



Wisconsin Department of Agriculture, Trade and Consumer Protection
 Division of Agricultural Resource Management • Bureau of Agrichemical Management
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Final Report 2018 - Unwanted Prescription Drug Collection Instructions for Expense Reimbursement and Match Documentation

This form is the core financial reporting document for Unwanted Prescription Drug (Drug) grants. Grantees can document all expenses eligible for reimbursement from the department at the end of the contract period.

If your expenses and match documentation requires more space than this form contains, there are two worksheets available on the [DATCP website](#) or you may create your own. They are: Local Expense Worksheet (*ARM-ACM-447*) and Labor Worksheet (*ARM-ACM-446*). Submit any extra worksheets with this form along with your final report. Nearly all the forms and worksheets are now fillable Word documents. If you prefer a non-fillable form, contact Jane Larson, 608-224-4545 or jane.larson@wisconsin.gov.

Specific Instructions:

All unwanted prescription drug grant recipients (continuous or temporary) can use this form. Remember, temporary collections are collections that take place on three days or less in a calendar year. A continuous collection takes place four days or more in a calendar year or if a drug drop box or boxes are used.

In-kind Match Documentation

- In-kind match are expenses for which you can't or won't request reimbursement such as supply costs that the project will cover or the value of donated services or labor that the project will pay for.
- **For temporary collections, labor expenses must be used as in-kind match.** Fringe benefits may be included in hourly labor rates.
- **Volunteer hours cannot be reimbursed** but they can be used as match. Value time at \$10 per hour.

Local Expense as Reimbursement or Cash Match

- Use the local reimbursable expense portion of the form to document all reimbursable expenses, including eligible waste disposal costs covered by DATCP.
- Cash match is the difference between reimbursable expenses and the DATCP grant award. Typically, these are the extra expenses that the county or municipality will cover.
- For continuous collections seeking reimbursement of staffing costs, list those expenses in this section. DATCP will only reimburse those staff employed by local units of government who are in active pay status. Retirees and volunteers do not meet this standard (list them in the in-kind section).
- Fringe benefits may be included in the hourly labor rate.

Eligible Costs:

- Direct costs for supplies and services used to handle unwanted prescription drugs or operate the collection event.
- Signs, supplies, refreshments for workers or volunteers at a collection event.
- Development, production or distribution of promotional or educational materials.
- Staff labor costs associated with the project (training, report preparation, drug transport). Fringe benefits may be calculated into the hourly rate.
- Direct costs for staff to receive, pack or sort drugs. Remember, staff costs associated with continuous collections can be used for reimbursement or match.
- Waste disposal costs for items not accepted by the Wisconsin Dept. of Justice (DOJ) take back.

Expense Reimbursement and Match

Page 2

Ineligible Costs:

- Capital purchases such as cameras, alarms or storage sheds. These can be used as match.
- Overtime: Because Saturday is viewed as a normal working day for all Clean Sweeps, municipal overtime reimbursement will not be authorized for Saturday work, only normal hourly rates.

Purchase of Drug Drop Box

- If you applied for a grant to purchase a drug drop box, enter the cost in the section “Local Expenses: For Reimbursement or as Cash Match.”
- Submit invoice for the drop box purchase.
- Remember that you need to have a 25% match for the *total project*. If your grant was \$1,000, remember that the match is calculated as $\$1000/.75 - \$1000 = \$333$. The match can be time, purchase of supplies like baggies, printing of signs or flyers, mileage to deliver drugs to DOJ.

Grant Match Requirements

- Grantees must document a 25% or more match to the final reimbursement request.
- If costs exceed grant amounts, the remaining balance counts as “match.”
- Reimbursement cannot exceed the grant award.
- DATCP cannot provide overage assistance for those projects that exceed grant amounts. **Local governments are fully responsible for all costs beyond approved grant amounts.**

Transfer of Unused Prescription Drug Funds

If you are the grant coordinator for the unwanted prescription drug grant *and* a household hazardous waste grant, unused drug funds can be transferred to cover household hazardous waste expenses.

Other Required Forms to Submit

- Waste hauler invoice if you used a waste hauler other than the Wisconsin DOJ no-cost disposal
- Unwanted Prescription Drug Collection Summary (*ARM-ACM-445*)
- Invoice for drug drop box purchase if applicable.

Maintain other receipts and documentation for five years. Grant recipients' financial records may be subject to a program audit.

Expense Reimbursement and Match Worksheet

Unwanted Prescription Drug Grant Grant Award: \$ Award Required Match: \$ Req'd Match

IN-KIND MATCH DOCUMENTATION

Municipal Labor or Volunteers (list staff names)	Hours/Unit	Unit Rate	Amount
Staff name	Hours/unit	Unit rate	\$ Amount
Staff name	Hours/unit	Unit rate	\$ Amount
Staff name	Hours/unit	Unit rate	\$ Amount
Total Labor (Line A)			\$ Amount
Building Rent or Lease (Line B)			\$ Amount
Other Costs (Examples: ineligible waste collection costs covered by municipality, equipment rental, etc.)			
Click here to enter text.			\$ Amount
Click here to enter text.			\$ Amount
Click here to enter text.			\$ Amount
Total Other Costs (Line C)			\$ Amount
Total In-Kind Match (A+B+C) (Item D)			\$ Amount

LOCAL EXPENSES: FOR REIMBURSEMENT OR AS CASH MATCH

Labor: List staff municipal workers (Only continuous collections eligible for reimbursement.)	Hours/Unit	Unit Rate	Amount
Click here to enter text.	Hours/unit	Unit rate	\$ Amount
Click here to enter text.	Hours/unit	Unit rate	\$ Amount
Click here to enter text.	Hours/unit	Unit rate	\$ Amount
Total Labor Costs (Line E)			\$ Amount
Waste Disposal (from waste contractor invoice)			
Waste hauler costs for non-DOJ disposal			\$ Amount
Total Waste Collection Costs (Line F)			\$ Amount
Supplies or Services (i.e. promotion/marketing, supplies, rent, volunteer food/beverage) – List item			
Click here to enter text.			\$ Amount
Click here to enter text.			\$ Amount
Click here to enter text.			\$ Amount
Total Supplies and Services (Line G)			\$ Amount
Total Reimbursable Local Expenses (E+F+G) (Item H)			\$ Amount
REIMBURSEMENT REQUEST			
DATCP Grant Award (Line I)			\$ Amount
Subtract grant funds transferred to household grant, if applicable (Line J)			\$(Amount)
Total DATCP grant award available (J-I) (Item K)			\$ Amount
Total Reimbursable Local Expenses (Item H from above)			\$ Amount
e. Reimbursement request (Item K, or Item H if local expenses are less than award)			\$ Amount
f. Match: <i>In-kind Match</i> (Item D from above)			\$ Amount
<i>Cash Match</i> (Difference between local reimbursable expenses Item H & grant award)			\$ Amount
Total Match: (In-kind + Cash Match) (Total Match must be greater or equal to [(Item K/.75) - (Item K)])			\$ Amount