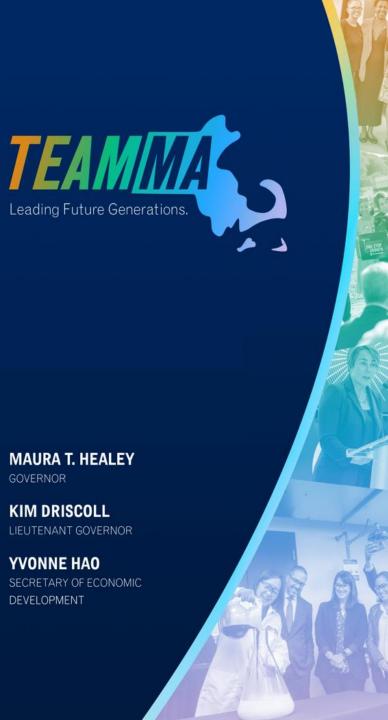
FY25 Operating Earmark Process Executive Office of Economic Development



Agenda



- 1. Overview of Three Phase Process
- 2. Housekeeping Items
- 3. Phase 1: Scope of Work and Budget
- 4. Phase 2: Contracting & 50% Allotment
- 5. Phase 3: Invoice, Final Report, and Final Allotment
- 6. Key Contacts

Overview of the Three Phase Process



Overview of Three Phase Process

EOED has three main phases for the delivery and payment of the FY25 operating earmarks: (1) Complete the scope of work and budget (Attachment A), (2) Contract and 50% Allotment and (3) Invoice, Final Report, and Final Allotment



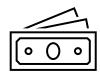
Complete Scope of Work and Budget (Attachment A)

- Set up an account in Submittable or login to account and select FY25 Earmark Selection
- Complete the 4 forms: Attachment A Earmark Scope and Budget, EFT, W-9, and Authorized Signatory Form. All four forms must be completed before you can move to Phase 2.



Contract and 50% Allotment

- EOED will utilize the Attachment A to draft a contract. The contract will be sent to you via the Submittable message portal.
- Recipient will download the contract, sign the forms, and upload as PDF to the message portal.
- Once reviewed, EOED will process the first 50% via EFT to the account on file. 30-45 days.



Invoice, Final Report, and Final Allotment

- Cost Reimbursement Attachment B will be completed detailing all expenses for the total grant amount and a final report with a summary of the project completed and results of investment
- Receipts, invoices, and proof of payment for all earmark expenses must be included.

Housekeeping Items that are Important



Housekeeping Items

- Please use the link in the introductory email, that EOED will be sending out, to access the FY25 Operating Earmark Submittable Portal using either a new or existing account.
 - Only use one submittable account per recipient or earmark
- EOED is no longer requiring submission of audited financials as part of accessing operating earmarks.
- EOED will only be contracting directly with the earmark recipient specifically named in the legislative earmark language.
 - EOED cannot contract with any other entity, i.e., a fiscal sponsor. If this is an issue, you can reach out to the EOED team.



Phase 1: Scope of Work and Budget

Completing the Scope of Work and Budget (Attachment A)

- The first step in the process after setting up the submittable account, is to complete the Attachment A, but there are a few important notes before completing the document
 - EOED will only accept eligible costs that fall between the signature date on the contract through 6/30/2025 unless approved through Settlement and Release.
 - <u>To move contracts and payments out as quickly as possible</u>, EOED requests that recipients make every effort to identify larger cost center that will be incurred from the <u>start of the contract through 6/30/2025</u>, i.e, salary, utilities, rent/mortgage, or large invoices.
 - If this is not possible and recipients need to include costs from 7/29/2024 to the signed contract date, you will need to complete the process in the next slide for settlement and release as part of the first 50% payment or if needed, up to the full earmark amount



Phase 1: Scope of Work and Budget

Completing the Attachment A

- Recipients should list the line item and the exact amounts in the budget section separate from future planned spending for settlement and release.
- To be reimbursed for the costs prior to the date of the signed contract, <u>recipients</u> <u>must include copies of all invoices and</u> <u>proofs of payments for costs with the</u> <u>submission of Attachment A.</u>
- Costs that were incurred prior to being under contract and not included in the settlement and release will not be accepted if submitted in Phase 3.

Line Item (include vendor name where applicable and/or description of expense)	Date	Amount
Staff Salary	7/29/24 to 11/14/24	\$25,000
Staff Salary	11/15/24 to 6/30/25	\$75,000
Total Budget (amount should not exceed total		\$100,000
earmark amount)		ψ100,000

^{**}Please make sure the total budget amount equals the full amount of earmark**



Phase 1: Scope of Work and Budget

Recipients will be requested to complete the three additional forms in Submittable with Attachment A

Form	W-9 sachusetts Substitute W-9 n) Rev. March 2020	Identification	Request for Taxpayer Identification Number and Certification				
Name	a (as shown on your income tax re	turn). Name is required on t	his line, do not leave	this line blank			
Busin	ness name/disregarded entity na	ame, if different from above.					
Ched	k the appropriate box: individue or single	al/Sole proprietor C Co	rporation 🗆 S Co	rporation 🗆 F	artnership 🗆 Tr	ust/ Estate □ Other ▶	
Legal Address: number, street, and apt. or suite no.				nce Address: I	different from lega	address number, street, apt. or suite	
City,	state and ZIP code		City, eta	te and ZIP cod	le .		
Phon	e:	Fax:		Email address:			
Par	Taxpayer Identificat	tion Number (TIN)			Social	security number	
numi disre is you	your TIN in the appropriate box oer (SSN). However, for a resid garded entity, see the Part I in ur employer identification numbe to get a TIN on page 2.	dent alien, sole proprieto	r, or r other entities, it		OR Employe	dentification number	
Note	If the account is in more than Nines on whose number to enter.	one name, see the chart	on page 2 for				
Vend Dunr	lors:						
Und	and Bradstreet Universal Nur Certification er penalties of perjury, I certify that	:			NS 🗆 🗆 🗆		
Und 1. 2.	and Bradstreet Universal Nur III Certification er penalties of perjury, I certify that The number shown on this form is an not subject to backup, withhole (RS) that I am subject to backup, withhole (RS) that I am subject to backup, and an our entity a Commonwealth of Commission requirements.	t: my correct texpayer identific ting because: (a) I am exem withholding as a result of a fit U.S. resident allen). Massachusetts's state emp	opt from backup with siture to report all int loyee: (check one):	m waiting for a holding, or (b) i erest or dividen	number to be issue have not been not ds, or (e) the IRS h	fied by the Internal Revenue Services as notified me that I am no longer dilance with the State Ethios	
Und 1. 2. 3. 4. I Cert you	and Bradstreet Universal Nur Certification or penalties of perjusy, I certify that The number shown on this form is (RS) that I am subject to backup a result of the state of the state of the state of the state of the state of the state of the state of the state of the state and currently accumentate of the currently accumentate of the state have failed to report all interest are	t: my correct texpayer identific ting because: (a) I am exem withholding as a result of a fit U.S. resident allen). Massachusetts's state emp	opt from backup with siture to report all int loyee: (check one):	m waiting for a hoking, or (b) i erest or dividen No	number to be issue have not been not dis, or (c) the IRIS h if yes, in com t you are currently in 2 closs not apply.	fied by the Internal Revenue Services as notified me that I am no longer	
Und 1. 2. 3. 4. I Cert you ign	and Bradstreet Universal Nur III Certification er penalties of perjury, I certify that The number shown on this form is an not subject to backup, withhole (RS) that I am subject to backup, withhole (RS) that I am subject to backup, and an our entity a Commonwealth of Commission requirements.	: my correct taxpayer identification consulted tax payer identification because: (a) I am exemination thinholding as a result of a fit. U.S. resident allen). Massachusens is state emp. Cross out fern? a above if you consulted to dividends on your tax returns the conditions. This conditions. This	opt from backup with siture to report all int loyee: (check one):	m waiting for a holding, or (b) in erest or dividen. No Yes diby the IRS the ansactions, set Date I	number to be issue have not been not de, or (c) the IRS h If yes, in com t you are ourrently in 2 does not apply.	fied by the Internal Revenue Services as notified me that I am no longer dilance with the State Ethios	

*Please use physical address for legal address & not a PO Box

EFT Form

PART I: REASON FOR SUBMISSI	ON - See Instructions or	n Page 2						
		ned Errol	ment Dans	ment Includ	ed: Voided	Dock 🗆	Bank Letter 🗆	
	<u> </u>							
PART II: ACCOUNT HOLDER IN Account Holder Logal Name.	FORMATION- See Inst	tructions	on Page 2	DBA?	Vome:			
Street Address			City:			State	Zip Code:	
			City.				Tay Coat.	
Account Holder Tax Identification Numb	er (9 digits EIN or SSN)	EIN:			8	N.		
PART III: FINANCIAL INSTITUT	ION INFORMATION-	See Instr	uctions on Page 2		- 10			
Financial Institution Name								
Routing Number (only nine digits)	Account No	mber:			Account 1)pe (Chodo	ecking or Saving)	
TE VOC ARE MODIEVING BANK	INC INFORMATION	VOE MI	INT INCLUDE YOUR OLD BANK INFORMATION OR YOUR					
REQUEST WILL BE RETURNED	ING ENFORMATION,	100 30	SI INCLUDE:	OCKOL	DANKE	PORMALI	ION OR TOOK	
Old Financial Institution Name	100							
Old Routing Number (only 9 digits):	Old Account Type(Checking or Saving)							
	1760 / 1900/1800	Number:			Old Acces	nt Type(Ch	ocking or Saving):	
DART BY VENDORICTISTOMER			Vic is the season	on mill most				
EFT - See Instructions on Page 2								
EFT - See Instructions on Page 2			his is the person t					
EFT - See Instructions on Page 2 Contact Person's Name				s Title:	act for any o			
EFT – See Instructions on Page 2 Contact Person's Name Contact Person's Phone	CONTACT INFORMA		Contact Person	s Title:	act for any o			
EFT - See Instructions on Page 2 Contact Person's Name: Contact Person's Phone PART V: AUTHORIZATION- See	CONTACT INFORMA	TION: T	Contact Person	s Title: s Email Addr	est for any o	questions re	agarding this	
CONTROL SEE INSTRUCTIONS ON Page 2 CONTROL PERSON'S PLANT. CONTROL PERSON'S PLANT. PART V: AUTHORIZATION- See By signing below, I hereby certify that	CONTACT INFORMA Instructions on Page 2 the account(s) indicate	TION: T	Contact Person Contact Person form is under m	s Title: s final Addr	case for any a	questions re	egarding this	
GFT - See Instructions on Pape 2 Contact Person's Name Contact Person's Phone PART V: AUTHORIZATION- See By signing below, I hereby certify that State Treasurer as fiscal agent for the	CONTACT INFORMA Instructions on Page 2 the account(s) indicate Commonwealth of Ma	TION: T	Contact Person Contact Person Soem is under my	s Title: s final Addr direct contr ge, or cano	est for any a	questions re	egarding this	
GFT - See Instructions on Pape 2 Contact Person's Name Contact Person's Phone PART V: AUTHORIZATION- See By signing below, I hereby certify that State Treasurer as fiscal agent for the	Instructions on Page 2 the account(s) indicate Commonwealth o'Did consistent with the Intern s authorized by this ag	d on this	Contact Person Contact Person Seem is under my ts to initiate, char tcB Transaction (1)	s Title: s Email Addr direct contr ge, or cano (AT) rules ch	est for any of	questions re	re, I authorize the account(s) as	
EFT - See Instructions on Page 2 Contact Person's Pierre Contact Person's Pierre Contact Person's Pierre PART V: AUTHORIZATION: See By signing below, I hereby certify that Stuck Tressure no Sicola gent for the indicated on this form. For ACH debits Infliem that proments foreign bank account Infliem that proments	Instructions on Page 2 the account(s) indicate Commonwealth of Ma consistent with the Inter- s authorized by this ag to s authorized by this ag	d on this	Contact Person Contact Person foem is under my ts to initiate, char tCH Transaction () tt are not to an a	s Title: s Breat Addr direct contr ge, or cano: AT) rules ch	cast for any o	uestions re	ngarding this on, I authorize the account(s) as	
DET - See Instruction on Page 2 Contact Penns' visua. Contact Penns' visua. Contact Penns' vi Phone EART V: AUTHORIZATION. See by signing below. It breedy certify that Shift Treasurer on Siccal agent for the Instrument of the Contact of the Contact Instrument of the Contact Instrument and promotin foreign brank account Instrument and full force Instrument full force The support of the Contact of the Contact Instrument in full force The Contact of the Contact	contact informations on Page 2 the account(s) indicate commonwealth of the inter- sumberized by this ag is authorized by this ag is authorized by this ag is authorized to the common the c	d on this seachaset national greemen	Contact Person Contact Person Seem is under my ts to initiate, chan tell Transaction () at are not to an a trans to an accountal or of the contact roller (CTR) has n	s Title: s Estail Addr direct contribution of control ge, or cance AT) rules of secount that that is so societed written	cust for any of the control and according to the control and according to the control and control and control and control and according to the control according to the con	uestions ru	egarding this oe, I authorize the account(s) as selected to a cert to a cert to a cert to a cert to a	
DET - See Instructions on Pages 2 Contact Penns' Name Contact Penns' Name Contact Penns' Penns PART V: AITHORIZATION: See by signing below, I hereby certify that that Transmers as focul agent for the the late of the form of the form of the form In allier that a powenth foreign bank account In allier that powenth foreign bank account In allier that a powenth	contact informations on Page 2 the account(s) indicate commonwealth of the inter- sumberized by this ag is authorized by this ag is authorized by this ag is authorized to the common the c	d on this seachaset national greemen	Contact Person Contact Person Seem is under my ts to initiate, chan tell Transaction () at are not to an a trans to an accountal or of the contact roller (CTR) has n	s Title: s Estail Addr direct contribution of control ge, or cance AT) rules of secount that that is so societed written	cust for any of the control and according to the control and according to the control and control and control and control and according to the control according to the con	uestions ru	egarding this oe, I authorize the account(s) as selected to a cert to a cert to a cert to a cert to a	
ST - See Instruction on Page 2 Contact Penns' Name Central Penns' Name Lattern that proposed for ign Penns' Account Lattern that proposed for ign Penns' Account Instruction that form that foreign Penns' account Instruction that Central Penns' Name Central Penns' Nam	contact informal instructions on Page 2 the account(s) indicate Commonwealth of Ma consistent with the Interes sufficient by this ag is authorized by this ag is authorized by this ag is and effect until the Office (the account's termination	d on this sesschaset national greemen greemen of Compt in in such	Centact Person Centact Person Centact Person Gent is under my Int to initiate, chan Get Transaction () It are not to an a at are to an accord roller (CTR) has a time and in such	s Title: s final Addr direct conti- ge, or canocival years and that is so covered writt a manner or	cas: rol and accord entitled cone: is subject to being the afford G	ess, therefore the to t	agarding this re, I authorize the account(s) as siferred to a cither me or an nable opportunity to	
ZF - See Instruction on Page 2 contact Pewes' vs Phone And Tri Authoritization. See by against below. I hereby certify that this Trissumer on Sical agent for the this this Trissumer on Sical agent for the district Trissumer on Sical agent for the foreign Park Account In affirm that payment foreign Park Account this sufficient of the originization on the control of the originization on the control Holder most sign and mail of	CONTACT INFORMA Instructions on Page 2 the account(s) indicate Commonwealth of Me consistent with the Inten sutherized by this ag and effect until the Office (the account's termination that EFT form and Include the EFT form and Include	d on this seachaset national greemen greemen in such is a confir	Centact Person Centact Person Centact Person Gent is under my Int to initiate, chan Get Transaction () It are not to an a at are to an accord roller (CTR) has a time and in such	s Title: s final Addr direct conti- ge, or canocival years and that is so covered writt a manner or	cas: rol and accord entitled cone: is subject to being the afford G	ess, therefore the to t	agarding this on, I authorize the account(s) as siferred to a cither me or an nable opportunity to	
ZF - See Instruction on Page 2 contact Pewes' vs Phone And Tri Authoritization. See by against below. I hereby certify that this Trissumer on Sical agent for the this this Trissumer on Sical agent for the district Trissumer on Sical agent for the foreign Park Account In affirm that payment foreign Park Account this sufficient of the originization on the control of the originization on the control Holder most sign and mail of	CONTACT INFORMA Instructions on Page 2 the account(s) indicate Commonwealth of Me consistent with the Inten sutherized by this ag and effect until the Office (the account's termination that EFT form and Include the EFT form and Include	d on this seachaset national greemen greemen in such is a confir	Centact Person Centact Person Centact Person Gent is under my Int to initiate, chan Get Transaction () It are not to an a at are to an accord roller (CTR) has a time and in such	s Title: s final Addr direct conti- ge, or canocival years and that is so covered writt a manner or	cas: rol and accord entitled cone: is subject to being the afford G	ess, therefore the to t	agarding this on, I authorize the account(s) as siferred to a cither me or an nable opportunity to	
foreign bank account I affirm that payments	CONTACT INFORMA Instructions on Page 2 the account(s) indicate Commonwealth of Me consistent with the Inten sutherized by this ag and effect until the Office (the account's termination that EFT form and Include the EFT form and Include	d on this seachaset national greemen greemen in such is a confir	Centact Person Centact Person Centact Person Gent is under my Int to initiate, chan Get Transaction () It are not to an a at are to an accord roller (CTR) has a time and in such	s Title: s final Addr direct conti- ge, or canocival years and that is so covered writt a manner or	cas: rol and accord entitled cone: is subject to being the afford G	ess, therefore the to t	agarding this re, I authorize the account(s) as siferred to a cither me or an nable opportunity to	

*Please be sure to upload a copy of a voided check or letter from your bank

Authorized Signatory Listing

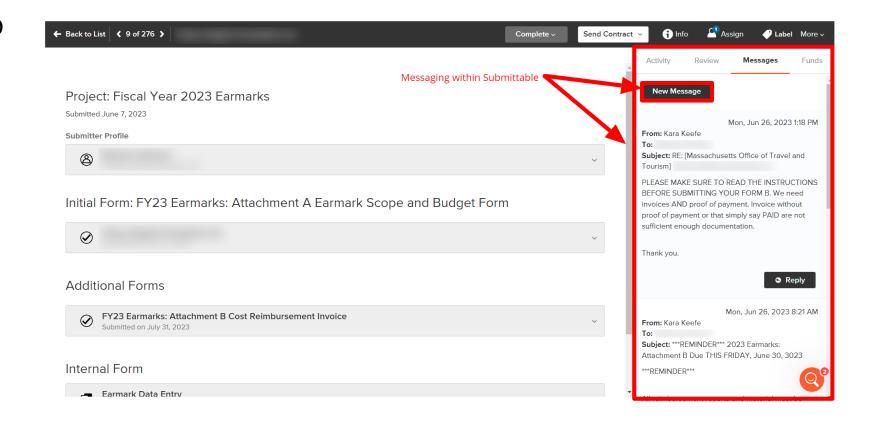
Comm	onwealth of Ma	issachusett	ts Y LISTIN	IG	, ,		
	published by the Office of the O rm is not prescribed by regulatio		the Operatio	nal Services Division (OSD) as the default form for all Commonwealth		
Signature f		r S), Partnersh natch Form W			ed Liability Company		
Contractor Legal Name				Contractor Vendor/Customer Code (if available, not the Taxpayer Identification Number or Social Security Number)			
are authorized as legal n contract on the Contract contracts on behalf of the that the signature and dis- signatory, and not by a n For privacy purposes DC security numbers, driver not want released as pas signatories of contractors	epresentatives of the Cont or's behalf. In addition to the e Contractor, or proof of a state that appear on the Con epresentative, designee or o NOT ATTACH any docur is licenses, home addresset of a public record. The C s.	tractor who can si his listing, any sta uthenticity of signs tract or other lega r other individual.) mentation contain es, social security commonwealth res	ign contracted departmenture (a no all documer) hing person y cards or a serves the	ts and other legally nent may require as starized signature that that was actually made al information, suc- any other personally right to publish the	ist provide a listing of individuals who by hinding documents related to the diditional proof of authority to sign hat the Department can use to verify de by the Contractor's authorized th as bank account numbers, social yidentifiable information that you do names and tilles of authorized wet signature" (ink on paper); 2)		
Electronic signature th upload picture of the si	at is either: a. hand draw ignatory's hand drawn si ed text of a name not gene	vn using a mouse ignature; 3) Elec	e or finger tronic sig	r if working from a nature affixed usi	wet signature" (ink on paper); 2) a a touch screen device; or b. An ng a digital tool such as Adobe sive, or an electronic symbol are not		
Authorized Signatory Name	Signature (Signature as it will appear on contract or other documents)	Title		Phone Number	Email Address		
	(SOME)						
the existence of a valid I certify that I am a resp names of the individuals sign contracts and other Contractor. I understand to any state department terminated from the Cor contracts with the Corn	Contract due to an allegenous description of the contract of t	ged lack of actual of the Contractor as of the contractor current as of the selated to contractor has a duty to be does business wheir responsibilities which signatories are	al authority r and as a he date of racts with t ensure tha whenever is changed designated	y to execute the d in authorized office execution and that the Commonwealth it this listing is imm the authorized sign it resulting in their d.	iense by the Contractor challenging occument by the signatory. of the Contractor I certify that the those individuals are authorized to of Massachusetts on behalf of the distillation of the contractor of the distillation of the contractor of the one of the contractor of the contractor of the one of the contractor of the contractor of the one of the contractor of the contractor of the or of the contractor of the contractor of the contractor of the or of the contractor of the contractor of the contractor of the or of the contractor of the contractor of the contractor of the or of the contractor of the contractor of the contractor of the or of the contractor of the contractor of the contractor of the or of the contractor of the contractor of the contractor of the or of the contractor of the contractor of the contractor of the or of the contractor o		
Signature							
			Date				

*Please be sure to list the person signing the contract & ensure there is more than one person listed in the table



Phase 2: Contracting & 50% Allotment

- Once the Attachment A is reviewed and approved, EOED will upload contract package into Submittable using the message function to download.
- Once signed, please replying using the messaging function and upload the completed contract forms to submit
- After receiving the contract, EOED will send the first 50%.
 Keep in mind that it will take up to 30-45 days for the funds to be processed and sent via an EFT.



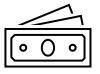


Phase 3: Invoice, Final Report, and Final Allotment

Final Invoice, Report and Last Allotment

- To receive the last 50% of the funds, you will need to submit the following three items via the Phase 3 section:
 - Attachment B Cost Reimbursement Invoice and Final Report
 - Receipts and Proof of Payment

Note: To provide EOED enough time to process all final payments, recipients should submit ALL forms by June 30, 2025





Phase 3: Invoice, Final Report, and Final Allotment
Attachment B — Cost Reimbursement
Invoice

- The Attachment B should list <u>all</u>
 earmark expenses being attributed
 to the earmark up to the full
 amount listed in the FY25 budget.
- Remember that all costs being submitted in this phase must be within the period of performance set by the signature date of the contract through 6/30/2025
- Should detail the project(s) completed and results which demonstrate the return on investment.

Supporting I	Documentation								
request. All do	ces and/or other d ocuments must be ice followed by th	submitted as at	tachment(s) in t	he order of the in	voice listing belo	ow and should			
Please insert a	ndditional rows as	needed.							
Invoice Date	Work Dates				Invoiced Amount	Requested Amount Applied to Earmark	Invoice Included	Proof of Payment Included	
							Yes	No	w
				Total:	s -	\$ -			
Work Compl	eted/Final Repo	ort							
and any quant	summary of how t ifiable details such tors served or trair	as: job creation, j	obs retained, eco						
Certification:									
By signing below compliance with	r, I, hereby o applicable federal and			res enumerated on t ertify that these expe					
	uted Contract with EC					all funds disbursed			
Jugir and Toqu	co. chair only bo door	a to pay for experior	a. so that have been	. a.c siooca to und up	p. 0 . 00 by 2 0 2 b.				
Signature:				Date:					
				l					
Once comple	ete, sign, scan, and	submit this form v	ria email with req	uired attachments	to your FOFD con	tract manager.			





Phase 3: Invoice, Final Report, and Final Allotment

Receipts and Proof of Payment

- All invoices/receipts and proof of payment documents should be uploaded in one attachment and in the order listed in Attachment B
- Examples of largest cost centers and required documentation:
 - Salary provide an invoice from organization to EOED in the amount attributed to the earmark or provide a payroll report from HR system covering time period being requested that shows gross pay amount equal or greater than amount claimed
 - Rent/Mortgage provide a copy of lease agreement or mortgage along with proof of payment
 - Utilities copy of monthly utility bills along with proof of payment
 - Please ensure that all invoices and documentation are made out to the earmark recipient organization as submitted costs must be incurred by the recipient org



Phase 3: Invoice, Final Report, and Final Allotment

Final Report

- Should detail the project(s) completed and results which demonstrated the return on investment and a final budget
- All forms in Phase 3, including Attachment B, invoice/receipts and proof of payment, and final report, are due no later than June 30, 2025
- Once all three items have been submitted, EOED will review and process the final 50% payment
 - This will take between 30-45 days!
- <u>If documentation is missing or out of order, it will delay processing of</u> your earmark



Thank you and Here to Help!



Key Contacts

- EOED requests that all email and correspondence is done within the Submittable portal for easy access of information. If you need to contact your earmark manager outside of the Submittable platform, please refer to the contact information below:
- Kara Keefe Earmarks Coordinator: <u>Kara.Keefe@mass.gov</u> or (857) 289-2640
- Joe Harrington Director of Contracts and Reporting: <u>Joseph.d.Harrington@mass.gov</u> or (617) 352-2555