



Grant Agreement Number	CFIP Project Number	Invoice Number

**Payment Type:**     Advance Payment                       Interim Invoice                       Final Invoice

<b>Payee Name</b>	
<b>Payee Mailing Address</b>	

"I certify that the following work has been completed in full compliance with my CFIP Agreement specifications and request payment for the following expenses incurred and paid by me. A breakdown of my expenses is provided here. Copies of my bills are attached."

<b>Payee Signature</b>	<b>Date Signed</b>	
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To Be Completed by Payee				To Be Completed by CAL FIRE FAS	
Practice	Date Completed	Acres	Total Actual Cost	Eligible Acres	Eligible Costs
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
<b>Total:</b>			<b>\$</b>	<b>Total:</b>	<b>\$</b>
Of the above total cost, self-labor is:			\$	Cost Share Rate:	%

**Notes:**  
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To Be Completed by CAL FIRE FAS	
Adjustments:	\$
Less Outstanding Advance:	\$
<b>Total Payable by the State:</b>	<b>\$</b>

To Be Completed by CALFIRE			
Approved by FAS, all work was inspected and determined to be consistent with the Grant Agreement and expectations of CFIP; sign and date here:			
	<b>Signature</b>		<b>Date</b>
Approved by Stewardship Forester, OK to pay; sign and date here:			
	<b>Signature</b>		<b>Date</b>
Approved by Grants Analyst, OK to pay; sign and date here:			
	<b>Signature</b>		<b>Date</b>
<b>Fi\$Cal Coding:</b>	<b>ENY</b>	<b>Service Location</b>	<b>Supplier ID</b>



### **Payee Instructions**

Enter the payee's name and mailing address from Payee Data Record (STD 204) submitted with approved grant agreement. If your mailing address has changed from the address listed on the STD 204 at the time your CFIP grant agreement was approved, you must complete a new STD 204 and submit it with this invoice to update your mailing address. If the Payee name has changed, please consult with your Forestry Assistance Specialist (FAS) before submitting this RM-16, an updated STD 204 might be sufficient but an amendment to the grant agreement might also be necessary.

To request a review of the work completed to date, in addition to this RM-16 CFIP Invoice Cover Memo submit the following:

- Copies of contractor bills for expenses claimed on this form.
- If claiming reimbursement for self-labor, a breakdown of actual expenses showing labor, equipment and/or materials paid for. These may include actual receipts for materials or equipment rentals. A cost accounting worksheet or similar method shall detail personal labor and/or equipment time.
- If the Grantee received an advance payment, the advance amount shall be shown on the invoice form.
- If the RM-16 includes groundwork practices, the invoice package shall include a completion map that clearly shows relevant portions of the project boundary and where each invoiced practice was completed.

Submit the complete invoice package to the local CAL FIRE FAS. A contact list is posted on the CFIP website.

After a satisfactory field review by the FAS, this invoice package will be finalized by the FAS and submitted to the CFIP Stewardship Forester for payment. Your FAS can answer questions regarding the processing time frame for this invoice. Processing time frames are specific to each invoice and vary depending on the source of funding used for the Grant Agreement.

### **FAS Instructions**

Enter the number of eligible acres for each practice that were confirmed during the field review.

Enter the eligible costs for each practice. Eligible costs are total actual or grant agreement costs, whichever are lower. Eligible costs must be supported by documentation in the invoice package.

Enter the Total Eligible Costs.

Enter the Cost Share Rate that was approved in the grant agreement.

Enter any Adjustments.

If the Payee received an advance payment, list the outstanding advance amount. Any advance payment received by a Grantee/Payee and not used for project eligible costs shall be returned to CAL FIRE. The amount will be returned to the grant balance.

Calculate the Total Payable by the State by totaling all Eligible Costs, multiplying by the Cost Share Rate, applying any adjustments, and subtracting any outstanding advance amount.

Sign and date the FAS certification boxes.