

Grant Liaison Agreement  
October 1, 2019

Back Country Horsemen of Washington  
PO Box 1132  
Ellensburg, WA 98926  
Chapter:  
October 1, 2019

Grant Liaison Agreement  
Recipients Name:  
Grant Liaison  
Back Country Horsemen of Washington  
Street Address  
City, ST ZIP Code

Dear Grant Liaison:

Your duties as the Chapter Grant Liaison for your chapter is to:

1. make sure the chapter is following the contract we have made with RCO, and that the chapter is not overspending.
2. collect all documentation for billing, match, and progress reports from your chapter that has to do with this grant.  
This includes:
  - A. Receipts
  - B. Volunteer Field Sign-in Sheets
  - C. Articles in newspapers, Northwest Horse Source, and the Trailhead News.
  - D. Pictures
  - E. Report against the metrics stated in the grant application and agreed to such as trail miles, feet of turnpike....
3. organize the items you have collected from your chapter and:
  - A. Put the receipts together and fill out a reimbursement form. Also collect W-9 where needed (see page 3 under reimbursements).
  - B. Put the Field Sign-in Sheets together and fill out a Match Form
  - C. Fill out the RTP Progress Report questionnaire.
4. Send all the items from #3 above to your grant administrator on the schedule listed below. You are more than welcome to send it in more often, but no later than the schedule.
5. Be sure to always use the most current forms. The most current forms will always be posted under grants on the Docs page of BCHW's website.

October 1, 2019

Your BCHW Grant Administrator's duties include:

1. Reviewing the reimbursement forms and receipts to be sure they follow the RCO and BCHW guidelines for the grant. Once reviewed and approved, the BCHW Grant Administrator will send the documents on to the BCHW Treasurer to pay the reimbursements.
2. Your BCHW Grant Administrator is the link between you and the RCO Grant Manager.
3. Your BCHW Grant Administrator is to be sure to have all documentation in order incase BCHW is ever audited.
4. Your BCHW Grant Administrator submits the billings to the RCO for BCHW to be reimbursed.
5. Your BCHW Grant Administrator must submit progress reports to RCO on a regular basis.
6. Your BCHW Grant Administrator will also oversee the funds being allotted to the chapters to make sure that no one goes over their given allotment of grant funds without prior approval from the Grant Committee. And to make sure we spend as much of the grant funds as possible, through reallocations if needed.

By signing this document, you agree, as a RTP grant liaison for your chapter, to follow the expectations below.

1. To turn in match, bills, and a progress report to your BCHW Grant Administrator no later than the following dates:
  - January 15, 2020 (includes November 1, 2019 to December 31, 2019)
  - April 30, 2020 (includes January 1 to March 30, 2020)
  - July 31, 2020 (includes April 1 to June 30, 2020)
  - October 31, 2020 (includes July 1 to September 30, 2020)
  - January 15, 2021 (includes October 1 to December 31, 2020)
  - April 30, 2021 (includes January 1 to March 31, 2021)
  - July 31, 2021 (includes April 1 to June 30, 2021)
  - October 31, 2021 (includes July 1 to September 30, 2021)
  - November 15, 2021 (includes October 1 to October 31, 2021)

You are welcome to turn those items in more frequently. However, bills within the listed dates above need to be turned in for that date range. **Do not hold onto bills beyond the above date ranges and their corresponding due date.**

2. You are signing this agreement to agree to follow all protocols for turning in **bills**:

**A. RECEIPTS:**

- i. Receipts should not have any personal items that are not being reimbursed on them. Especially alcohol! BCHW cannot reimburse for any alcohol.
- ii. Receipts cannot just be credit card receipts. The receipts need to be itemized.
- iii. There are to be **two signatures** on all receipts (the person picking up the supplies and the grant liaison). If the person picking up the supplies is the grant liaison, they need to have the treasurer of their chapter sign the receipts.
- iv. The chapter check number and date written needs to be written on the receipts.
- v. For large bills that are difficult for chapters to cover, BCHW can directly pay the company. Talk to your BCHW Grant Administrator for prior approval.

**B. BCHW REIMBURSEMENT FORM:**

- i. There will be a form filled out for each person/chapter that is being paid by BCHW.
- ii. Send all receipts with the Reimbursement form.
- iii. If turning in more than one reimbursement form, please put each reimbursement form and receipts for that form in its own email to the grant administrator.

**C. REIMBURSEMENTS:**

- i. If a person is asking to be reimbursed for mileage, stock days, packing, per diem.... they need to attach the field sheet showing their work (that acts as the receipt).
- ii. The check number written by the chapter, the date, and amount it was written needs to be on the field sheet next to each person's name that is being reimbursed. The field sheet also needs to be clearly marked as to what is being reimbursed.
- iii. If a person is asking to be reimbursed for work they perform, or equipment they are renting out to BCHW (this includes stock days), then they need to fill out a W-9 form. A W-9 form is mandatory for the very first time a person is asking for payment of these items. The attached W-9 forms need to be done annually. W-9 forms are not needed for reimbursement of supplies they have purchased from a store, per diem, or mileage.
- iv. If a person is selling supplies to BCHW, they need to collect sales tax from BCHW.

**D. PER DIEM:**

- i. In order to collect per diem for reimbursement or match, the person needs to head out before 7 am and return after 6 pm. BCHW is not going to break it down to meals, just full days of per diem.
- ii. The per diem will be decided by the county map that Washington State uses (OFM Statewide Accounting). I have attached the current sheet to this agreement. This map is revised every October 1<sup>st</sup> and begins on January 1<sup>st</sup>.
- iii. Per Diem cannot be used if BCHW provides a meal during the day in question.

**E. MILEAGE:**

- i. Mileage rates can also be found in the lower right-hand corner of the OFM Statewide Accounting sheet.
  - ii. You can only use travel time or mileage whether it is for billing or match.
3. You are signing this agreement to agree to follow all protocols for turning in **match**:
- A. You need to turn in the volunteer field sheets that the volunteers have signed in on.
  - B. If an individual has filled out a volunteer field sheet for several independent trips out, they need to sign the form only once.
  - C. You can only use travel time **OR** mileage whether it is for billing and/or match. Figure out which one is preferred and put a line through the ones that are not. A person getting a ride from someone is currently able to use their travel time at the basic labor rate.
  - D. I have attached a Match totals sheet to this agreement with the current rates. Rates are subject to change at any time.

Sincerely,

Nicole Sedgwick  
BCHW Grant Manager  
PO Box 774  
Ravensdale, WA 98051  
360-640-1495

Chapter \_\_\_\_\_

Grant Liaison Name \_\_\_\_\_

Grant Liaison Signature \_\_\_\_\_

Date \_\_\_\_\_

**The following pages are examples of the forms that were referred to in this agreement.**

### RTP Progress Report

Please answer the following questions for the progress reports that must be submitted to the state. Please keep it brief as I have to fold your report in with the other chapter reports.

Date:

Chapter:

Grant Liaison:|

Land Manager: USFS WSP NP Co. Park WDFW Other:

Property:

Please answer the following questions:

1. Describe the work accomplished during this reporting period.
2. Are there any significant challenges that might hinder progress or keep you from meeting your project milestones? If so, please tell us about them.
3. Tell us about work planned for the next reporting period.
4. Do you anticipate you will need to request a modification to your project agreement in the next six months (time extension, cost change, scope change,...)? If yes, please explain.
5. How many miles of trail were maintained during this reporting period? How many feet of puncheon and/or turnpike?

**BCHW Volunteer Work Hours  
 2019 Match Form**

**Property** \_\_\_\_\_

**Chapter** \_\_\_\_\_

Date of Work	Basic	Sawyer	Op. Eng.	Welder	Heavy Truck	Carpenter	Packer	POV	Stock	Per Diem

Sub Totals:

x \$17	x\$39.82	x\$30	x \$24.33	x \$21.42	x \$25.67	x\$30	x \$0.58	x\$100	x\$55
<b>Grand Total</b>									

Revised 7/31/2019



## GRANT REIMBURSEMENT FORM

Grant Type: \_\_\_\_\_  
Grant Number: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City, St, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Date	Vendor	Explanation/Description	Amount

Check #: \_\_\_\_\_  
Date Paid: \_\_\_\_\_ Total                      \$0.00

Please attach all receipts. All receipts need to be signed by the person that picked up the supplies and by the grant liaison.

Email to Nicole Sedqwick at [bchwexec@bchw.org](mailto:bchwexec@bchw.org)

Revised 10/24/2019

Form <b>W-9</b> (Rev. October 2018) Department of the Treasury Internal Revenue Service	<b>Request for Taxpayer                  Identification Number and Certification</b> ▶ Go to <a href="http://www.irs.gov/FormW9">www.irs.gov/FormW9</a> for instructions and the latest information.	Give Form to the requestor. Do not send to the IRS.
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Print or type. See Specific Instructions on page 3.	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 100%; border-bottom: 1px solid black;"> <b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.                 </td> </tr> <tr> <td style="width: 100%; border-bottom: 1px solid black;"> <b>2</b> Business name/disregarded entity name, if different from above                 </td> </tr> <tr> <td style="width: 70%; border-bottom: 1px solid black;"> <b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor or single-member LLC  <input type="checkbox"/> C Corporation  <input type="checkbox"/> S Corporation  <input type="checkbox"/> Partnership  <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____  <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.  <input type="checkbox"/> Other (see instructions) ▶ _____                 </td> <td style="width: 30%; border-bottom: 1px solid black;"> <b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):                      Exempt payee code (if any) _____                      Exemption from FATCA reporting code (if any) _____                      (Applies to accounts maintained outside the U.S.)                 </td> </tr> <tr> <td style="width: 60%; border-bottom: 1px solid black;"> <b>5</b> Address (number, street, and apt. or suite no.) See instructions.                 </td> <td style="width: 40%; border-bottom: 1px solid black;">                     Requester's name and address (optional)                 </td> </tr> <tr> <td style="width: 60%; border-bottom: 1px solid black;"> <b>6</b> City, state, and ZIP code                 </td> <td></td> </tr> <tr> <td style="width: 60%; border-bottom: 1px solid black;"> <b>7</b> List account number(s) here (optional)                 </td> <td></td> </tr> </table>	<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	<b>2</b> Business name/disregarded entity name, if different from above	<b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ▶ _____	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ (Applies to accounts maintained outside the U.S.)	<b>5</b> Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)	<b>6</b> City, state, and ZIP code		<b>7</b> List account number(s) here (optional)	
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<b>Part I Taxpayer Identification Number (TIN)</b>														
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 generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> , later. <b>Note:</b> If the account is in more than one name, see the instructions for line 1. Also see <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; text-align: center; font-size: small;">Social security number</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> </tr> </table> </td> </tr> <tr> <td style="border: 1px solid black; text-align: center; font-size: small;">or</td> </tr> <tr> <td style="border: 1px solid black; text-align: center; font-size: small;">Employer identification number</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> </tr> </table> </td> </tr> </table>	Social security number	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> </tr> </table>					or	Employer identification number	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> </tr> </table>				
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<b>Part II Certification</b>	
Under penalties of perjury, I certify that:	
1. 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 2. 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 3. I am a U.S. citizen or other U.S. person (defined below); and 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.	
<b>Certification instructions.</b> 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 for Part II, later.	

<b>Sign Here</b>	Signature of U.S. person ▶ _____	Date ▶ _____
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**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

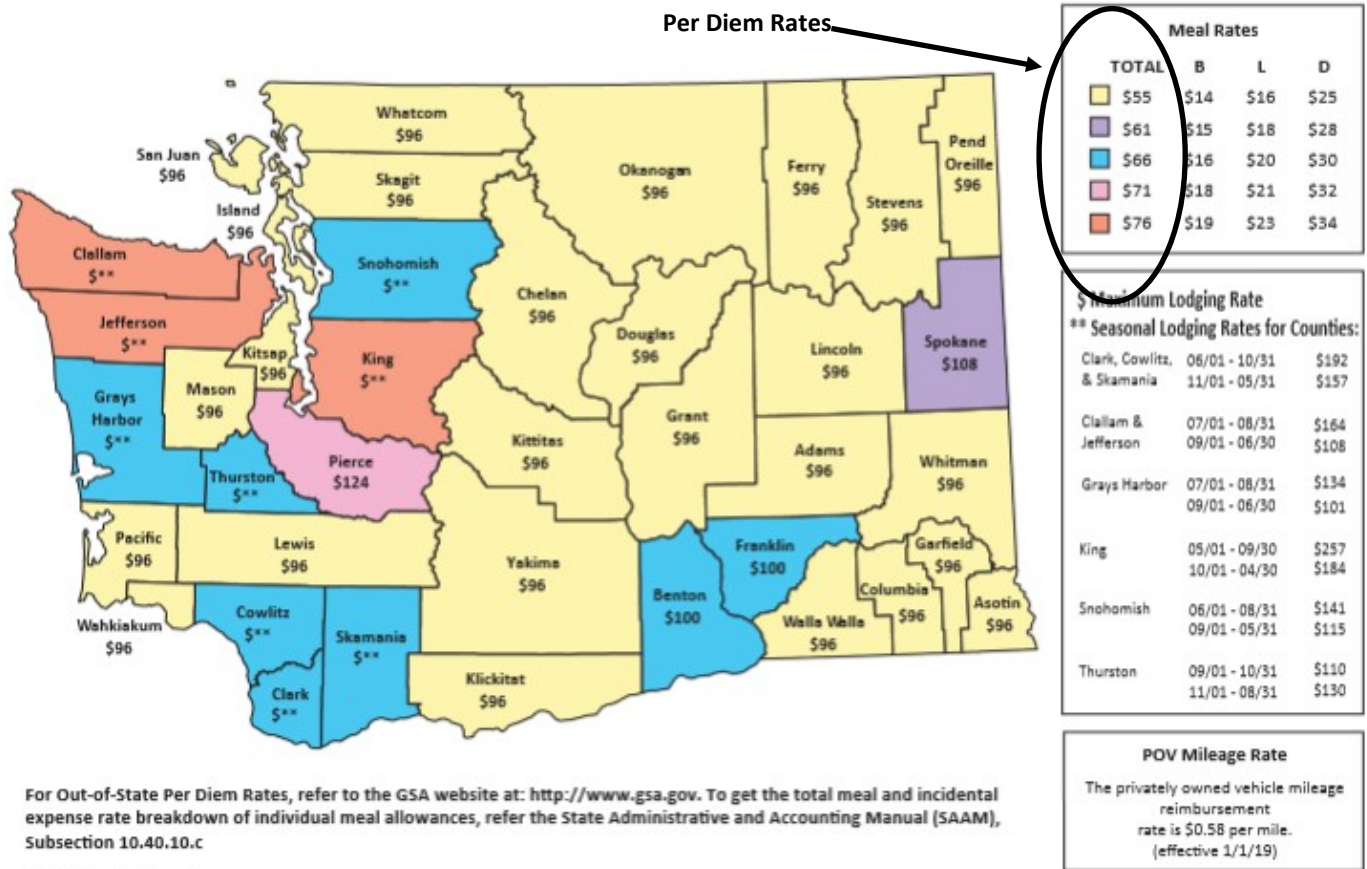
- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*



# Per Diem Rates - As of October 1, 2019



For Out-of-State Per Diem Rates, refer to the GSA website at: <http://www.gsa.gov>. To get the total meal and incidental expense rate breakdown of individual meal allowances, refer the State Administrative and Accounting Manual (SAAM), subsection 10.40.10.c

DFM Statewide Accounting  
 Rev. 10/19