5(c). \$ _____

6. **Compute the portion of eligible project costs which can be supported by each fund.**

6(a) For each fund source administered by Ecology that supports this group of costs, enter the name of the fund and the fund share (%).	FUND: _____	FUND: _____	FUND: _____
	SHARE: %	SHARE: %	SHARE: %
6(b) Compute fund amounts: In each column, multiply line 5(d) by the fund share (%) entered on line 6(a) and enter the result (the fund amount).			

- 7. **Compute cumulative amount requested from each fund.** If there is only one group of eligibility requirements in the agreement, the cumulative amount requested from each fund is already computed in line 6(b) above. Otherwise, for each fund, add the amounts on line 6(b) on all forms B1 (page 2) submitted for this billing. Enter the total for each fund on Form A, line 11.

FORM B1 (page 2) Additional Instructions: COMPUTE ELIGIBLE COSTS and FUND AMOUNTS

HEADING	In the heading, enter the following:
	* Grant (Agreement) number
	* Recipient name
	* Payment request number
LINE 1	* Enter the total CASH spent to date from Box (11) on page 1
LINE 2	* All Interlocal In-Kind costs allowed by grants from the Solid Waste & Financial Assistance Program are valid cash match so enter the total to date Interlocal In-Kind costs from Box (12A)
	* NOTE...The total Interlocal In-Kind allowed for each task cannot exceed the difference between the Budget for the task and the total CASH spent to date. Any excess Interlocal In-Kind must be ignored, it can not be used to offset costs from a different task.
LINE 3	* Add the amount on Line 1 and Line 2
LINE 4(a)	* The number on this line is the share of the costs that Ecology will pay; it is shown in the grant budget
	* In Solid Waste & Financial Assistance grants it is usually 60%, 65%, or 75%
	* Write the number as a decimal instead of a percentage
	Ex.: 75% would be written as .75
LINE 4(b)	* For Solid Waste & Financial Assistance grants the number on this line is the share of the costs that the Recipient will pay; it is shown in the grant budget
	* If Interlocal In-Kind is allowed, it is the total of that and the required actual cash match
	* Most of the time the percentage is 40%, 35%, or 25%
	* Write the number as a decimal instead of a percentage
	Ex.: 25% would be written as .25
LINE 4(c)	* Add Line 4(a) and Line 4(b)
	* For Solid Waste & Financial Assistance grants the total should be 1
LINE 5(a)	* Divide the dollar amount on Line 1 by the number on Line 4(a)
LINE 5(b)	* Divide the dollar amount on Line 3 by the number on Line 4(c)
LINE 5(c)	* Write down the amount shown in Box (14) on page 1
LINE 5(d)	* Pick the smallest number from Lines 4(a), 4(b), and 4(c) and write it on this line
	* This is the amount that meets all the budget rules for payment
LINE 6(a)	* Enter the proper abbreviation for the fund source of the grant
	Ex.: LTCA for Local Toxic Control Account
	* Enter the percent of the eligible costs that will be reimbursed by the Dept of Ecology
	* This is commonly called the Fund Share Percentage
	* The correct percentage can be found on the Budget page of the signed grant agreement
LINE 6(b)	* Multiply the percentage on Line 6(a) by the amount on Line 5(d)
	* The amount obtained is the total amount to date requested from the fund dollars available
LINE 7	* If there is only one budget group, the amount from Line 6(b) can be copied to Form A, Line 11
	* If there is more than one budget group, total all the amounts that are from the same fund before moving the amount to the Form A