Retrofit Ancillary Grantee (RANGE) Program Invoicing Guide

Congratulations on your RANGE grant. This guide is intended to help you submit the required information to MBI to facilitate payment reimbursement. All payments must be submitted 45 days after the period of performance to allow Mass Tech and MBI sufficient time to review and reconcile final invoices.

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RANGE Invoicing Package Checklist

All items listed below must be submitted to MBI for reimbursement. RANGE awardees are eligible for reimbursement monthly; you may also choose an alternative frequency for your organization. The Statement of work number is the contract number. The requisition number is the number invoice you are submitting, if this is your first submission, this would be #1.

- ☐ Cover letter
- ☐ Payment Requisition & Certification Form (an exhibit within the contract)
- ☐ Advance Payment and Justification Form (an exhibit within the contract)
- ☐ A budget document including the completed invoice tab for the property for which you are requesting reimbursement. Please use the Excel file sent with your contract.
- ☐ Supporting Documentation
    - (i) Detailed General Ledger report* exported from your accounting system;
    - (ii) Copies of supporting invoices and payroll documentation.

Please note:

* An invoicing package is required for each property.

* A signed property access agreement is required with your first invoicing package. If you did not provide the signed agreement with your application, be sure to include this in your invoice package.

* Label documents with the corresponding line number from the budget template.

All documents should be uploaded to the MBI SharePoint site, under your respective folder.

Cover Letter

NAME OF ORGANIZATION
ADDRESS OF ORGANIZATION

BILL TO:
MASSACHUSETTS TECHNOLOGY COLLABORATIVE
75 NORTH DRIVE
WESTBOROUGH, MA 01581

INVOICE #:

INVOICE DATE:

INVOICE PERIOD:

INVOICE REQUEST AMOUNT:

INVOICE DESCRIPTION:

RANGE Cycle [ ]

Payment Requisition & Certification Form

Payment Requisition & Certification Form

Name of Participant:

Requisition Number:

Requisition Date:

Statement of Work Number:

Period of Performance of this Requisition:

Please attach the documentation for the requisition period.

Participant requests payment in the amount of $_____ as a reimbursement of eligible Project costs incurred during the requisition period.

Certification: the undersigned hereby certifies that Participant

(1) has incurred eligible Project costs in performing the work required under the Agreement in an amount equal to, or in excess of, the sum of the Payment Requisition Amount and all previously submitted Payment Requisitions;
(2) is in compliance with the Project Schedule, as may be amended from time to time;
(3) shall maintain detailed financial records to document and support the expenditure by Participant of the costs reported on this Payment Requisition and all prior Payment Requisitions submitted to the Massachusetts Technology Collaborative;
(4) all of the information contained in this Payment Requisition and the attached project status report is complete, true and accurate; and
(5) To the best of my knowledge, Participant's subcontractors are complying with all terms of this Agreement that are required to be flowed down through Participant's subcontractor agreements and are carrying out the Project scope in accordance with the terms of their agreements with Participant.

Certified by: _____
Organization

_____
Signature of Authorized Signing Authority

_____
Name and Title of Authorized Signing Authority

_____
Date

_____
Contact email and Telephone Number

Advance Payment and Justification Form

Advance Payment Justification Form

Participant Name: _____

Contract Number: _____

Date of Request: _____

1. Amount of Advance Requested: $_____

2. Purpose of Advance:

Provide a brief description of the costs to be covered:

_____
_____
_____

3. Cash Flow Necessity

Explain why an advance is required to meet immediate cash obligations. Include timing of expenses and current funding available:

_____
_____
_____

4. Supporting Documentation Attached (check all that apply)

- Executed Purchase Orders / Contracts
- Payment Schedules / Invoices
- Cash Flow Projection / Short-Term Budget
- Bank Statement / Funding Status
- Other: _____

5. Certification

I certify that the funds requested will be used solely for allowable project costs and that any unused or unallowable funds will be returned promptly to MassTech.

Authorized Participant Representative: _____

Title: _____
Date: _____
Signature: _____