

Format of Transmittal Letter
For Providers to Use in Submitting Capital Contract Vouchers
(To Be Submitted on the Service Provider's Letterhead)

Date:

[Name]
Project Manager
Capital Management Bureau
[Albany, NY or New York, NY Address]

Dear Mr./Ms. [Name]:

Re: Capital Contract No. XXXXX

Enclosed is the following documentation of expenses in conjunction with the above-referenced capital contract:

1. A State of New York **Standard Voucher** (AC-92), dated [Date] in the amount of [Amount].
2. A completed **Capital Projects Expenditure Report (PAS-35)**, dated [Date].
3. **AIA Form 702** for payment # [payment number], signed and notarized by the contractor and signed with the amount certified by the project architect.
4. **AIA Form 703** completed by the contractor and submitted in support of Form 702.

I hereby certify that the AC-92, identified above, is in an amount no greater than that certified by the architect, and that I have observed and am satisfied with the quality of the work for which this payment is requested.

Sincerely,

[Signature of Authorized Provider Official]
[Typed Name of Authorized Official]
[Title of Authorized Official]

Enclosures

STATE OF NEW YORK

STANDARD VOUCHER

Voucher No.

1 Originating Agency		Orig. Agency Code		Interest Eligible (Y/N)		2 P-Contract	
Payment Date (MM) (DD) (YY)			OSC Use Only		Liability Date (MM) (DD) (YY)		
3 Payee ID		Additional	Zip Code		Route		Payee Amount
4 Payee Name (Limit to 30 spaces)		IRS Code		IRS Amount			
Payee Name (Limit to 30 spaces)		Stat. Type	Statistic	Indicator-Dept.		Indicator-Statewide	
Address (Limit to 30 spaces)		5 Ref/Inv. No. (Limit to 20 spaces)					
Address (Limit to 30 spaces)		Ref/Inv. Date (MM) (DD) (YY)					
City (Limit to 20 spaces)		(Limit to 2 spaces) → State	Zip Code				

6 Purchase Order No. and Date	Description of Material/Service <small>If items are too numerous to be incorporated into the block below, use Form AC 93 and carry total forward.</small>	Quantity	Unit	Price	Amount
SAMPLE					

7 Payee Certification: I certify that the above bill is just, true and correct; that no part thereof has been paid except as stated and that the balance is actually due and owing, and that taxes from which the State is exempt are excluded.				Total	
→ _____ Payee's Signature in Ink Title _____ Date Name of Company				Discount	
				%	
				Net	

FOR AGENCY USE ONLY			STATE COMPTROLLER'S PRE-AUDIT		
Merchandise Received	I certify that this voucher is correct and just, and payment is approved, and the goods or services rendered or furnished are for use in the performance of the official functions and duties of this agency. _____ Authorized Signature _____ Date Title		Verified	Certified For Payment of Net Amount By _____	
Date			Audited		
Page No.			Special Approval (as Required)		
By					

Expenditure							Liquidation				
Cost Center Code				Object	Accum		Amount	Orig. Agency	PO/Contract	Line	F.P
Dept.	Cost Center Unit	Var	Yr		Dept.	Statewide					

OSC

Check if Continuation form is attached.

**NEW YORK STATE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES
CAPITAL PROJECT OBLIGATION AND EXPENDITURE REPORT**

Provider Name:	Project Site Address:
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Contract Number:	Contract Duration		Report No.:	Period Covered This Report: (Monthly)	
	Start Date:	Expiration Date:	<input type="checkbox"/> Final	From:	To:

1. Approved Budget Expense Categories & Amounts	2. Funds Obligated to Date	3. Total Previously Reported Funds Expended	4. Reported This Period Funds Expended	5. Total Reported to Date Funds Expended (Column 3 + 4)
Site Acquisition	\$	\$	\$	\$
Construction/Renovation	\$	\$	\$	\$
Contingency	\$	\$	\$	\$
Design	\$	\$	\$	\$
Furniture	\$	\$	\$	\$
Other (Specify)	\$	\$	\$	\$
OASAS Project Total	\$	\$	\$	\$

Other Funding Sources	\$	\$	\$	\$
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Project Grand Total	\$	\$	\$	\$
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Capital Contract Bank Account Summary

Total OASAS Funding Received to Date	\$
Interest Previously Reported (a)	\$
Interest Reported this period (b)	\$
Total Interest Reported (a + b)	\$
Account balance this period	\$

<i>For OASAS Use Only</i>	
<input type="checkbox"/> Advance	\$
<input type="checkbox"/> Charge Against Advance	\$
<input type="checkbox"/> Reimbursement	\$
Report Reviewed By	
Date	
Reviewers Initials	

Check List of information that must accompany this form:

- Copy of backup for obligations during this period are attached (i.e. contracts, proposals).
 - Copy of backup for expenditures during this period are attached (i.e. signed invoices & canceled checks).
 - Latest monthly bank statement is attached. Circle or highlight interest and balance amounts on accompanying bank statements.
 - Signed and dated NYS Standard Voucher (AC-92) for an advance and/or reimbursement against the OASAS contract is attached.
- Note: If this is a final report and there are unobligated advanced funds remaining a check for the balance should accompany this submission.

Agency Authorized Signature:	Name & Title:	Signature:	Date:
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INSTRUCTIONS for completing form PAS-35

Provider Name: Enter Agency's legal name (Provider Name should match OASAS Contract).

Project Site Address: Enter the specific site address at which the project/work is being performed, as shown on the OASAS contract.

Contract Number: Enter the contract number shown on the OASAS contract.

Contract Duration: Start Date - Enter the start date of contract shown on the OASAS contract. **Expiration Date** - Enter the expiration date of contract shown on the OASAS contract.

Report No.: Enter the report number being filed starting with one and submitted in successive order. **Final:** If this is a final report, check box.

Period Covered This Report: (Monthly): This report must be completed and submitted to the appropriate OASAS Project Manager on a monthly basis starting within 30 days after the first disbursement of monies through to the closeout of the contract. **From:** Starting date of period reported **To:** Closing date of period reported

1. Approved Budget Expense Categories & Amounts: The capital project budget by expense category as approved by OASAS. See Capital Contract Exhibit A. Expenses must be allocated and reported within the expenses categories indicated in the report; specifically:

Site Acquisition: - The purchase price of land and/or buildings.

Construction/Renovation: - Includes costs associated with actual approved expenses incurred and reported by the contractor to the provider. These costs should not reflect advance payments, if any, that the provider may have paid to the contractor prior to the contract start date.

Contingency: - Includes funds set aside to cover costs not anticipated in the initial construction cost estimate.

Design: - Includes costs incurred by architects/engineers for professional services on behalf of the provider, exclusive of advance payments.

Equipment: - Includes costs for fixed equipment and furnishings that are part of the approved capital contract.

Other: - Includes costs associated with construction supervision, legal fees, construction financing costs (e.g., bank fees, bank appraisals, construction period interest, environmental studies, title and recording fees, other related costs), site security, accounting/audit fees, insurance, site surveys, soil surveys, other surveys.

OASAS Project Total: Sum of the approved "Expense Categories" from above - Shall not exceed the total funded amount in the OASAS contract.

Other Funding Sources: Total monies budgeted for this project not funded through the OASAS capital contract.

Project Grand Total: Sum of the approved "OASAS Project Total" and "Other Funding Sources" monies budgeted for project.

2. Funds Obligated* to Date: Amount of the approved contracts awarded, orders placed for goods and services and similar transactions that will require payment by the grantee.

3. Total Previously Reported - Funds Expended:** Amounts expended to date by expense category, reported in prior periods. These expenses should reflect any adjustments made by OASAS on previous reports.

4. Reported This Period - Funds Expended:** Amounts expended on the project, by category, incurred during this period that previously were not reported.

5. Total Reported to Date - Funds Expended:** Cumulative amounts obligated and expended on the project, by category, since its inception.

Capital Contract Bank Account Summary: This section shall represent the status of the capital contract bank account for OASAS monies advanced.

Total OASAS Funds Received to Date: Enter the total payment amount (advanced or reimbursed) received to date from OASAS (excluding funds requested in this report).

Interest Previously Reported: Cumulative amount of interest earned and reported to date in previous periods.

Interest Reported this period: Amount of interest earned during this reporting period. Circle or highlight amount on accompanying bank statements.

Total Interest Reported: Sum of "Interest Previously Reported" and "Interest Reported this period".

Account balance this period: Current balance of account. Circle or highlight amount on accompanying bank statements.

Check List of information that must accompany this form: Check boxes confirming items are attached. The report must be accompanied by a Standard Voucher (AC-92) and appropriate documentation that supports the expenditures reported.

* **Funds Obligated:** Amount of the approved contracts awarded, orders placed for goods and services and similar transactions that will require payment by the grantee.

** **Funds Expended:** Amount of monies obligated and disbursed by the grantee for approved contracts awarded, orders placed, goods and services received, and similar transactions.

Notes: The provider must report activities relative to the capital budget approved for the project as provided in the OASAS contract. The provider shall report the obligation and expenditure of OASAS funds as well as any funds available from other sources that have been allocated to the project.

APPLICATION AND CERTIFICATE FOR PAYMENT AIA DOCUMENT G702 (Instructions on reverse side) PAGE ONE OF PAGES

TO (OWNER): PROJECT: APPLICATION NO: Distribution to:
 OWNER
 ARCHITECT
 CONTRACTOR

FROM (CONTRACTOR): VIA (ARCHITECT): ARCHITECT'S PROJECT NO:

CONTRACT FOR: CONTRACT DATE:

CONTRACTOR'S APPLICATION FOR PAYMENT

CHANGE ORDER SUMMARY		ADDITIONS	DEDUCTIONS
Change Orders approved in previous months by Owner			
TOTAL			
Approved this Month			
Number	Date Approved		
TOTALS			
Net change by Change Orders			

The undersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work for which previous Certificates for Payment were issued and payments received from the Owner, and that current payment shown herein is now due.

CONTRACTOR:
 By: _____ Date: _____

Application is made for Payment, as shown below, in connection with the Contract. Continuation Sheet, AIA Document G703, is attached.

- 1. ORIGINAL CONTRACT SUM \$ _____
- 2. Net change by Change Orders \$ _____
- 3. CONTRACT SUM TO DATE (Line 1 ± 2) \$ _____
- 4. TOTAL COMPLETED & STORED TO DATE \$ _____
 (Column G on G703)
- 5. RETAINAGE:
 - a. ____ % of Completed Work \$ _____
 (Column D + E on G703)
 - b. ____ % of Stored Material \$ _____
 (Column F on G703)
 - Total Retainage (Line 5a + 5b or Total in Column I of G703) \$ _____
- 6. TOTAL EARNED LESS RETAINAGE \$ _____
 (Line 4 less Line 5 Total)
- 7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate) \$ _____
- 8. CURRENT PAYMENT DUE \$ _____
- 9. BALANCE TO FINISH, PLUS RETAINAGE \$ _____
 (Line 6 less Line 8)

State of: _____ County of: _____
 subscribed and sworn to before me this _____ day of _____, 19____
 Notary Public:
 My Commission expires: _____

ARCHITECT'S CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observations and the data comprising the above application, the Architect certifies to the Owner that to the best of the Architect's knowledge, information and belief the Work has progressed as indicated, the quality of the Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED.

AMOUNT CERTIFIED \$ _____
 (Attach explanation if amount certified differs from the amount applied for.)
 ARCHITECT:

By: _____ Date: _____
 This Certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the Contractor named herein. Issuance, payment and acceptance of payment are without prejudice to any rights of the Owner or Contractor under this Contract.

CONTINUATION SHEET

AIA Document G702, APPLICATION AND CERTIFICATE FOR PAYMENT, containing Contractor's signed Certification is attached.
 In tabulations below, amounts are stated to the nearest dollar.
 Use Column I on Contracts where variable retainage for line items may apply.

APPLICATION NUMBER:
 APPLICATION DATE:
 PERIOD TO:
 ARCHITECT'S PROJECT NO:

A ITEM NO.	B DESCRIPTION OF WORK	C SCHEDULED VALUE	D WORK COMPLETED		F MATERIALS PRESENTLY STORED (NOT IN D OR E)	G TOTAL COMPLETED AND STORED TO DATE (D + E + F)		H BALANCE TO FINISH (C - G)	I RETAINAGE
			FROM PREVIOUS APPLICATION (D + E)	THIS PERIOD		(G + C)	%		

SAMPLE