

**PROCUREMENT & REIMBURSEMENT  
PROCEDURES FOR *COMMUNITY  
EMERGENCY RESPONSE TEAMS (CERT)***



**EAST-WEST GATEWAY**  
**Council of Governments**

Creating Solutions Across Jurisdictional Boundaries



**STARRS**

St. Louis Area Regional  
Response System

Effective: July 19, 2010

Updated 08/02/2012

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## ACKNOWLEDGEMENT OF RECEIPT

This form must be signed and returned to the address below before any request for purchase and/or payment will be processed by East-West Gateway.

By signing below, I \_\_\_\_\_ (printed name), acknowledge that I have received a copy of the Procurement & Reimbursement Procedures for Community Emergency Response Teams (CERT), that I have read and understood the documents, that I agree to abide by all of the procedures, and that I understand that my failure to follow the proper procedures will result in a denial of my request for purchase and/or payment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
CERT Name

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### **MAILING ADDRESS:**

#### **SEND YOUR SIGNED & DATED FORM TO:**

Staci Alvarez  
East-West Gateway Council of Governments  
1 S. Memorial Drive, Suite 1600  
St. Louis, MO 63102

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The following manual provides all of the mandatory procedures and necessary documentation for procuring CERT Equipment and receiving payment for CERT Trainings, including instructor pay, food, supplies/materials, and travel reimbursement. While the procurement procedures for CERT Equipment purchases have not changed, the reimbursement procedures and requirements in regard to CERT Training costs have changed. The requirements provided in this manual are effective on the date listed above.

***The reimbursement procedures and requirements supersede any previous reimbursement procedures or requirements mandated by East-West Gateway Council of Governments (EWG) or the St. Louis Area Regional Response System (STARRS) in regard to CERT Training. Failure to follow these procedures will result in a denial of your request for purchase or payment...no exceptions will be made.***

This manual includes:

- 1) Procurement of CERT Equipment;
- 2) Procedures for CERT Training Reimbursement;
- 3) Information on Mailing Forms and Documentation; and
- 4) An Appendix that includes examples of:
  - a. An agenda;
  - b. A Citizens Corps Training Reimbursement Form;
  - c. An East-West Gateway Instructor Agreement;
  - d. An Expected Attendees Form;
  - e. A Purchase Request Form;
  - f. A Request for Quotation Form;
  - g. An East-West Gateway Purchase Order;
  - h. An invoice for Instructor Pay;
  - i. An invoice for Items Purchased;
  - j. A roster/sign-in sheet;
  - k. An Inventory Control Form;
  - l. A Travel Request Form;
  - m. An Expense Report; and
  - n. A check-list for necessary documentation for each of instructor pay and purchases.

***EWG reserves the right to amend or change this manual at any time. Any changes that are made to this manual will be provided to you in writing.***

**EFFECTIVE DATE: JULY 19, 2010**

If you have any questions or concerns about this manual, procurement, or reimbursement please contact:

**Staci Alvarez**  
**East-West Gateway Council of Governments**  
**1 S. Memorial Drive, Suite 1600**  
**314-421-4220**  
[staci.alvarez@ewgateway.org](mailto:staci.alvarez@ewgateway.org)

**MAILING ADDRESS:**

**SEND YOUR DOCUMENTS TO:**

Staci Alvarez  
East-West Gateway Council of Governments  
1 S. Memorial Drive, Suite 1600  
St. Louis, MO 63102



**PROCUREMENT PROCEDURES FOR  
CERT EQUIPMENT**

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## PROCUREMENT PROCEDURES FOR CERT EQUIPMENT

In order to procure or receive reimbursement for CERT Equipment, the following documents must be provided to staff:

- 1) **PURCHASE REQUEST FORM**—fill out a Purchase Request Form for each piece of equipment and accessories that will be purchased.
  - a. The Purchase Request Form must include printed vendor quotes and justifications. No telephone quotes will be accepted; we must have the official vendor quote in print.
  - b. For purchases under \$200, one (1) vendor quote is required.
  - c. For purchases greater than \$200 and up to \$9,999, three (3) vendor quotes are required.
    - i. **Note:** the splitting of an order to avoid the \$200 limitation is not permitted, and any purchase requests submitted in this manner will be rejected.
  - d. For purchases estimated to be greater than \$9,999, the request for bids must be formally advertised—the bid is posted on East-West Gateway’s website for a minimum of twenty-one (21) days.
  - e. Purchases exceeding \$10,000 have an extensive approval process. They must be approved by the STARRS Advisory Council and Board of Directors and the EWG Board of Directors. Because this process is lengthy, there is a minimum of six (6) weeks to include the bid posting on the website, review by staff of the bids, inclusion into the EWG Board Memo, which is sent out two (2) weeks prior to the Board meeting.
  - f. Purchases of multiple quantities of the same item are subject to the above dollar limitations and vendor quote/bid requirements. For example:
    - i. The purchase of ten (10) helmets at \$12 each, for a total of \$120, will need one (1) vendor quote.
    - ii. The purchase of twenty (20) helmets at \$12 each, for a total of \$240, will need three (3) vendor quotes.
    - iii. The purchase of three (3) trailers at \$5,000 each, for a total of \$15,000, must be formally advertised for twenty-one (21) days.
  - g. If needed, staff can assist with identifying vendors; feel free to contact Staci Alvarez at EWG for this assistance.

- h. There is a Request for Quotation Form available to assist you in obtaining vendor quotes. There is a sample of the Request for Quotation Form on [page 51](#), and one will be provided to you in electronic format.
  - i. All items to be purchased must be described in detail and justified. The description of the items should be placed in the “Description/Justification” box on the Purchase Request Form. The justifications for the purchases should be placed in the “Descriptions/Justification” box on the Purchase Request Form. The justification should provide enough information so that we know why the purchase is being made and what the items are going to be used for. Simply stating “training purposes” is not sufficient.
- 2) **A PURCHASE ORDER**—EWG will review your Purchase Request Form(s), and once it is approved will issue a Purchase Order. You will be provided a copy of the Purchase Order once it is completed.
  - a. EWG participates in the Missouri Cooperative Purchasing program as well as some national programs, and is also eligible for GSA pricing for certain types of equipment; therefore, EWG reserves the right to utilize a different vendor than the one recommended.
  - b. **Note:** the actual order of equipment from the vendor will be made by EWG; therefore, the vendor will invoice EWG for payment.
- 3) **PROOF OF RECEIPT/DELIVERY**—once the equipment has been delivered, EWG must receive proof that it has been received. In order to notify EWG of the receipt of equipment please send a copy of the signed Inventory Control Form and packing slip and/or vendor delivery ticket/receipt to EWG via postal mail, fax, or e-mail.
- 4) **IF EQUIPMENT IS NEEDED FOR TRAINING**—staff must receive the required forms no later than thirty (30) days prior to the start date of the training course. Purchases in excess of \$10,000 have an extensive and lengthy approval process, so be prepared to provide the required documentation more than thirty (30) days before the training course to allow for bid posting, approval, purchase, and delivery.
- 5) **SALES TAX**—EWG is a tax-exempt organization; therefore, we do not pay sales tax. We recommend that all purchases that are reimbursable be made by the sponsoring entity.

**REIMBURSEMENT PROCEDURES FOR  
CERT TRAINING COSTS**

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EFFECTIVE DATE: JULY 19, 2010

## REIMBURSEMENT PROCEDURES FOR CERT TRAINING COSTS

### CHANGES TO NOTE:

- ❖ There will be no reimbursement for a training session or course without EWG first receiving a reimbursement form and a signed EWG Agreement. Any request for payment will be denied if EWG does not have a signed agreement on file; this rule applies even if a session or an entire course has already been delivered.
- ❖ There will be no reimbursements for purchases made without a valid EWG purchase order. This means that if you purchase supplies or other materials, and then invoice East-West Gateway for reimbursement, staff will not process the invoice.
- ❖ There will be no reimbursement for instructor pay or purchases unless the training session has at least five (5) attendees not counting the course manager and instructors.
- ❖ Double billing for instructor time is prohibited.
- ❖ **Food or beverages can no longer be purchased for a training course.**
- ❖ Invoices that do not include certification language will be rejected.
- ❖ Changes have been made to the required documentation, including the purchase request forms, the invoices, and the roster/sign-in sheets. New required documentation includes: purchase order and the Expected Attendees Form.
- ❖ Most of the documentation required for reimbursement can now be filled out electronically, printed, and then sent to EWG.
- ❖ There is a **ninety (90) day deadline** for turning in all the appropriate documentation. The time limitation starts running on the first scheduled day of the training course. The time limitation is firm and will not be adjusted to accommodate delays in sending in documentation.

**FAILURE TO FOLLOW THESE PROCEDURES WILL RESULT IN A DENIAL  
OF YOUR REQUEST FOR PAYMENT...NO EXCEPTIONS WILL BE MADE.**

**INSTRUCTOR PAY:**

**PRE-TRAINING COURSE PROCEDURES:**

The following documents must be turned in no later than thirty (30) days prior to the training course:

- 1) **A DETAILED CLASS AGENDA**—this agenda must include:
  - a. A listing of the classes to be taught;
  - b. The names of the Course Manager and/or instructor(s) that will be teaching/attending the class; and
    - i. With the exception of the Course Manager, only persons who are actually instructing can be reimbursed. Class preparation, set-up & take-down, passing out handouts, classroom observation, shopping for supplies, or breaks are not considered instruction and these activities cannot be paid for.
    - ii. A Course Manager is someone who is instructor trained and certified through the CERT Train the Trainer (TtT) course, and who guides the course and fills in when necessary. Only one (1) Course Manager per training course is permitted. A Course Manager is required to be present at the training session for the entire duration of the session, and will be reimbursed for his/her time even if he/she is not instructing.
    - iii. Please see #5 in the Post-Training Course Procedures for information regarding the prohibition against double billing for instructor time.
  - c. An indication as to whether the module is a lecture session or a skills/practical session. A skills/practical session is a session that includes hands-on activities.
  - d. There is a sample of an approved agenda on [pages 42 and 57](#), and one will be provided to you in electronic format. Please submit this agenda, unless you have a suitable format you are currently using that includes all the required information.
- 2) **A CITIZENS CORPS TRAINING REIMBURSEMENT FORM**—this form must be completed for each training course and must include all the instructors and/or Course Manager that will be instructing during the training course. The form has a spot for up to eight (8) instructors/Course Manager.
  - a. Note that only one (1) Course Manager per training course is permitted.



- 3) **A SIGNED AGREEMENT**—this agreement will be created by EWG and will be mailed to the instructor and/or Course Manager, but only after the Reimbursement Form has been received.
- a. Please note that this document cannot be faxed or copied. You must mail in the original, signed agreement. You have the option to return your signed agreement after the training course with the rest of the post-course documentation.
  - b. If this is the first time you are being reimbursed as an instructor by EWG, then you must also fill out a W-9 and return it with your signed agreement. In addition, you must submit a signed statement as to your qualifications to teach the classes/modules for the training course.
    - i. For example, if you are scheduled to teach the Disaster Medical Operations module, you should be a licensed or certified nurse, paramedic, or EMT, and your statement should include what type of license or certification you have, the date of licensure or certification, and whether your license or certification is up-to-date.
  - c. If this is the first time you will be acting as Course Manager you must provide documentation that you are TtT certified and return it with your signed agreement. Documentation is a certificate of completion of the Train the Trainer course or other official statement that the course was successfully completed, and should include the date and location of the course.
  - d. Except as provided in (i) below, if you teach a class without first receiving an EWG Agreement, you will not be compensated for any instruction time.
    - i. If a substitute instructor is needed after the agreements have been sent, then you must notify EWG as soon as possible and mail us a reimbursement form that includes “Substitute Instructor” in the Title section. Remember that any substitution of instructors must be noted on the final agenda.
  - e. If you have not received your EWG Agreement at least ten (10) days prior to the scheduled training course, please contact Staci Alvarez at 314-421-4220.
- 4) **AN EXPECTED ATTENDEES FORM**—There is an approved form on [page 44](#), and one will be provided to you in electronic format; however, any official, signed list with the required information is acceptable. **Please** attach a roster or RSVP list to your form that lists the names and contact information of the persons you expect to attend the training course.
- a. **Note:** While the number of attendees listed on this form can be an estimate, EWG reserves the right to modify any agreement and/or purchase order dollar amount to reflect changes in the number of actual attendees.

**POST-TRAINING COURSE PROCEDURES:**

The documents required for reimbursement/payment must be turned in after the training course, and prior to the ninety (90) day deadline. No invoices will be processed and no payments will be made until all of the following documents are provided to staff:

- 1) **A FINAL AGENDA**—this agenda must include any date changes or instructor changes. Note that a final agenda is required even if no changes have been made.
- 2) **A SIGNED AGREEMENT (optional)**—if you did not previously mail in your signed, EWG Instructor Agreement, W-9, proof of qualification to teach and/or TtT certification, then you must submit it via postal mail to EWG after the training course is completed.
- 3) **A SIGNED CLASS ROSTER/SIGN-IN SHEET**— the roster/sign-in sheet must be signed by each attendee at each training session. Printed rosters/sign-in sheets that do not include signatures will not be accepted.
  - a. A roster/sign-in sheet is required for every training session. If the training course is broken into multiple sessions, then you must submit a separate roster/sign-in sheet for each session.
  - b. The date must be clearly marked on the roster/sign-in sheet, and should be in the mm/dd/yyyy format.
- 4) **A SIGNED, CERTIFIED INVOICE**—each instructor, Course Manager, and/or agency/district must fill out an invoice, sign it, and mail it to the address provided on [page 8](#). Individual instructors and Course Managers should follow the procedures in (a) below; and an agency/district should refer to (b) below.
  - a. **Individual Instructors and/or Course Managers Invoice**
    - i. Invoices cannot be faxed or copied. The original, certified invoice must be signed and mailed to EWG.
    - ii. There is a sample of an approved invoice on [pages 63 and 68](#), and one will be provided to you in electronic format. Please submit this invoice for payment via postal mail.
    - iii. If you have an official invoice that you prefer to use then the following certification language must be included on your invoice or it will be rejected:

“I, \_\_\_\_\_ (printed name), certify that the services that I provided at the \_\_\_\_\_ (printed date) CERT training session were outside the scope of my normal, paid duties, and that I have not been and will not be compensated for my services from any other source.”

**b. Agency/District Invoice**

- i. If you are an agency/district submitting an invoice for reimbursement for monies you expended for an instructor's time, submit your invoice on either an official agency invoice or on official agency letterhead, the following language must be included on your invoice or letter, or it will be rejected:

"I, \_\_\_\_\_ (printed name), certify that the services that the instructor(s)/Course Manager provided at the \_\_\_\_\_ (printed date) CERT training session were outside the scope of his/her normal, paid duties, and that he/she has not been and will not be compensated for his/her services from any other source."

- ii. Be sure to return with the invoice copies of proof that you made payment to the instructor. Proof of payment is official documentation that indicates the person paid, the amount paid, the reason for payment, and the dates of instruction covered by the payment.

**5) DOUBLE-BILLING FOR INSTRUCTORS IS PROHIBITED**

- a. Instructors who team-up to teach a module or session during a CERT course cannot be paid for the same hours, unless otherwise noted in part (b) below. This means that if two or more instructors are assigned to teach a module, then either one (1) instructor will be paid for 100 percent of the time associated with that module or the time associated with that module will be divided evenly between all instructors listed on the agenda for that module.
  - i. For example, if two (2) instructors are assigned to teach CERT Organization for a total of two (2) hours, then each instructor will be paid for one (1) hour or one (1) instructor will be paid for the entire two (2) hours and the other instructor will not be compensated.
  - ii. It is up to each instructor and/or course manager to let EWG know whether the time should be evenly divided between instructors or whether one (1) instructor should be compensated for 100 percent of the time listed on the agenda. If no indication is made, then EWG will divide the time evenly between the instructors.
- b. The only exception to this policy is as follows: if a module is a skills/practical module, then more than one (1) instructor can be paid for the same hours ONLY if there are more than ten (10) students in attendance at the session AND there is no course manager for the CERT course. If there is less than ten (10) students in attendance at the session

OR if there is a course manager at the session, then the time for that session will be divided as noted in part (a) above.

- c. The agenda for each CERT course must clearly indicate whether the module is a lecture session or a skills/practical session. A skills/practical session is a session that includes hands-on activities. If the agenda does not clearly indicate that the module is a skills/practical module, then EWG will presume that it is a lecture module and will proceed as indicated in part (a) above.

**EFFECTIVE DATE: JULY 19, 2010**

**FOOD & SUPPLIES/MATERIALS PURCHASES & REIMBURSEMENT:**

UNDER NO CIRCUMSTANCES CAN PURCHASES BE MADE WITHOUT PRIOR AUTHORIZATION, IN THE FORM OF A **PURCHASE ORDER**, FROM EAST-WEST GATEWAY.

**IF YOU MAKE PURCHASES WITHOUT FIRST OBTAINING A PURCHASE ORDER, YOUR REQUEST FOR PAYMENT WILL BE DENIED...NO EXCEPTIONS WILL BE MADE.**

**EWG is a tax-exempt organization; therefore, we do not pay sales tax and will not reimburse you for any sales taxes paid.**

If you need to purchase supplies, materials, or any other items for your training course no matter the dollar amount then the procedures in this section must be followed. Failure to follow these procedures will result in a denial of your request for payment.

Items purchased for a CERT Training Course can only be used for CERT related purposes. You are not permitted to use any items purchased for a CERT Training Course for any non-CERT related activities.

All purchases must be reasonable, necessary, and allowable. It is within EWG's discretion whether to approve the purchase or reimbursement of items.

**PURCHASING PROCEDURES:**

The following documents must be turned in no later than thirty (30) days prior to the training course:

- 2) **PURCHASE REQUEST FORM**—fill out a Purchase Request Form for each training course.
  - a. The Purchase Request Form includes drop down menus to help you identify the items that you are requesting. The instructions for filling out the Purchase Request Form can be found on [page 48](#).
  - b. If you intend to purchase equipment for your training course, please refer to the Procurement Procedures for CERT Equipment section of this manual.

- c. All Purchase Request Forms for a training course must be submitted together, as a group, and on the same date.
  - d. The Purchase Request Form must include printed vendor quotes and justifications. No telephone quotes will be accepted; we must have the official vendor quote in print.
    - i. For purchases under \$200.00, one (1) vendor quote is required.
    - ii. For purchases greater than \$200.00, three (3) vendor quotes are required.
    - iii. **Note:** the splitting of an order to avoid the \$200 limitation is not permitted, and any purchase requests submitted in this manner will be rejected.
      - 1. For example, if you are ordering items for your training course and you make three separate orders, all under \$200, for the same training course, the request for purchase will be denied if you did not follow the proper procedures of obtaining three (3) vendor quotes.
  - e. If needed, staff can assist with identifying vendors; feel free to contact Staci Alvarez at EWG for this assistance.
  - f. There is a Request for Quotation Form available to assist you in obtaining vendor quotes. There is a sample of the Request for Quotation Form on [page 51](#), and one will be provided to you in electronic format.
  - g. All items to be purchased must be described in detail and justified. The description of the items should be placed in the “Description” line on the Purchase Request Form. The justifications for the purchases should be placed in the “Justification” line on the Purchase Request Form. The justification should provide enough information so that we know why the purchase is being made and what the items are going to be used for. Simply stating “training purposes” is not sufficient.
- 3) **A DETAILED AGENDA**—the agenda must be detailed and must clearly indicate whether the module is a lecture session or a skills/practical session. A skills/practical session is a session that includes hands-on activities.
- 4) **AN EXPECTED ATTENDEES FORM**—There is an approved form on [page 44](#), and one will be provided to you in electronic format; however, any official, signed list with the required information is acceptable. **Please** attach a roster or RSVP list to your form that lists the names and contact information of the persons you expect to attend the training course.
- a. **Note:** While the number of attendees listed on this form can be an estimate, EWG reserves the right to modify any agreement and/or purchase order dollar amount to reflect changes in the number of actual attendees.

- 5) **A PURCHASE ORDER**—EWG will review your Purchase Request Form(s), and upon approval will issue a Purchase Order. Only after you receive the Purchase Order may you purchase/order the items from the vendor.
- 6) **FOOD/BEVERAGES**—**FOOD OR BEVERAGES ARE NO LONGER A REIMBURSEABLE EXPENSE.** This means that EWG will not purchase for you and will no longer reimburse you for costs associated with food or beverages purchased for a training course.

**REIMBURSEMENT/PAYMENT PROCEDURES:**

The documents required for reimbursement/payment must be turned in after the training course, and prior to the ninety (90) day deadline. Note that it is within EWG's discretion whether to approve a reimbursement/payment request. Also, please be aware that it takes a minimum of thirty (30) to forty-five (45) days for EWG to process an invoice once it has been received in the accounting department. No invoices will be processed and no payments will be made until all of the following documents are provided to staff:

- 1) **RECEIPTS**—for individuals, only original receipts will be accepted and these should include an itemized accounting of all the purchases made.
  - a. Note that if you are an agency/district, then legible copies of the original receipts are acceptable in lieu of the original receipts.
- 2) **A SIGNED INVOICE**—if you purchased items as an individual or an agency/district, then you must fill out an invoice, sign it, and mail it to the address on [page 8](#). Please note that invoices cannot be faxed or copied.
  - a. There is a sample of an approved invoice on [pages 63 and 68](#), and one will be provided to you in electronic format. Please submit this invoice via postal mail for payment; however if you are an agency/district submit your invoice via postal mail on either an official agency/district invoice or on official agency/district letterhead.
- 3) **A SIGNED CLASS ROSTER/SIGN-IN SHEET**— the roster/sign-in sheet must be signed by each attendee at each training session. Printed rosters/sign-in sheets that do not include signatures will not be accepted.
  - a. A roster/sign-in sheet is required for every training session. If the training course is broken into multiple session, then you must submit a separate roster/sign-in sheet for each session.
  - b. The date must be clearly marked on the roster/sign-in sheet, and should be in the mm/dd/yyyy format.
- 4) **PROOF OF RECEIPT/DELIVERY**—after you receive the items you must send EWG, via postal mail, fax, or e-mail, proof that you received the items that were ordered or that you purchased yourself.
  - a. For items purchased by EWG and delivered to you, proof of receipt is a signed Inventory Control Form and a packing slip and/or vendor delivery ticket/receipt.
  - b. For items purchased by you, proof of receipt is a signed statement and the original purchase receipts.



- c. For any item purchased via the internet, whether by you or by EWG, proof of receipt includes the above requirements for the specific item purchased and a packing slip and/or vendor delivery ticket/receipt.
- d. **Note:** All Inventory Control Forms must be signed.

**TRAVEL COSTS & REIMBURSEMENT:**

The following travel and personal expense policy must be followed by CERT members in the bi-state St. Louis region who attend approved training/conferences for which reimbursement will be provided by EWG/STARRS.

Attendees will be reimbursed for actual, necessary and authorized expenses incurred in the performance of official business only. Expenses incurred for the provision of entertainment and incidental food and beverages are not reimbursable expenses.

**TRAVEL POLICY:**

- 1) **APPROVAL OF TRAVEL**—Prior approval by EWG/STARRS for all travel to training and conferences must be obtained. Approval will be based upon the timely performance of official duties and with the understanding that costs must be consistent with our travel policy.
  - a. **Note:** The only travel that is eligible for reimbursement is travel to CERT related training or conferences.
    - i. CERT related training does not include the cost of travel to or from teaching and/or attending a CERT training course or session provided by a CERT in the St. Louis UASI region, which includes: Madison, Monroe, and St. Clair counties in Illinois and Franklin, Jefferson, St. Charles, and St. Louis counties in Missouri, as well as the City of St. Louis, Missouri.
  - b. All travel requests will be considered on a case-by-case basis.
- 2) **TRAVEL REQUEST FORM**—this form must be filled out by each attendee prior to any travel to CERT related training or conferences. The form must be signed and returned to EWG no later than thirty (30) days prior to the date of travel. There is a sample Travel Request Form on [page 75](#), and one will be provided to you in electronic format. Please submit this request form via postal mail.
- 3) **MEANS OF TRAVEL**—attendees traveling at the expense of EWG/STARRS will proceed by the most direct and economical means. Airline tickets and hotel accommodations should be secured by the attendee or their employer. First class and business class flight accommodations are strictly prohibited.
  - a. We will not reimburse for flight alterations due to personal reasons. If flight changes are made, an explanation will be required in writing.

- b. If the cost to travel by vehicle is proven to be more cost effective than via air, this may be done and billed at current agency mileage reimbursement rates and with prior approval by EWG/STARRS, but in no case can the rates exceed State of Missouri mileage rates as indicated in the Office of Administration policies in effect at the time of travel. These rates can be located at: <http://oa.mo.gov/acct/mileage/index.htm>.
  - c. A rental car may be utilized under the following circumstances and with prior approval from EWG/STARRS:
    - i. Travel is from an airport to remote / rural locations not accessible via public transit, taxi, or shuttle service.
    - ii. If multiple people are traveling for a certain length of time, and it is proven to be more cost effective than public transit, taxi or shuttle service. Multiple travelers may be required to share a vehicle.
- 4) **LODGING**—Lodging will be in the most economical facility within a reasonable distance of the event attended. Costs may not exceed the GSA maximum lodging rate, exclusive of taxes, for the location of the training or conference at the time of travel. To find the approved GSA rates please refer to the U.S. General Service Administration’s website at: <http://www.gsa.gov/>. For travel within the State of Missouri, EWG will not reimburse you for taxes. It is recommended that accommodations be made by the local government agency to ensure that tax exemptions are applied.
- 5) **MEALS**—eligible meals will be reimbursed in accordance with this section and only when incurred in carrying out official business. Expenditures for alcoholic beverages are not reimbursable.
- a. Reimbursement for eligible meals (including gratuities) is limited to the then current State of Missouri meal expense limits for each type of meal for the location of travel or the actual cost of the meal, whichever is lower. We will not reimburse any amounts for meals that are included in the registration fee or that are included at or during the conference or training.
  - b. Eligible meal is defined as follows:
    - i. When overnight lodging is indicated:
      - 1) Breakfast—on the day of departure if travel status begins no later than 7:00 a.m. plus any other day until you return.
      - 2) Lunch—on the day of departure if travel status begins no later than 10:00 a.m. plus any other day where travel status continues past 2:00 p.m. until you return.
      - 3) Dinner—on the day of departure if travel status begins no later than 5:00 p.m. plus any other day where travel status continues past 7:00 p.m. until you return.

- ii. When you are in twelve-hour travel status, eligible meal is the same as above.
  - c. Food and/or beverage provided per person shall not exceed the state allowance for each meal (i.e. the rate per breakfast, lunch, or dinner) in effect at the time of the travel. The State of Missouri per diem rates can be found here: <http://oa.mo.gov/acct/MealPerDiemeffective070111.htm>. Out of state per diem rates can be found here: [http://oa.mo.gov/acct/pdffiles/Per\\_Diem\\_Rates.pdf](http://oa.mo.gov/acct/pdffiles/Per_Diem_Rates.pdf).
- 6) **OTHER EXPENSES**—The purchase of entertainment, valet service, laundry service, alcoholic beverages, room service, incidental refreshments, newspapers and/or magazines are not reimbursable expenses.
  - a. Parking expenses at the conference/training site are reimbursable when incurred in the performance of official business. Parking tickets, traffic citations or any other fine associated with infractions of law are not reimbursable.
- 7) **REGISTRATION FEES**—any registration fees or costs incurred for trainings or conferences must be authorized in advance by EWG or STARRS.

**REIMBURSEMENT:**

The documents required for reimbursement/payment must be turned in after any travel but no later than thirty (30) days after the training or conference is completed. No invoices will be processed and no payments will be made until all of the following documents are provided to staff:

- 1) **EXPENSE REPORT**—the attendee must provide an Expense Report to EWG, via postal mail, for processing and payment. The Expense Report must be signed by the attendee. There is a sample Expense Report provided on [page 76](#), and one will be provided to you in electronic format. Please submit this Expense Report via postal mail to EWG for approval.
  - a. Any expenses that are contrary to policy of Federal regulations will not be reimbursed.
  - b. Information provided on the Expense Report must include all “Details of Disbursement” for the expense (date, activity, purpose, location and attendees as well as a copy of the agenda).
  - c. **Note:** Under no circumstances will EWG reimburse you for travel expenses that are being covered by another source such as your employer or other entity.
- 2) **DETAILED RECEIPTS**—detailed, itemized receipts are required for reimbursement. Reimbursement will not be made to individuals for separate meals if meals are provided at the training or conference.
  - a. Itemized receipts are required for meals, lodging, transportation other than local public transit (bus, subway), conference and meeting fees, and most miscellaneous items. Receipts and airline tickets/boarding passes are to be attached to and submitted with the Expense Report. Please submit copies of internet itineraries, invoices, etc. Credit card statements alone will not be accepted as invoices/receipts; however, they will be accepted only as burden of proof for payment. As alcoholic beverages will not be reimbursed, costs for alcoholic beverages as well as taxes and tips associated with alcohol purchases must be deducted from meal receipts on the Expense Report sent to EWG.
- 3) **MILEAGE**—if you traveled by vehicle, then you must submit documentation of the miles traveled. Proof may include a map from an on-line mapping provider that shows the miles traveled. We will only reimburse you for reasonable and necessary mileage.
- 4) **DETAILED AGENDA**—you must provide a copy of the agenda for the training or conference. The agenda must list the relevant dates and time periods of the training or conference, as well as the topics/subjects covered.

# INFORMATION ON MAILING FORMS & DOCUMENTATION

The following is a list of the forms and/or documentation that are required for procurement and/or reimbursement and the acceptable method of submission to EWG. Please note that EWG will not reimburse you for the administrative costs associated with mailing in the required documentation; therefore, in order to reduce the administrative costs associated with mailing in the documentation, it is strongly recommended that you mail all of the pre-training course materials to EWG as one package, and all of the post-training course materials to EWG as one package.

The Inventory Control Form can be mailed, faxed, or e-mailed to EWG. Please note that for certain forms that require a signature, the originals must be mailed to EWG at the address on [page 8](#). It is optional whether you decide to also fax or e-mail EWG a copy of these forms; however, no requests for procurement and/or reimbursement will be processed by staff until the original, signed documents have been received.

Forms & Documentation	Acceptable Method of Submission		Deadline
	Postal Mail	Fax or e-mail	
<b>Pre-Training Course</b>			
Agenda	Optional	Required	No later than <b>30 days prior</b> to the training course Suggested that you send in all of these documents as one package
Citizens Corps Reimbursement Form	Optional	Required	
Purchase Request Form w/ printed vendor quotes	Optional	Required	
Expected Attendees Form	Optional	Required	
<b>Post-Training Course</b>			
Agenda	Optional	Required	No later <b>90 days after</b> the first scheduled day of the training course Suggested that you send in all of these documents as one package
Signed EWG Instructor Agreement and/or W-9, statement of qualification, proof of TtT Certification	Required	Optional	
Roster/Sign-in Sheets	Optional	Required	
Invoice(s) w/ original, line-item receipts	Required for originals	Optional	
Inventory Control Form w/ proof of receipt/delivery	Optional	Required	
<b>Other Documents</b>			
Request for Quotation w/ printed vendor quotes	Optional	Required	<b>30 days</b> prior to training course
Travel Request Form	Required for originals	Optional	<b>30 days</b> prior to travel date
Expense Report w/ receipts and proof of mileage	Required for originals	Optional	No later than <b>30 days</b> after travel

# **APPENDIX**

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## **APPENDIX**

The Appendix includes a scenario of the proper procedures, documentation, and timelines for billing and reimbursement for an equipment purchase and for CERT training costs. It also includes instructions for filling out some of the forms on [page 36](#). Blank forms will be provided to you via e-mail and will be posted on the STARRS and E-Sponder websites.

### **SCENARIO**

The scenario is intended to provide you an example of how we expect the procurement and reimbursement processes to work. The scenario involves an individual who is seeking reimbursement for instruction time and supplies/materials purchased. (**Note: that the process is the same for an agency/district who is seeking reimbursement for instruction time and supplies/materials purchased; however, the documentation may differ.**) The CERT is also seeking to buy equipment for the training course.

- The documentation for this scenario is included after the instructions section.

#### ***June 1<sup>st</sup>:***

- a) Rock Community Fire District decides to hold a CERT training course July 30 & 31 entitled “Disaster Preparedness.” No agency/district is going to pay for instructor time; therefore, the instructors must seek individual reimbursement. The team needs to purchase fifteen (15) back-packs for the training course.

#### ***STEP ONE:***

#### ***June 14<sup>th</sup>, but no later than June 30<sup>th</sup>:***

- a) A detailed agenda is completed and ready to be sent to East-West Gateway (EWG);
- b) Citizen Corps Reimbursement Form (**Option Two**) for each instructor that will be teaching the Disaster Preparedness course is completed and ready to be sent to EWG;
- c) Appropriate Purchase Request Form(s) are prepared; and
- d) An Expected Attendees Form is prepared.

#### ➤ **The pre-training course reimbursement packet includes:**

- A detailed agenda,
- Reimbursement Form,

- Purchase Request Form(s), and
- Expected Attendees Form
- In order to reduce the administrative costs associated with mailing in the documentation, it is strongly recommended that you mail all these documents to EWG as one package; however, you have the option to fax or e-mail all these forms.
- Within ten (10) days to fourteen (14) days of receipt by EWG, the Agreement is prepared, signed, and returned to each instructor listed on the Reimbursement Form.

***June 24<sup>th</sup>:***

- a) Agreement, and W-9 form if appropriate, is received by instructors, signed, and mailed back to EWG. Please note that you have the option to return your signed agreement after the training course with the rest of the final reimbursement packet.

***June 14<sup>th</sup> or June 30<sup>th</sup>:***

- a) Barring any unforeseen complications, not more than thirty (30) days after receipt of the Purchase Request Form(s) EWG will issue a purchase order.

***June 15<sup>th</sup> or June 31<sup>st</sup> and beyond:***

- 1) After receipt of EWG Purchase Order, then:
  - a. Individual purchases or orders the items himself or
- 2) EWG issues Purchase Order and notifies Individual that items have been ordered, then:
  - b. EWG orders the items and has them delivered to individual, then
- 3) Individual fills out Inventory Control Form after receipt of items and signs it.

***Sometime before July 30<sup>th</sup>:***

- a) If necessary, Instructor notifies EWG if the number of attendees has increased by more than five (5) people.

***July 30<sup>th</sup> and July 31<sup>st</sup>:***

- a) Course is held. Sign-in sheets are signed by each attendee for each session, for both July 30 and July 31.
- b) One of the instructors is ill and cannot teach on July 31<sup>st</sup>; therefore, EWG must be notified as soon as possible of the substitution.

***STEP TWO:***

***Sometime after July 31<sup>st</sup>, but prior to October 31<sup>st</sup>*** (the 90 day deadline begins running on the first scheduled day of the training course):

- a) A final agenda is prepared—even if no changes occurred a final agenda must be sent to EWG;
- b) The signed course rosters/sign-in sheets are gathered;
- c) An approved invoice, or an official invoice with a certification, for instruction time is prepared and signed;
- d) If the individual instructor purchased supplies/materials: an approved invoice, or an official invoice, is prepared for items purchased with original receipts attached, and signed.
  - i. **Note:** If EWG ordered your items, no invoice should be prepared.
- e) Proof of receipt/delivery is prepared and/or gathered.

➤ **The final reimbursement packet includes:**

- A detailed agenda,
  - The signed EWG Instructor Agreement (optional—you could also mail this in to EWG prior to the course),
  - The signed course rosters/sign-in sheets,
  - The signed instructor invoice, that includes the certification language,
  - The signed, items invoice, and
  - Proof of receipt/delivery—will include: a signed Inventory Control Form, a signed statement, and/or a packing slip and/or vendor delivery ticket/receipt.
- In order to reduce the administrative costs associated with mailing in the documentation, it is strongly recommended that you mail all these documents to EWG as one package; however, you have the option to fax or e-mail all these forms except the Invoice and EWG Instructor Agreement. The Invoice and EWG Instructor Agreement require a signature, so both of these items must be mailed.

## **INSTRUCTIONS FOR FILLING OUT FORMS**

- ❖ Please note that, with the exception of the Purchase Request Form, the Request for Quotation Form, the Travel Request, the Expense Report, and the Inventory Control Forms, you are encouraged but not required to use the forms provided by East-West Gateway. If you have forms that you are currently using that include all of the required information, then you may continue to use your own forms.
- ❖ All of the forms provided by East-West Gateway can be filled out and saved electronically or you can print the forms and fill them out by hand.
- ❖ For all of the forms, please fill out all of the requested information.
  - If you are filling out the form on your computer, fill in all the boxes that are highlighted in blue.
  - If you are filling out the form by hand, please write the appropriate information in the available white space.
  - If the requested information is inapplicable to you, then please type or write “N/A” in the appropriate box.
- ❖ Remember that the following forms must be signed and mailed:
  - East-West Gateway Instructor Agreement
  - Invoices (for instructor pay, the invoices must include certification language)
  - Travel Request Form
  - Expense Report

## **PURCHASE REQUEST FORM**

- Do not forget to attach all the printed vendor quotes.
- Fill in all of the requested information.
- If you need more space for additional items, then please use the Purchase Request Form Continuation sheet.

### **Purchase Request Form:**

- The boxes for **Category**, **Type**, **Sole Vendor**, and **State Contract** include a drop-down menu. Please choose or write in the appropriate selection.
  - **Category** includes: Planning, Training/Exercise, Equipment, or Operations.

**EFFECTIVE DATE: JULY 19, 2010**

- **Type** includes: Office supplies, Refills, Training manuals, or Other.
- **Sole Vendor** includes: Yes or No.
- **State Contract** includes: Yes or No.

## **INVENTORY CONTROL FORMS**

- Please note that you must now include the name of the vendor that the item(s) were purchased from and the purchase order number(s) associated with the item(s).
- Do not forget to sign the form before you mail it in.
- The box for **Category** includes a drop-down menu. Please choose or write in the appropriate selection.
  - **Category** includes: Planning, Training/Exercise, Equipment, or Operations.

## **TRAVEL FORMS**

- Please note that you are required to turn in the Travel Request form prior to any travel, and all the information on the form must be filled-in.
- The Travel Expense Report must be turned in before any reimbursements can be made regarding travel.
- Do not forget to attach all the original receipts and necessary documentation and sign the form(s) before you mail them in.
- The box on the Travel Request Form that has the question about the type of entity providing the training/conference includes a drop-down menu. Please choose or write in the appropriate selection.
  - It includes: Local Government, State Government, Federal Government, Non-profit, or Other.

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**PRE-TRAINING COURSE  
REIMBURSEMENT PACKET**

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**Option Two: Individual Reimbursement**

If the government agency / district is unable to pay the instructors or prefers to have East-West Gateway contract with the individual instructors, that can be arranged as well. We will need from the Citizen Corps Program Manager / Agency / District the names of the instructors, the agenda for Citizen Corps Training, and the estimated number of hours each instructor will be teaching. The Contracts and Grants Administrator at East-West Gateway will send the individual(s) a letter of agreement for reimbursement. The individual will send East-West Gateway an invoice for the total dollar amount to be reimbursed, the agenda for the class(es) conducted and class roster. The individual must include a statement that the courses that East-West Gateway is reimbursing for were performed outside the normal paid duties of the instructor and the instructor was not compensated from another source. CERT hosting agency must verify the bill from instructor.

Please provide the following if choosing **Option Two**:

**INSTUCTOR ONE:**

<b>Name</b> Colonel Sanders		
<b>Title</b> Course Manager		
<b>Address</b> 123 E. Main Street		
<b>City</b> St. Louis	<b>State</b> MO	<b>Zip Code</b> 00000

<b>Course Date(s)</b>	07/30/2010 07/31/2010
<b>Number of Hours to be Reimbursed</b>	17
<b>Rate of Pay</b> (not to exceed \$30/hour)	\$30.00
<b>Have you been reimbursed by East-West Gateway for instruction time on a previous occasion?</b>	Yes

**INSTUCTOR TWO:**

<b>Name</b> Davy Jones		
<b>Title</b> Instructor		
<b>Address</b> 15008 West Drive		
<b>City</b> Affton	<b>State</b> MO	<b>Zip Code</b> 00000

<b>Course Date(s)</b>	07/30/2010 07/30/2010
<b>Number of Hours to be Reimbursed</b>	9
<b>Rate of Pay</b> (not to exceed \$30/hour)	\$30.00
<b>Have you been reimbursed by East-West Gateway for instruction time on a previous occasion?</b>	No

**INSTUCTOR THREE:**

<b>Name</b> Jane Smith		
<b>Title</b> Instructor		
<b>Address</b> 7158 Princeton Ave.		
<b>City</b> University City	<b>State</b> MO	<b>Zip Code</b> 00000

<b>Course Date(s)</b>	07/30/2010 07/31/2010
<b>Number of Hours to be Reimbursed</b>	9
<b>Rate of Pay</b> (not to exceed \$30/hour)	\$30.00
<b>Have you been reimbursed by East-West Gateway for instruction time on a previous occasion?</b>	Yes

**INSTUCTOR FOUR:**

<b>Name</b>		
<b>Title</b>		
<b>Address</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>

<b>Course Date(s)</b>	
<b>Number of Hours to be Reimbursed</b>	
<b>Rate of Pay</b> (not to exceed \$30/hour)	
<b>Have you been reimbursed by East-West Gateway for instruction time on a previous occasion?</b>	

If there are additional instructors, please add their information on additional page. If you have any questions regarding instructor pay, please contact Staci Alvarez, Contracts & Grants Administrator at 314-421-4220 or [staci.alvarez@ewgateway.org](mailto:staci.alvarez@ewgateway.org).



# CERT TRAINING COURSE AGENDA



**Please Fill Out, Print, & Return To:**

Staci Alvarez  
East-West Gateway Council of Governments  
1 S. Memorial Drive, Suite 1600  
St. Louis, MO 63102

**Type of Agenda** Preliminary

<b>CERT Name</b>	Rock Community Fire District
<b>Course Title (if applicable)</b>	Disaster Preparedness
<b>Date(s) of Training Course</b>	07/30/2010--Participation Mandatory 07/31/2010--Participation Mandatory
<b>Course Manager (if applicable)</b>	Colonel Sanders
<b>Total Number of Instructors</b>	2

Class Date & Time	Class Title	Instructor(s)	Total Hours
07/30/2010 800 am to 1030 am	Overview/Disaster Preparedness	Davy Jones Colonel Sanders	2.5 2.5
07/30/2010 1030 am to 1045 am	BREAK	NONE	0
07/30/2010 1045 am to 1145 am	CERT Organization	Jane Smith Colonel Sanders	1 1
07/30/2010 1145 am to 100 pm	Disaster Medical Operations I	Jane Smith Colonel Sanders	1.25 1.25
07/30/2010 100 pm to 230 pm	Disaster Medical Operations II	Davy Jones Colonel Sanders	1.5 1.5
07/30/2010 230 pm to 245 pm	BREAK	NONE	0
07/30/2010 245 pm to 430 pm	Disaster Psychology	Jane Smith Colonel Sanders	1.75 1.75
07/31/2010 800 am to 1030 am	Terrorism	Jane Smith Colonel Sanders	2.5 2.5
07/31/2010 1030 am to 1045 am	BREAK	NONE	0
07/31/2010 1045 am to 1145 am	Fire Safety Part I (LECTURE)	Davy Jones Colonel Sanders	1 1

<b>Course Manager Name</b> Colonel Sanders	<b>Instructor Name</b> Davy Jones
<b>Course Manager Total Hours</b> 11.5	<b>Instructor Total Hours</b> 5
<b>Instructor Name</b> Jane Smith	<b>Instructor Name</b>
<b>Instructor Total Hours</b> 6.5	<b>Instructor Total Hours</b>
<b>Instructor Name</b>	<b>Instructor Name</b>
<b>Instructor Total Hours</b>	<b>Instructor Total Hours</b>



# CERT TRAINING COURSE

## Expected Attendees Form

(Use this form if you are expecting to purchase materials)

**Please Fill Out, Print, & Return To:**

Staci Alvarez  
East-West Gateway Council of Governments  
1 S. Memorial Drive, Suite 1600  
St. Louis, MO 63102

<b>CERT NAME</b>	Rock Community Fire District
<b>COURSE TITLE</b>	Disaster Preparedness
<b>DATE(S) OF TRAINING COURSE</b>	07/30/2010 07/31/2010

**Provide the number of people who you expect to attend each session of your CERT training course. Be as specific as possible, however, the final number of attendees can vary within a reasonable number (i.e. within five (5) people).**

NUMBER OF ATTENDEES EXPECTED	DATE(S) OF TRAINING
15	07/30/2010
15	07/31/2010

**If the number of expected attendees increases by more than five (5) people prior to the training session, please notify East-West Gateway as soon as possible. DO NOT FORGET TO ATTACH A ROSTER OR RSVP LIST!**

<b>Name</b>	Colonel Sanders
<b>Title</b>	Course Manager

<b>Signature</b>	<i>Colonel Sanders</i>
<b>Date</b>	6/29/2010



**EAST-WEST GATEWAY  
Council of Governments**

Creating Solutions Across Jurisdictional Boundaries

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Kelvin Simmons  
Missouri Office of Administration  
**Interim Executive Director**

Maggie Hales

June 24, 2010

**Mr. Davy Jones  
15008 West Drive  
Affton, MO 00000**

**Dear Mr. Jones:**

This is to confirm our agreement for you to conduct CERT Instruction for the Council's Urban Areas Security Initiative Grant. This instruction will take place for Rock Community Fire District in July 2010. Ms. Anna Giacomini will coordinate the training for the Council and will be your contact.

It is our understanding that the charge for your services will not exceed \$270.00. Any instruction expenses must be justifiable and documentation must be submitted with the final invoice.

You must certify, on your invoice, that the services you provide are outside your normal paid duties and you will not be compensated from the service from any other source. In addition, the Council, Missouri State Emergency Management Agency and U.S. Department of Homeland Security shall be held harmless from any losses, costs, expenses, claims, or liability that arise due to your negligent acts during the course of instruction.

If you are in agreement with the terms outlined above, please sign and date the enclosed copy of this letter on the line below and mail it back to Staci Alvarez, Contracts & Grants Administrator. In addition, a W-9 has been enclosed that must be returned with this agreement.

Gateway Tower  
One Memorial Drive, Suite 1600  
St. Louis, MO 63102-2451

314-421-4220  
618-274-2750  
Fax 314-231-6120

webmaster@ewgateway.org  
www.ewgateway.org

Mr. Davy Jones  
June 24, 2010  
Page 2

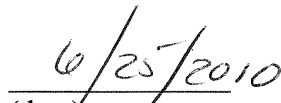
Thank you for agreeing to participate as a CERT Instructor. I know you will be able to make an important contribution to our work.

Sincerely,

Maggie Hales  
Interim Executive Director

Instructor:

  
(signature)

  
(date)

**Request for Taxpayer  
Identification Number and Certification**

Give form to the requester. Do not send to the IRS.

Print or type  
See Specific Instructions on page 2.

Name (as reported on your income tax return)  
**DAVID ALLEN JONES**

Business name, if different from above  
**DANN JONES**

Check appropriate box:  Individual/Sole proprietor     Corporation     Partnership     Other ▶ .....     Exempt from backup withholding

Address (number, street, and apt. or suite no.)  
**15008 WEST DRIVE**

City, state, and ZIP code  
**Atton, MO 00000**

List account number(s) here (optional)

Requester's name and address (optional)  
**EAST-WEST GATEWAY  
COUNCIL OF GOVERNMENTS  
1 MEMORIAL DRIVE  
SUITE 1600  
ST. LOUIS, MO 63102-2451**

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number  
**4187+12+3567**

or

Employer identification number  
| | | | | | | |

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign Here    Signature of U.S. person ▶ **Dann Jones**    Date ▶ **6/25/200**

**Purpose of Form**

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

**U.S. person.** Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
  - Certify that you are not subject to backup withholding,
- or
- Claim exemption from backup withholding if you are a U.S. exempt payee.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes you are considered a person if you are:

- an individual who is a citizen or resident of the United States,
- a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or

- any estate (other than a foreign estate) or trust. See Regulation section 301.7701-6(a) for additional information.

**Foreign person.** If you are a foreign person, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement that specifies the following five items:

- The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
- The treaty article addressing the income.
- The article number (or location) in the tax treaty that contains the saving clause and its exceptions.





# PURCHASE REQUEST FORM

ATTACH ALL VENDOR QUOTES!

The costs provided on this form can be estimated costs.



<b>Grant Type/Budget Yr.</b> UASI 2009	<b>Budget Line Number(s)</b> (Office Use Only)
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<b>Point of Contact</b> COLONEL SANDERS	<b>Team/Depart.</b> ROCK COMMUNITY FIRE DISTRICT CERT	<b>Phone Number</b> 314-654-8541
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**SHIP TO THE FOLLOWING ADDRESS:**

<b>Name</b> COLONEL SANDERS	<b>Address</b> 123 E. MAIN STREET, ST. LOUIS, MO 00000	<b>Phone Number</b> 314-654-8541
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**ITEM INFORMATION (enter all requested information)**

Item #	Category	Type	Quantity	Manufacturer*	Model #*	Description/Justification
1						
2	Training/Exercise	Office supplies	15	MEAD	N/A	WHITE LINED LEGAL PADS, 50 SHEETS EACH; FOR ATTENDEE NOTE TAKING.
3	Training/Exercise	Refills	3	ST. LOUIS RECHARGE & FIRE CONTROL	N/A	REFILL OF 3, 10LB, MULTI-PURPOSE DRY, CHEMICAL FIRE EXTINGUISHERS; REFILLS NEEDED DUE TO USE DURING FIRE SAFETY CLASS ON 07/31/2010.

**VENDOR INFORMATION (enter all requested information)**

Item #	Company Name	Company Point of Contact	State Contract**	Sole Vendor**
1	SAM's Club	Mark Schuster	NO	NO
<b>Company City, State, Zip</b> 5500 Fork Avenue, St. Louis, MO 00000		<b>Company Point of Contact</b>	<b>Phone Number</b> 314-781-6321	<b>Total Costs</b> \$108.00
2	Target	Kim Smith		
<b>Company City, State, Zip</b> 1 Simmons Way, St. Louis, MO 00000		<b>Company Point of Contact</b>	<b>Phone Number</b> 314-584-6589	<b>Total Costs</b> \$22.50
3	St. Louis Recharge & Fire Control	Jim Brown		
<b>Company City, State, Zip</b> 28 A Front Street, Valley Park, MO 00000		<b>Company Point of Contact</b>	<b>Phone Number</b> 636-861-1395	<b>Total Costs</b> \$75.00

\*Unless documentation is provided that a particular manufacturer & model number is needed, we reserve the right to purchase acceptable equivalents.

\*\*Supporting documentation must be provided (i.e. copy of state contract or web reference). Sole Vendor is defined as the only company that manufactures/sells a particular item. Supporting documentation must be provided verifying the sole vendor status.





# PURCHASE REQUEST FORM

ATTACH ALL VENDOR QUOTES!

The costs provided on this form can be estimated costs.



Grant Type/Budget Yr. UASI 2009

Budget Line Number(s)  
(Office Use Only)

Point of Contact COLONEL SANDERS

Team/Depart. ROCK COMMUNITY FIRE DISTRICT CERT

Phone Number 314-654-8541

**SHIP TO THE FOLLOWING ADDRESS:**

Name COLONEL SANDERS

Address 123 E. MAIN STREET, ST. LOUIS, MO 00000

Phone Number 314-654-8541

**ITEM INFORMATION (enter all requested information)**

Item #	Category	Type	Quantity	Manufacturer*	Model #*	Description/Justification
1	Training/Exercise	Training manuals	15	WILSHIRE TRAINING MANUAL SUPPLIERS	A34532QW34	FIRE SAFETY TRAINING MANUALS, SOFT-COVER, 8TH ED., 5 CHAPS, AND EXERCISES, 100 PAGES; NEEDED TO INSTRUCT STUDENTS DURING FIRE SAFETY CLASSES.

**VENDOR INFORMATION (enter all requested information)**

State Contract\*\* NO

Sole Vendor\*\* NO

Item # 1	Company Name	WilsHire Training Manuals Suppliers	Company Point of Contact	Roger Murphy	Phone Number	1-888-487-6985 ext 102
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Company City, State, Zip	1500 Book Mark Way, Denver, CO 00000	Total Costs	\$125.00
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Item #	Company Name	Company Point of Contact	Phone Number
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Company City, State, Zip	Total Costs
--------------------------	-------------

Item #	Company Name	Company Point of Contact	Phone Number
--------	--------------	--------------------------	--------------

Company City, State, Zip	Total Costs
--------------------------	-------------

\*Unless documentation is provided that a particular manufacturer & model number is needed, we reserve the right to purchase acceptable equivalents.  
\*\*Supporting documentation must be provided (i.e. copy of state contract or web reference). Sole Vendor is defined as the only company that manufactures/sells a particular item. Supporting documentation must be provided verifying the sole vendor status.



# PURCHASE REQUEST FORM

ATTACH ALL VENDOR QUOTES!

The costs provided on this form can be estimated costs.



**Grant Type/Budget Yr.** UASI 2009 **Budget Line Number(s)** (Office Use Only)

**Point of Contact** COLONEL SANDERS **Team/Depart.** ROCK COMMUNITY FIRE DISTRICT CERT **Phone Number** 314-654-8541

**SHIP TO THE FOLLOWING ADDRESS:**

**Name** COLONEL SANDERS **Address** 123 E. MAIN STREET, ST. LOUIS, MO 00000 **Phone Number** 314-654-8541

**ITEM INFORMATION (enter all requested information)**

Item #	Category	Type	Quantity	Manufacturer*	Model #*	Description/Justification
1	Equipment	Other	15	CMC Government Services, Inc.	C-610	Complete professional CERT kit w/ ANSI Class 2 Vest and 18" backpack; helmet; leather work gloves; chemical splash goggles; filtration mask; latex gloves; con't below--
						flashlight & batteries; chemical light stick; survival blanket; 10" pliers; whistle; Packs will be given to students upon completion of course.

**VENDOR INFORMATION (enter all requested information)**

Item #	Company Name	Company Point of Contact	State Contract**	Sole Vendor**
1	CMC Government Services, Inc.	James Roan	NO	NO

**Company City, State, Zip** 5200 Keller Springs Road, Suite 252, Dallas, TX 00000 **Phone Number** 972-960-8301 ext 1

**Item #** 1 **Company Name** Sunset Survival & First Aid **Company Point of Contact** Ronnie Watkins **Total Costs** \$836

**Company City, State, Zip** 16835 Algonquin #142, Huntington Beach, CA 00000 **Phone Number** 714-369-8096 **Total Costs** \$1,250

**Item #** 1 **Company Name** First Aid & Safety Online **Company Point of Contact** Joan Lucione **Phone Number** 770-716-8448

**Company City, State, Zip** P.O. Box 1978, Fayetteville, GA 00000 **Total Costs** \$1,400

\*Unless documentation is provided that a particular manufacturer & model number is needed, we reserve the right to purchase acceptable equivalents.  
 \*\*Supporting documentation must be provided (i.e. copy of state contract or web reference). Sole Vendor is defined as the only company that manufactures/sells a particular item. Supporting documentation must be provided verifying the sole vendor status.



# CERT REQUEST FOR QUOTATION

This is an Inquiry **ONLY**. It is not an order.



## INSTRUCTIONS FOR THE REQUESTOR:

Please fill in the following fields: Requestor's Contact Information; Inquiry Number; Date of Inquiry; Date quotation must be received; and under the section labeled "Items for Quotation": the Quantity Requested; the Model, Serial, or Unit Number; and the Description.

<b>Request From:</b>  <b>East-West Gateway Council of Governments</b> <b>1 S. Memorial Drive, Suite 1600</b> <b>St. Louis, MO 63102</b> <b>(314) 421-4220 FAX (314) 231-6120</b>	<b>REQUESTOR'S CONTACT INFORMATION</b>		<b>Inquiry Number</b>	55
	<b>Name</b> Colonel Sanders		<b>Date of Inquiry</b>	06/07/2010
	<b>Phone Number</b> 314-654-8541			
	<b>Fax Number</b> 314-654-8500			

**To receive consideration, your quotation must be received by the following date: 06/14/2010**

## INSTRUCTIONS FOR THE VENDOR:

Please fill in the **gray fields** under the "Items for Quotation Section", including: Unit Cost, Total Cost, and Shipping Cost. Please quote the unit price net of discounts and F.O.B. destination on the items listed below. Please FAX this form **along with your printed quotation** to the Requestor at the FAX number listed above. If you have any questions regarding this Request for Quotation, please contact the Requestor listed above.

1. If you are unable to respond, please advise at once.
2. Show above inquiry number on all quotations and correspondence.
3. All quotations are subject to acceptance. We retain the right to accept or reject your quotation and change quantities if necessary. The vendor of the accepted quote will be given the opportunity to withdraw quote if quantities are modified.
4. Unless so stated in the description above, alternative items may not be substituted for items listed.
5. The price shall be complete and include all necessary costs unless specifically noted and documented and shall remain in effect for a minimum of 21 days.
6. We are exempt for Federal Excise Taxes and state and local sales and use taxes and are eligible for all state pricing discounts per agreement with the State of Missouri (documentation available on request).
7. Vendors responding to this request assure the Council that they do not participate in discriminatory contracting or employment practices.
8. Disadvantaged Business Enterprises are encouraged to respond.
9. Payment terms are normally net 30 days. Terms that include additional discounts may be considered.

ITEMS FOR QUOTATION				For Vendor Only		
Item Number	Quantity Requested	Model, Serial, or Unit Number	Description	Unit Cost	Total Cost	Shipping Cost*
1	15	C-610	Complete professional CERT kit w/ ANSI Class 2 Vest and 18" backpack; including all accessories	49.99	749.85	150. <sup>00</sup>
2						
3						
4						

\*Shipping must be calculated for the described item. For example, if we are requesting a quotation for Item 1, Item 2, & Item 3, please provide the cost of shipping for each item separately (the entire quantity of that item--i.e. 12 of Item 1--should be reflected in the shipping cost).

Please use the CERT Request for Quotation Additional Sheet if you need more space.

CMC Government Services, Inc.  
 5200 Keller Springs Road - Suite 522  
 Dallas, TX 75248 - US

Date: 6/4/2010

Billing Address		Shipping Address	
Name:	Colonel Sanders	Colonel Sanders	
Company:	Rock Community Fire District	Rock Community Fire District	
Phone:	3146548541	3146548541	
Address:	123 E. Main Street	123 E. Main Street	
	St. Louis, MO 63102	St. Louis, MO 63102	
	US	US	

Qty	SKU	Description	Unit Price	Price
15	C-610	Complete Professional CERT Kit with with ANSI Class 2 Vest and our Professional 18" Backpack with 5 Zippered Compartments and CERT Logo	\$49.99	\$749.85
		What size vest do you want to order?: Large - L		
		Edit product option(s)		
		Quantity discounts apply to this product:		
				-\$29.40
			Product Subtotal:	\$720.45
			Subtotal:	\$720.45
				\$115.45
			Total:	\$835.90

Shipping: UPS Ground

Payment Type:  MasterCard /  Visa

Discount or Gift Certificate Code:   
 To use multiple discounts, separate them with a comma.



Gateway Tower  
One Memorial Drive, Suite 1600  
St. Louis, MO 63102-2451

314-421-4220  
618-274-2750  
Fax 314-231-6120

**EAST-WEST GATEWAY**  
**Council of Governments**

Creating Solutions Across Jurisdictional Boundaries

**PURCHASE ORDER NO.**

17205

**VENDOR CODE**



# Purchase Order

TO:



SHIP TO:



P.O. DATE	DUE DATE	CONFIRM TO	SHIP VIA	REQUIS
06/04/10		Stacia Alvarez		17607

Line #	Item Number	Quantity Ordered	Unit Cost	Extension
1	*			
		1.00	600.000	600.00

+ Instructor Fee/Course Mgr. May 2010

2010  
Line Item TR18

**You will receive either a P.O. or notification that a P.O. has been issued after the Purchase Request Forms have been received and approved.**

<p style="text-align: center;"><b>IMPORTANT</b></p> <p>INVOICE SHOULD BE SENT TO PURCHASING DEPARTMENT. OUR ORDER NUMBER MUST APPEAR ON INVOICES, PACKAGES AND CORRESPONDENCE. ACKNOWLEDGE IF UNABLE TO DELIVER BY DATE REQUIRED.</p>	<p>By </p>
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ORIGINAL—VENDOR COPY

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**FINAL  
REIMBURSEMENT PACKET**

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# CERT TRAINING COURSE AGENDA



**Please Fill Out, Print, & Return To:**

Staci Alvarez  
East-West Gateway Council of Governments  
1 S. Memorial Drive, Suite 1600  
St. Louis, MO 63102

<b>Type of Agenda</b>	Final
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<b>CERT Name</b>	Rock Community Fire District
<b>Course Title (if applicable)</b>	Disaster Preparedness
<b>Date(s) of Training Course</b>	07/30/2010--Participation Mandatory 07/31/2010--Participation Mandatory
<b>Course Manager (if applicable)</b>	Colonel Sanders
<b>Total Number of Instructors</b>	2

Class Date & Time	Class Title	Instructor(s)	Total Hours
07/30/2010 800 am to 1030 am	Overview/Disaster Preparedness	Davy Jones Colonel Sanders	2.5 2.5
07/30/2010 1030 am to 1045 am	BREAK	NONE	0
07/30/2010 1045 am to 1145 am	CERT Organization	Jane Smith Colonel Sanders	1 1
07/30/2010 1145 am to 100 pm	Disaster Medical Operations I	Jane Smith Colonel Sanders	1.25 1.25
07/30/2010 100 pm to 230 pm	Disaster Medical Operations II	Davy Jones Colonel Sanders	1.5 1.5
07/30/2010 230 pm to 245 pm	BREAK	NONE	0
07/30/2010 245 pm to 430 pm	Disaster Psychology	Jane Smith Colonel Sanders	1.75 1.75
07/31/2010 800 am to 1030 am	Terrorism	Margaret Anthony substituting for Jane Smith Colonel Sanders	2.5 2.5
07/31/2010 1030 am to 1045 am	BREAK	NONE	0
07/31/2010 1045 am to 1145 am	Fire Safety Part I (LECTURE)	Davy Jones Colonel Sanders	1 1

<b>Course Manager Name</b> Colonel Sanders	<b>Instructor Name</b> Davy Jones
<b>Course Manager Total Hours</b> 11.5	<b>Instructor Total Hours</b> 5
<b>Instructor Name</b> Jane Smith	<b>Instructor Name</b> Margaret Anthony
<b>Instructor Total Hours</b> 4	<b>Instructor Total Hours</b> 2.5
<b>Instructor Name</b>	<b>Instructor Name</b>
<b>Instructor Total Hours</b>	<b>Instructor Total Hours</b>

## CERT TRAINING COURSE AGENDA, con't.

<b>Class Date &amp; Time</b>	<b>Class Title</b>	<b>Instructor(s)</b>	<b>Total Hours</b>
07/31/2010 1145 am to 100pm	Fire Safety Part II (SKILLS/PRACTICAL)	Davy Jones Colonel Sanders	1.25 1.25
07/31/2010 100 pm to 230 pm	Light Search & Rescue (LECTURE)	Margaret Anthony substituting for Jane Smith Colonel Sanders	1.5 1.5
07/31/2010 230 pm to 245 pm	BREAK	NONE	0
07/31/2010 245 pm to 430 pm	Light Search & Rescue (SKILLS/PRACTICAL)	Davy Jones Colonel Sanders	1.75 1.75
07/31/2010 430 pm to 530 pm	CERT Practical	Davy Jones; Margaret Anthony substituting for Jane Smith; Colonel Sanders	1; 1 1

<b>Course Manager Name</b> Colonel Sanders	<b>Instructor Name</b> Davy Jones
<b>Course Manager Total Hours</b> 5.50	<b>Instructor Total Hours</b> 4
<b>Instructor Name</b> Margaret Anthony	<b>Instructor Name</b>
<b>Instructor Total Hours</b> 2.5	<b>Instructor Total Hours</b>
<b>Instructor Name</b>	<b>Instructor Name</b>
<b>Instructor Total Hours</b>	<b>Instructor Total Hours</b>



# CERT TRAINING COURSE

## Roster/Sign-In Sheet



**CERT Name** Rock Community Fire District      **Course Title** Disaster Preparedness

**Date (mm/dd/yyyy)** 07/30/2010

Printed Name	Signature	Address	Phone/email	Social Security # (optional)	Graduated (Y or N) (optional)
JANE DOE		344 Maple Richmond Heights, MO 00000	314-234-6565 jane.doe@gmail.com	000000000	Y
ZACK BROWN		19877 Westfall Road Eureka, MO 00000	314-598-0982 za.brown@yahoo.com		
JULIE COHEN		7525 Hawthorne Place University City, MO 00000	314-453-2111 julia.a.cohen@gmail.com		
MARK ALTMAN		14456 Shadylane Drive Festus, MO 00000	314-787-2312 mark123@gmail.com	000-00-0000	Y
ANNA PERKINS		722 White Oak Chesterfield, MO 00000	314-233-3442 perkins.anna@gmail.com		
STEVE SMITH		5632 Dardenne Prairie O'Fallon, MO 00000	636-897-5686		
JASON WHITE		8782 Park Street Creve Coeur, MO 00000	314-879-6235 JWhite@sbcglobal.net		
SHARON WATSON		7123 Jackson Avenue Crestwood, MO 00000	314-785-8945	000000000	Y
MARTY ROSS		727 Euclid Webster Groves, MO 00000	314-489-4687 marty@hotmail.com		

PLEASE NOTE THAT SOCIAL SECURITY NUMBERS AND GRADUATION INFORMATION IS ONLY REQUIRED IF a student wants their information to be entered into the State Training Database, which will allow the student to obtain his/her transcripts of completed training courses. If this information is not provided and the student wants to take the TTT Course, he/she will have to provide Certificate(s) of Completion.



**EAST-WEST GATEWAY**  
Council of Governments  
Creating Solutions Across Jurisdictional Boundaries

# CERT TRAINING COURSE

## Roster/Sign-In Sheet



<b>CERT Name</b> Rock Community Fire District	<b>Course Title</b> Disaster Preparedness	<b>Date (mm/dd/yyyy)</b> 07/30/2010
---	---	-------------------------------------

Printed Name	Signature	Address	Phone/email	Social Security # (optional)	Graduated (Y or N) (optional)
JERRY LANGE		14562 Cherry Street Maplewood, MO 00000	314-982-5231 lange.family@hotmail.com		
CAROL WILSON		12202 Ladlede Road Clayton, MO 00000	314-895-6325 cwilson454@gmail.com		
LAWRENCE ADAMS		345 Wittenour Drive Olivette, MO 00000	314-853-5221		
NICK HUMPHREYS		19823 Westhaven Court Fenton, MO 00000	314 932 5421		
JOHN ALLEN		12393 Mooreland Road Wildwood, MO 00000	314-522-5478 john1985@hotmail.com	000-00-0000	Y
WAYNE JONES		4353 Church Avenue St. Charles, MO 00000	636-545-2145 wjones@gmail.com		

**PLEASE NOTE THAT SOCIAL SECURITY NUMBERS AND GRADUATION INFORMATION IS ONLY REQUIRED IF a student wants their information to be entered into the State Training Database, which will allow the student to obtain his/her transcripts of completed training courses. If this information is not provided and the student wants to take the TTT Course, he/she will have to provide Certificate(s) of Completion.**



# CERT TRAINING COURSE

## Roster/Sign-In Sheet



<b>CERT Name</b>	Rock Community Fire District	<b>Course Title</b>	Disaster Preparedness
------------------	------------------------------	---------------------	-----------------------

<b>Date (mm/dd/yyyy)</b>	07/31/2010
--------------------------	------------

Printed Name	Signature	Address	Phone/email	Social Security # (optional)	Graduated (Y or N) (optional)
JANE DOE		344 Maple Richmond Heights, MO 00000	314-234-6565 jane.doe@gmail.com	000000000	Y
ZACK BROWN		19877 Westfall Road Eureka, MO 00000	314-598-0982 za.brown@yahoo.com		
JULIE COHEN		7525 Hawthorne Place University City, MO 00000	314-453-2111 juliac.cohen@gmail.com		
MARK ALTMAN		14456 Shadylane Drive Festus, MO 00000	314-787-2312 mark123@gmail.com	000-00-0000	Y
ANNA PERKINS		722 White Oak Chesterfield, MO 00000	314-233-3442 perkins.anna@gmail.com		
STEVE SMITH		5632 Dardenne Prairie O'Fallon, MO 00000	636-897-5686		
JASON WHITE		8782 Park Street Creve Coeur, MO 00000	314-879-6235 JWhite@sbcglobal.net	000 00 0000	Y
SHARON WATSON		7123 Jackson Avenue Crestwood, MO 00000	314-785-8945		
MARTY ROSS		727 Euclid Webster Groves, MO 00000	314-489-4687 marty@hotmail.com		

PLEASE NOTE THAT SOCIAL SECURITY NUMBERS AND GRADUATION INFORMATION IS ONLY REQUIRED IF a student wants their information to be entered into the State Training Database, which will allow the student to obtain his/her transcripts of completed training courses. If this information is not provided and the student wants to take the TrT Course, he/she will have to provide Certificate(s) of Completion.



# CERT TRAINING COURSE

## Roster/Sign-In Sheet



<b>CERT Name</b>	Rock Community Fire District	<b>Course Title</b>	Disaster Preparedness
------------------	------------------------------	---------------------	-----------------------

<b>Date (mm/dd/yyyy)</b>	07/31/2010
--------------------------	------------

Printed Name	Signature	Address	Phone/email	Social Security # (optional)	Graduated (Y or N) (optional)
JERRY LANGE		14562 Cherry Street Maplewood, MO 00000	314-982-5231 lange.family@hotmail.com		
CAROL WILSON		12202 Laclede Road Clayton, MO 00000	314-895-6325 cwilson454@gmail.com		
LAWRENCE ADAMS		345 Wittenour Drive Olivette, MO 00000	314-853-5221		
NICK HUMPHREYS		19823 Westhaven Court Fenton, MO 00000	3149325421		
JOHN ALLEN		12393 Mooreland Road Wildwood, MO 00000	314-522-5478 john1985@hotmail.com	00-000-0000	Y
WAYNE JONES		4353 Church Avenue St. Charles, MO 00000	636-545-2145 WJones@gmail.com		

PLEASE NOTE THAT SOCIAL SECURITY NUMBERS AND GRADUATION INFORMATION IS ONLY REQUIRED IF a student wants their information to be entered into the State Training Database, which will allow the student to obtain his/her transcripts of completed training courses. If this information is not provided and the student wants to take the TtT Course, he/she will have to provide Certificate(s) of Completion.

# INVOICE--CERT TRAINING

## INDIVIDUAL INSTRUCTOR PAY

(Use this invoice if you are an individual seeking reimbursement for class instruction time)

**Please Fill Out, Print, & Return Invoice To:**

Staci Alvarez  
East-West Gateway Council of Governments  
1 S. Memorial Drive, Suite 1600  
St. Louis, MO 63102

**Date(s) of Training**    07/30/2010  
   07/31/2010

<b>Instructor's Name</b> Colonel Sanders	
<b>Address</b> 123 E. Main Street	
<b>City</b> St. Louis	<b>State</b> MO
<b>Zip Code</b> 00000	
<b>Phone Number</b> 314-654-8541	<b>E-mail</b> col.sanders@rcfd.org

CLASS DATE	DESCRIPTION	HRS. TAUGHT	PAY RATE	TOTAL
07/30/2010	Course Manager for entire session; assisted instructors; supervised classroom and practical sessions; conducted evaluations	8	\$30.00	\$240.00
07/31/2010	Course Manager for entire session; assisted instructors; supervised classroom and practical sessions; conducted evaluations	9	\$30.00	\$270.00
<b>SUBTOTAL</b>				\$510.00
<b>TOTAL</b>				\$510.00

By signing below, I Colonel Sanders (printed name), certify that the services that I provided at the 7/30 - 7/31/2010 (printed date) CERT training session were outside the scope of my normal, paid duties, and that I have not been and will not be compensated for my services from any other source.

**Date:** 8/2/2010

**Instructor Signature:** Colonel Sanders



# INVOICE--CERT TRAINING

## INDIVIDUAL INSTRUCTOR PAY

(Use this invoice if you are an individual seeking reimbursement for class instruction time)

**Please Fill Out, Print, & Return Invoice To:**

Staci Alvarez  
East-West Gateway Council of Governments  
1 S. Memorial Drive, Suite 1600  
St. Louis, MO 63102

**Date(s) of Training** 07/30/2010  
07/31/2010

<b>Instructor's Name</b> Davy Jones	
<b>Address</b> 15008 West Drive	
<b>City</b> Affton	<b>State</b> MO
<b>Zip Code</b> 00000	
<b>Phone Number</b> 314-852-8301	<b>E-mail</b> djones@hotmail.com

CLASS DATE	DESCRIPTION	HRS. TAUGHT	PAY RATE	TOTAL
07/30/2010	Instructed Overview/Disaster Preparedness; Disaster Medical Operations II classes	4	\$30.00	\$120.00
07/31/2010	Instructed Fire Safety Parts I and II; Light Search & Rescue simulation, and CERT Practical	5	\$30.00	\$150.00
<b>SUBTOTAL</b>				\$270.00
<b>TOTAL</b>				\$270.00

By signing below, I D. Jones (printed name), certify that the services that I provided at the 7/30 - 7/31/2010 (printed date) CERT training session were outside the scope of my normal, paid duties, and that I have not been and will not be compensated for my services from any other source.

**Date:** 8/5/10

**Instructor Signature:** 



# INVOICE--CERT TRAINING

## INDIVIDUAL INSTRUCTOR PAY

(Use this invoice if you are an individual seeking reimbursement for class instruction time)

**Please Fill Out, Print, & Return Invoice To:**

Staci Alvarez  
East-West Gateway Council of Governments  
1 S. Memorial Drive, Suite 1600  
St. Louis, MO 63102

**Date(s) of Training**    07/30/2010  
   07/31/2010

<b>Instructor's Name</b> Jane Smith	
<b>Address</b> 7158 Princeton Avenue	
<b>City</b> University City	<b>State</b> MO
<b>Zip Code</b> 00000	
<b>Phone Number</b> 314-478-8631	<b>E-mail</b> jane.smith@gmail.com

CLASS DATE	DESCRIPTION	HRS. TAUGHT	PAY RATE	TOTAL
07/30/2010	Instructed CERT Organization, Disaster Medical Operations I, and Disaster Psychology classes	4	\$30.00	\$120.00
07/31/2010	I was ill on the 31st so I did not teach as scheduled	0		
<b>SUBTOTAL</b>				\$120.00
<b>TOTAL</b>				\$120.00

By signing below, I Jane Smith (printed name), certify that the services that I provided at the 7/30 - 7/31/2010 (printed date) CERT training session were outside the scope of my normal, paid duties, and that I have not been and will not be compensated for my services from any other source.

**Date:** 8/3/2010

**Instructor Signature:** Jane Smith

# INVOICE--CERT TRAINING

## INDIVIDUAL INSTRUCTOR PAY

(Use this invoice if you are an individual seeking reimbursement for class instruction time)

**Please Fill Out, Print, & Return Invoice To:**

Staci Alvarez  
East-West Gateway Council of Governments  
1 S. Memorial Drive, Suite 1600  
St. Louis, MO 63102

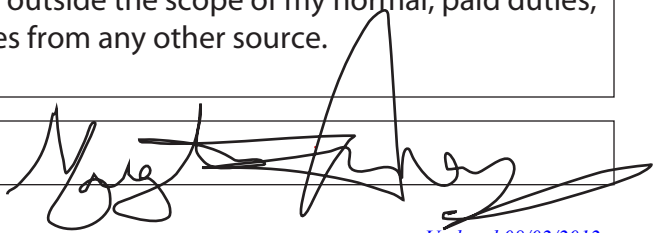
**Date(s) of Training** 07/31/2010

<b>Instructor's Name</b> Margaret Anthony, Substitute	
<b>Address</b> 451 W. LynnWood Lane	
<b>City</b> St. Louis	<b>State</b> MO <b>Zip Code</b> 00000
<b>Phone Number</b> 314-894-5568	<b>E-mail</b> M.Anthony@hotmail.com

CLASS DATE	DESCRIPTION	HRS. TAUGHT	PAY RATE	TOTAL
07/31/2010	Instructed CERT Organization, Disaster Medical Operations I, and Disaster Psychology classes	5	\$30.00	\$150.00
<b>SUBTOTAL</b>				\$150.00
<b>TOTAL</b>				\$150.00

By signing below, I M. ANTHONY (printed name), certify that the services that I provided at the 7-31-2010 (printed date) CERT training session were outside the scope of my normal, paid duties, and that I have not been and will not be compensated for my services from any other source.

**Date:** 8-2-2010

**Instructor Signature:** 

**Option Two: Individual Reimbursement**

If the government agency / district is unable to pay the instructors or prefers to have East-West Gateway contract with the individual instructors, that can be arranged as well. We will need from the Citizen Corps Program Manager / Agency / District the names of the instructors, the agenda for Citizen Corps Training, and the estimated number of hours each instructor will be teaching. The Contracts and Grants Administrator at East-West Gateway will send the individual(s) a letter of agreement for reimbursement. The individual will send East-West Gateway an invoice for the total dollar amount to be reimbursed, the agenda for the class(es) conducted and class roster. The individual must include a statement that the courses that East-West Gateway is reimbursing for were performed outside the normal paid duties of the instructor and the instructor was not compensated from another source. CERT hosting agency must verify the bill from instructor.

**Please provide the following if choosing Option Two:**

**INSTUCTOR ONE:**

<b>Name</b> Margaret Anthony		
<b>Title</b> Substitute Instructor		
<b>Address</b> 451 W. Lynwwod Drive		
<b>City</b> St. Louis	<b>State</b> MO	<b>Zip Code</b> 00000

<b>Course Date(s)</b>	7/31/2010
<b>Number of Hours to be Reimbursed</b>	5
<b>Rate of Pay</b> (not to exceed \$30/hour)	\$30.00
<b>Have you been reimbursed by East-West Gateway for instruction time on a previous occasion?</b>	Yes

**INSTUCTOR TWO:**

<b>Name</b>		
<b>Title</b>		
<b>Address</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>

<b>Course Date(s)</b>	
<b>Number of Hours to be Reimbursed</b>	
<b>Rate of Pay</b> (not to exceed \$30/hour)	
<b>Have you been reimbursed by East-West Gateway for instruction time on a previous occasion?</b>	

**INSTUCTOR THREE:**

<b>Name</b>		
<b>Title</b>		
<b>Address</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>

<b>Course Date(s)</b>	
<b>Number of Hours to be Reimbursed</b>	
<b>Rate of Pay</b> (not to exceed \$30/hour)	
<b>Have you been reimbursed by East-West Gateway for instruction time on a previous occasion?</b>	

**INSTUCTOR FOUR:**

<b>Name</b>		
<b>Title</b>		
<b>Address</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>

<b>Course Date(s)</b>	
<b>Number of Hours to be Reimbursed</b>	
<b>Rate of Pay</b> (not to exceed \$30/hour)	
<b>Have you been reimbursed by East-West Gateway for instruction time on a previous occasion?</b>	

If there are additional instructors, please add their information on additional page. If you have any questions regarding instructor pay, please contact Staci Alvarez, Contracts & Grants Administrator at 314-421-4220 or [staci.alvarez@ewgateway.org](mailto:staci.alvarez@ewgateway.org).

# INVOICE--CERT TRAINING

## ITEMS PURCHASES, INDIVIDUAL

(Use this invoice if you are an individual seeking reimbursement for items purchased)

**Please Fill Out, Print, & Return Invoice To:**

Staci Alvarez  
East-West Gateway Council of Governments  
1 S. Memorial Drive, Suite 1600  
St. Louis, MO 63102

<b>Date(s) of Training</b>	07/30/2010 07/31/2010
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<b>Purchase Order #(s)</b>	15434 15456 15891
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<b>Purchaser's Name</b> Colonel Sanders		
<b>Address</b> 123 E. Main Street		
<b>City</b> St. Louis	<b>State</b> MO	<b>Zip Code</b> 00000
<b>Phone Number</b> 314-654-8541	<b>E-mail</b> col.sanders@rcfd.org	

QUANTITY	DESCRIPTION	UNIT PRICE	SHIPPING	TOTAL
15	Mead, white, lined legal pads of paper for students at training sessions	\$1.50	0	\$22.50
3	Fire Extinguisher refills	\$25.00	0	\$25.00
<b>SUBTOTAL</b>				\$47.50
<b>TOTAL</b>				\$47.50

**ATTACH ORIGINAL PURCHASE RECEIPTS TO THIS INVOICE.**

**Date:** 8/2/2010

**Purchaser Signature:** *Colonel Sanders*



# INVENTORY CONTROL FORM

Please attach a packing slip, receipt, or invoice.



<b>Name/Department</b>	Colonel Sanders Rock Community Fire District
<b>Program/Discipline</b>	Rock Community Fire District CERT

OFFICE USE ONLY		
Grant Type/ Budget Year	Purchase Order Number(s)	Vendor Name
Line Number		

ITEM NUMBER	CATEGORY	QUANTITY	TAG NUMBER	SERIAL NUMBER	SECTION A: Item(s) Received--Describe all items that were received (include all accessories and parts). Use Inventory Control Continuation Form for additional items.
1	Training/Exercise	15	N/A	N/A	15 WHITE LINED LEGAL PADS OF PAPER; BRAND MEAD
2	Training/Exercise	15	RCFD-M-1234 - 1249	PR2343133	15 FIRE SAFETY MANUALS; 8TH EDITION; SOFT COVER; 5 CHAPS. AND EXERCISES; 100 PAGES

<b>ITEM NUMBER</b>	<b>SECTION B: Discrepancy--</b> Describe all problems with the shipment (damaged or missing items, portion of the shipment still on back order, etc.). Use Inventory Control Continuation Form for additional items.
<b>SECTION C: Item(s) Location--</b> Please provide the physical address where the items are stored.	
<b>AGENCY</b>	Rock Community Fire District
<b>ADDRESS WHERE ITEMS ARE HOUSED</b>	Rock Community Fire District, Station #5 1 S. East Avenue St. Louis, MO 00000
<b>SECTION D: Point of Contact--</b> Please provide the contact information for the person responsible for the item(s).	
<b>CONTACT PERSON</b>	Colonel Sanders
<b>ADDRESS</b>	123 E. Main Street St. Louis, MO 00000
<b>PHONE</b>	314-654-8541

**By signing below, I certify that I have received and inspected the item(s) listed above.**

**Signature** *Colonel Sanders* **Date:** 8/2/10

**Received By:** \_\_\_\_\_  
(Office Use Only)

**Date:** \_\_\_\_\_  
(Office Use Only)



# INVENTORY CONTROL CONTINUATION FORM

Please attach a packing slip, receipt, or invoice.



ITEM NUMBER	CATEGORY	QUANTITY	TAG NUMBER	SERIAL NUMBER	SECTION A: Item(s) Received--Describe all items that were received (include all accessories and parts). Use Inventory Control Continuation Form for additional items.
3	Training/Exercise	3	N/A	N/A	FIRE EXTINGUISHER REFILL
4	Equipment	15	RCFD-BP-1234 - 1249	N/A	COMPLETE PROFESSIONAL CERT KIT W/ ANSI CLASS 2 VEST AND 18" BACKPACK; HELMET; LEATHER WORK GLOVES; CHEMICAL SPLASH GOGGLES; FILTRATION MASK; LATEX GLOVES; FLASHLIGHT & BATTERIES; CHEMICAL LIGHT STICK
5					SURVIVAL BLANKET; 10" PLIERS, AND WHISTLE.
6					
7					
8					
9					
10					

ITEM NUMBER	SECTION B: Discrepancy--Describe all problems with the shipment (damaged or missing items, portion of the shipment still on back order, etc.). Use Inventory Control Continuation Form for additional items.
4	2 OF THE BACKPACKS WERE MISSING WORK GLOVES AND CHEMICAL SPLASH GOGGLES.

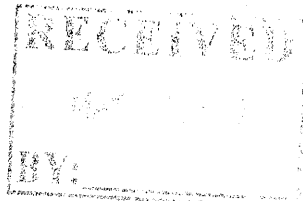
By signing below, I certify that I have received and inspected the item(s) listed above.

Signature: *Colene Sanders* Date: 8/2/10

Received By: \_\_\_\_\_  
(Office Use Only)  
Date: \_\_\_\_\_  
(Office Use Only)

**Safety Training and Consultations - International LLC**

121 Civic Center Drive, Suite 228  
Lake Saint Louis, MO 63367



# Packing Slip

Date	Invoice #
5/2/2010	10-0412

<b>Ship To</b>
1650 Hawks Nest Drive St. Charles, MO 63303 USA Att. Shalom N. Barber-Shoaf

P.O. No.	Ship	Via	FOB	Project
	5/2/2010			

Quantity	Item Code	Description
1	7901GR	1" TUBULAR Climb-Spec (100 yds) Green
1	7901FY	1" TUBULAR Climb-Spec (100 yds) Fluorescent Yellow
Tax Exempt with letter faxed to 866-427-0583		

We accept Master Card, Visa and American Express

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# **TRAVEL FORMS**

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# CERT TRAVEL REQUEST



**Please Fill Out, Print, & Return To:**

Staci Alvarez  
East-West Gateway Council of Governments  
1 S. Memorial Drive, Suite 1600  
St. Louis, MO 63102

## PERSONAL CONTACT INFORMATION

<b>Name</b> Jane Smith	<b>Phone Number</b> 314-478-5631
<b>Address</b> 7158 Princeton Ave.	<b>e-mail</b> jane.smith@gmail.com
<b>City, State, &amp; Zip</b> University City, MO 00000	
<b>Associated CERT Name</b> Rock Community Fire District	

## TRAINING/CONFERENCE INFORMATION

<b>Title</b> Community Emergency Response Team T-t-T	
<b>Date(s)</b> 8/13/10 thru 8/15/10	<b>Estimated Costs</b> \$500
<b>Location</b> 2302 Militia Drive, Jefferson City, MO 00000	
<b>Primary Contact Name</b> June Simonton	
<b>Primary Contact Title</b> Administrative Assistant, SEMA Training	
<b>Name of Organization</b> SEMA	
<b>Please select the type of entity that is providing the training/conference.</b> State government	

**Please provide a brief explanation of the purpose of your trip and how it relates to your CERT duties.**

**If the entity providing the training/conference is not a governmental entity please describe it here.**

The training is necessary in order for me to be certified to be a CERT course manager. After I successfully complete the T-t-T course I will be able to serve as course manager for Rock Community Fire District CERT; which currently only has one member who is T-t-T certified.

**By signing below, I certify that I will not be reimbursed or otherwise compensated from any other source for the travel expenses associated with the above training/conference.**

**Date** 7/6/2010

**Signature** Jane Smith



# CERT TRAVEL EXPENSE REPORT



**Please Fill Out, Print, & Return To:**

Staci Alvarez  
East-West Gateway Council of Governments  
1 S. Memorial Drive, Suite 1600  
St. Louis, MO 63102

<b>Name</b> Jane Smith	<b>Phone Number</b> 314-478-5631
<b>Address</b> 7158 Princeton Ave.	<b>e-mail</b> jane.smith@gmail.com
<b>City, State, &amp; Zip</b> University City, MO 00000	
<b>Associated CERT Name</b> Rock Community Fire District	

## EXPENSE DESCRIPTION

<b>Dates of Travel</b>	08/13/2010; 08/14/2010; 08/15/2010
------------------------	------------------------------------

<b>Activity/Purpose</b>	Community Emergency Response Team T-t-T Course; for course manager certification
<b>Location</b>	SEMA, 2302 Militia Drive, Jefferson City, MO 00000

### Meals

	Cost	Tips	Total	Notes/Comments
<b>Breakfast</b>	\$10	0	\$10	
<b>Lunch</b>	\$18	\$2	\$20	
<b>Dinner</b>	\$32	\$4	\$36	
		<b>Total</b>	\$66	

### Miscellaneous

	Cost	Total	Notes/Comments
<b>Lodging</b>	\$94	\$188	
<b>Parking</b>			
<b>Other</b>			
	<b>Total</b>	\$188	

### Personal Miles

	Total	Notes/Comments
<b>Total Miles</b> 232	<b>X Mileage Rate (\$.37/mile) =</b> \$85.84	

<b>Total amount requested</b>	\$339.84
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**Do not forget to attach all receipts and necessary documentation!!**

By signing below, I certify that the above expenses were incurred for business purposes only and that I will not be or have not been reimbursed or otherwise compensated from any other source for the above expenses.

<b>Date</b>	8/17/10
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<b>Signature</b>	<i>Jane Smith</i>
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**Directions to Emergency Management Agency**  
2302 Militia Drive, Jefferson City, MO 65101-1203  
- (573) 526-9100  
116 mi – about 2 hours 17 mins

This is one example of the acceptable documentation of mileage.

**Save trees. Go green!**

Download Google Maps on your phone at [google.com/gmm](http://google.com/gmm)



**A** 7158 Princeton Ave, University City, MO 63130

- |    |   |                             |
|----|---|-----------------------------|
| 1. | Head west on <b>Princeton Ave</b> toward <b>County Rd/Midland Blvd</b>  | go 289 ft<br>total 289 ft   |
|    | 2. Take the 1st left onto <b>County Rd/Midland Blvd</b>   | go 302 ft<br>total 0.1 mi   |
|    | 3. Turn left at <b>Delmar Blvd</b><br>About 1 min   | go 0.4 mi<br>total 0.5 mi   |
|    | 4. Take the 2nd right onto <b>N Big Bend Blvd</b><br>About 14 mins  | go 4.7 mi<br>total 5.2 mi   |
|    | 5. Turn left at <b>Murdoch Ave</b>  | go 440 ft<br>total 5.3 mi   |
|    | 6. Turn right to merge onto <b>I-44 W</b><br>About 38 mins  | go 35.1 mi<br>total 40.4 mi |
|    | 7. Take exit <b>247</b> to merge onto <b>US-50 W</b> toward <b>Union/Jefferson City</b><br>About 1 hour 21 mins | go 75.1 mi<br>total 115 mi  |
|    | 8. Take the <b>Militia Dr</b> exit<br>About 1 min   | go 0.3 mi<br>total 116 mi   |
|    | 9. Turn left at <b>Militia Dr</b><br>Destination will be on the left  | go 0.1 mi<br>total 116 mi   |

**B** Emergency Management Agency  
2302 Militia Drive, Jefferson City, MO 65101-1203 - (573) 526-9100

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

Map data ©2010 Google

Directions weren't right? Please find your route on [maps.google.com](http://maps.google.com) and click "Report a problem" at the bottom left.

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# **CHECKLISTS**

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## CHECK-LIST FOR INSTRUCTOR PAY FOR CERT TRAINING

### **NO LATER THAN 30 DAYS PRIOR TO THE TRAINING COURSE:**

- A DETAILED CLASS AGENDA
- CITIZEN CORPS TRAINING REIMBURSEMENT FORM
- A SIGNED EAST-WEST GATEWAY AGREEMENT
- A SIGNED W-9 (not needed if you have been previously reimbursed by East-West Gateway)
- A SIGNED, EXPECTED ATTENDEES FORM, WITH ATTACHED ROSTER OR RSVP LIST

### **WITHIN 90 DAYS AFTER THE TRAINING COURSE:**

- A FINAL AGENDA (even if no changes have been made)
- A SIGNED CLASS ROSTER/SIGN IN SHEET
- A SIGNED INVOICE W/ CERTIFICATION LANGUAGE INCLUDED
- PROOF OF PAYMENT TO THE INSTRUCTOR (ONLY for agency/district reimbursement)

**Mail documents to:**

Staci Alvarez  
East-West Gateway Council of Governments  
1 S. Memorial Drive, Suite 1600  
St. Louis, MO 63102



**CHECK-LIST FOR  
 ITEMS PURCHASED FOR CERT TRAINING**



**NO LATER THAN 30 DAYS PRIOR TO THE TRAINING COURSE & PURCHASES:**

**AN APPROPRIATE EAST-WEST GATEWAY PURCHASE REQUEST FORM**

**PRINTED VENDOR QUOTES, ATTACHED TO PURCHASE REQUEST FORM**

**A SIGNED, EXPECTED ATTENDEES FORM, WITH ATTACHED ROSTER OR RSVP LIST**

**A DETAILED AGENDA**

**AN EAST-WEST GATEWAY PURCHASE ORDER**

**WITHIN 90 DAYS AFTER THE TRAINING COURSE:**

**ORIGINAL RECEIPTS**

**A SIGNED INVOICE (not needed if vendor order)**

**A SIGNED, CLASS ROSTER/SIGN-IN SHEET**

**PROOF OF RECEIPT/DELIVERY**

**Mail documents to:**  
 Staci Alvarez  
 East-West Gateway Council of Governments  
 1 S. Memorial Drive, Suite 1600  
 St. Louis, MO 63102

If you have any questions or concerns about this manual, procurement, or reimbursement please contact:

**Staci Alvarez**  
**East-West Gateway Council of Governments**  
**1 S. Memorial Drive, Suite 1600**  
**314-421-4220**  
[staci.alvarez@ewgateway.org](mailto:staci.alvarez@ewgateway.org)

**MAILING ADDRESS:**

**SEND YOUR DOCUMENTS TO:**

Staci Alvarez  
East-West Gateway Council of Governments  
1 S. Memorial Drive, Suite 1600  
St. Louis, MO 63102