



# COVID-19 Mississippi Local Provider's Innovation (MSLPI) Grant Program

## Monthly Invoice Reimbursement Training

May 18, 2023

# Invoice Reimbursement Training Guide

Federal  
Procurement  
Requirements

Cover Letter/  
Submission  
Portal

Reimbursement  
Forms/  
Supporting  
Documentation



# FEDERAL PROCUREMENT REQUIREMENTS

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# Roadmap

-  Introduction & General Requirements
-  Methods of Procurement
-  Contracting

# Introduction & General Requirements





# Procurement under Federal Grants

Procurement:

The action of obtaining goods and services from a third party (vendor).





# Implementing Regulations

Code of Federal  
Regulations  
(CFR)

2 CFR 200.317 –  
200.327

Uniform  
Administrative  
Requirements

Cost Principles



# Procurement Standards

2 CFR 200.318(a)



Must have written  
procurement policy



Must comply with  
applicable local,  
state, and federal  
law / policies



When policies  
conflict, most  
stringent policy  
controls

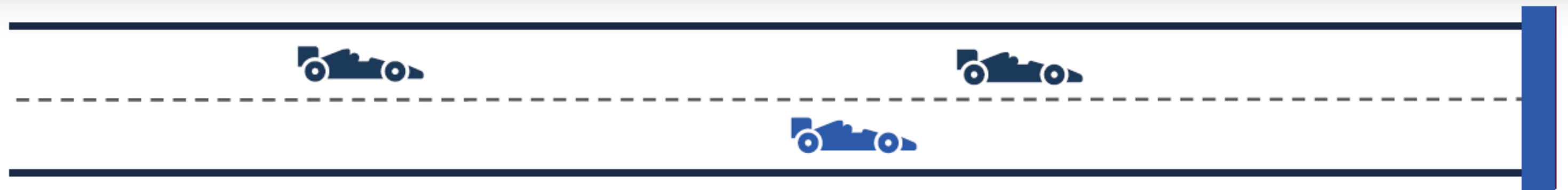




# Competition

2 CFR 200.319(a)

- “Full and open competition”
- Developers of specs/plans specifically excluded from bidding on them
- Numerous situations restrictive of competition





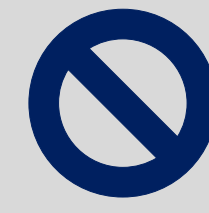
# Competition

2 CFR 200.319(a) & (b)



## Full and Open Competition

All opportunities should be publicly solicited, and all responsible sources that are interested in competing, are allowed to do so.



## Restricting Competition

- Excessive qualifications
- Unnecessary experience
- Unnecessary bonding
- Improper qualifications
- Retainer contracts
- In-state, local preference
- Conflicts of interest
- Any “arbitrary action”

# Methods of Procurement





# Methods of Procurement



**Micro-purchase**



**Small Purchase**



**Sealed Bids**



**Competitive Proposals**



**Noncompetitive Proposals / Sole Source**



# Methods of Procurement

- Non-state entities must follow the stricter of applicable local/federal/state procurement regulations.
- The federal guidelines currently set the simplified acquisition threshold at \$250,000

Entity Type	Micro-purchase	Small Purchase	Procurement in excess of the simplified acquisition threshold
Private Nonprofits & For-Profits	Up to \$10,000	\$10,000.01 - \$250,000	Above \$250,000



# Micro-Purchases

2 CFR 200.320(a)(1)

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- No quotes needed
- Prices must still be reasonable
  - Must determine cost reasonableness based on research, experience, purchase history or other information
  - Must be documented in the procurement file
- Distribute purchases equitably when possible
- May not split purchases purposefully to remain under threshold



# Small Purchases

2 CFR 200.320(a)(2)

- Minimum of three quotes required
- Prices must still be reasonable
  - Multiple quotes can support cost reasonableness
  - If three quotes cannot be obtained
    - provide justification
    - determine cost reasonableness based on research, experience, purchase history or other information
    - Document the procurement file
- May not split a larger purchase merely to bring the cost under SAT



# Sealed Bids

2 CFR 200.320(b)(1)

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- Typical for commodities and construction contracts
- Bids must be publicly solicited
- Contract awarded to lowest responsible bidder
- Need two or more responsible bidders
- Justification needed if lowest bidder not selected





# Competitive Proposals

2 CFR 200.320(b)(2)

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- Typical for indeterminate scope / professional services
- Must be publicly solicited
- Proposals evaluated and awarded to most qualified firm
- Evaluation process and criteria must be clear in RFP
- Price must be an evaluation factor



# Competitive Proposals

RFQ Exception – 2 CFR 200.320(b)(2)(iv)

**Qualification-  
based  
procurement  
allowed only for  
A&E services**

**Price not used  
as a selection  
factor**

**Not acceptable  
for other  
services  
provided by  
A&E firm**



# Noncompetitive Procurements

2 CFR 200.320(c)

Least-desirable  
method of  
procurement

Allowable uses:

## Procurement Under Grants: Under Exigent or Emergency Circumstances

Release Date: March 20, 2020

The Federal Emergency Management Agency (FEMA) provides financial assistance to states, territories, tribes, local governments, nonprofits, institutions of higher education, and other non-Federal entities. All FEMA grant programs are subject to the Federal procurement standards found at 2 C.F.R. §§ 200.317 – 200.326. Recognizing that FEMA's recipients and subrecipients may face exigencies or emergencies when carrying out a FEMA award, this Fact Sheet provides key information to consider when utilizing contracted resources under exigent or emergency circumstances.

[View an online tutorial](#) on how to properly contract during emergency or exigent circumstances when using federal funds.

### What Rules Apply to State Entities?

States are required to follow their own procurement procedures as well as the Federal requirements for procurement of recovered materials and inclusion of



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Micro  
purchases

Sole-source  
purchases

Public  
exigency or  
emergency

Authorization  
given by  
awarding  
agency

Inadequate  
competition  
after public  
solicitation



# Emergency & Exigency

2 CFR 200.320(c)(3)



## EMERGENCY

An emergency is a threat to health, life or safety.



## EXIGENCY

An exigency is NOT an emergency but requires immediate actions.

These methods should not be used for ARPA funds



# Noncompetitive Procurements

## Documentation Guidelines

1. Identify which of the circumstances justify a noncompetitive procurement.
2. Describe the product or service being procured, including the expected dollar amount.
3. Explain why the non-competitive procurement is necessary.
4. Document the impact that a competitive procurement would have on the progress of the scope of work.
5. Document the specific steps taken to determine this was the appropriate method of procurement.



# Minority/Women Owned Businesses

(MBE/WBE)

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- ☑ Extremely common OIG finding
- ☑ “Affirmative steps” must be demonstrated
- ☑ Dedicated set-asides or quotas not allowed
- ☑ Not an excuse to subvert open procurement process



# Required Affirmative Steps

2 CFR 200.321(b)(1) –(6)

- 1 Placement on solicitation lists
- 2 Assurance that MBE/WBE firms are solicited
- 3 Dividing requirements when feasible
- 4 Establishing delivery schedules conducive to participation
- 5 Using SBA/MBDA
- 6 Requiring prime contractor to take same steps when subcontracting



# Cost/Price Analysis

2 CFR 200.324(a)

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- Required for all procurement actions over simplified acquisition threshold
  - Note that cost reasonableness is required for all procurements including micro and small purchase as described previously.
- Includes change orders and contract modifications
- Must make independent estimate before receiving bids or proposals

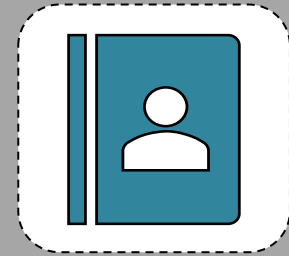


# Contracting





# Contracting



Subrecipients must limit acquisitions to its expected needs to carry out the scope of work under the federal award.



Pre-positioned or pre-awarded contracts are eligible as long as contracts are awarded in accordance with the Federal regulations.



# Responsible Contractors/Vendors

2 CFR 200.318(h)

Subrecipients must award contracts only to responsible contractors/vendors possessing the ability to perform successfully under the terms and conditions of the agreement.



Contractors/vendors that are debarred or suspended must be rejected (*SAM.gov*).



# Contract Types

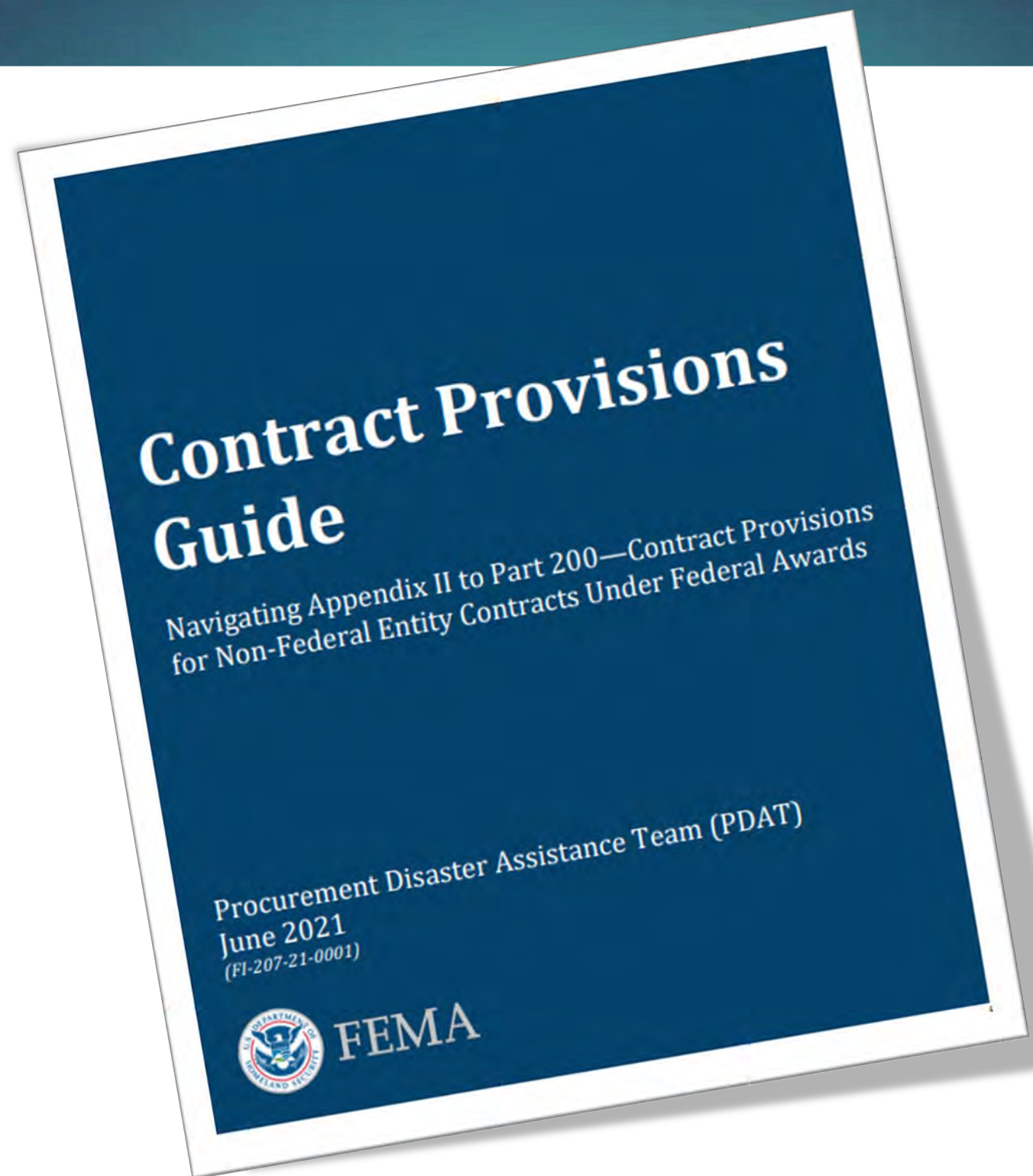
- **Fixed Price** - Price remains regardless of contractor's actual costs of performing scope of work.
- **Cost-Reimbursement** - Provide for the reimbursement of the contractor for its reasonable, allocable, actual, and allowable costs, with an agreed-upon fee (e.g., Cost-plus-award-fee & cost-plus-incentive-fee)
- **Time & Materials** - Actual cost of materials and direct labor hours charged at fixed hourly rates that reflect wages, general and administrative expenses, and profit.
  - Only allowed if no other contract is suitable
  - Must contain not-to-exceed ceiling
- **Cost Plus Percentage of Cost** – prohibited per 2 CFR 200.324(d)



# Required Contract Provisions

All contracts must contain the applicable clauses described in Appendix II to the Uniform Rules.

FEMA offers a [“Contract Provisions Template.”](#)



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# Purchasing From Vendor Pools or Pre-qualified Lists

- Federal procurement requirements still apply to purchases from vendor pools or pre-qualified lists.
- **Full and Open Competition** – The vendor pool should not restrict full and open competition.
- **MBE/WBE Outreach** – Even if purchasing from a vendor pool, the affirmative steps of 2 CFR 200.321 must be met.
- **Case-by-Case Basis** – Any purchase from a vendor pool must be reviewed on a case-by-case basis for compliance with Federal requirements.



# Helpful Resources

## FEMA Procurement Under Grants Training

<https://www.fema.gov/grants/procurement/training>

## FEMA Reasonable Cost Evaluation Job Aid

[https://www.fema.gov/sites/default/files/2020-07/fema\\_pa\\_reasonable-cost-evaluation-job-aid.pdf](https://www.fema.gov/sites/default/files/2020-07/fema_pa_reasonable-cost-evaluation-job-aid.pdf)

## PDAT Field Manual

[https://www.fema.gov/sites/default/files/documents/fema\\_PDAT-field-manual\\_102021.pdf](https://www.fema.gov/sites/default/files/documents/fema_PDAT-field-manual_102021.pdf)



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# Helpful Resources

## Contract Provisions Template

[https://www.fema.gov/media-library-data/1569959119092-92358d63e00d17639d5db4de015184c9/PDAT\\_ContractProvisionsTemplate\\_9-30-19.pdf](https://www.fema.gov/media-library-data/1569959119092-92358d63e00d17639d5db4de015184c9/PDAT_ContractProvisionsTemplate_9-30-19.pdf)

## How to Avoid the Top 10 Procurement Mistakes

[https://www.fema.gov/sites/default/files/2020-07/fema\\_pdat-key-points-to-avoid-top10-mistakes.pdf](https://www.fema.gov/sites/default/files/2020-07/fema_pdat-key-points-to-avoid-top10-mistakes.pdf)

## Buying Right

<https://www.hudexchange.info/resource/5614/buying-right-cdbg-dr-and-procurement-a-guide-to-recovery/>



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# Invoice Reimbursement Training Guide

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# Invoice Submissions:

Providers must submit an invoice(s) by the 15th of each month to receive payment for the activities completed within the previous month via the MSLPI reimbursement submission portal ([Link to Portal](#)).

All Invoice(s) submissions must include :

1. Cover letter on provider letterhead
2. Monthly reimbursement forms
3. Supporting documentation (i.e. invoices, payroll documents, time sheets, procurement forms, signed quotations, billing statements, etc.)

# Monthly Reimbursement Guide: Cover Letter

## Key Points:

- Cover letter must be on provider letterhead.
- Each budget line item included in the reimbursement must be accounted for.
- Cover letter must be signed.

### Cover Letter Instructions

All entities receiving payments from state government agencies, unless specifically exempted, must be registered in the Mississippi Accountability System for Government Information and Collaboration (MAGIC).

1. The invoice cover letter must be submitted to the Mississippi Office of Rural Health and Primary Care on the organization's letterhead.
2. Insert the date the invoice is submitted to the Mississippi Office of Rural Health and Primary Care.
3. **Subgrant Agreement Number:** Insert the subgrant agreement number assigned by the Mississippi State Department of Health, i.e. SG-xxxx.
4. **Vendor Number:** Insert the MAGIC vendor number assigned by the Mississippi Accountability System for Government and Collaboration (MAGIC). The vendor number can be found using the following link: [MAGIC Vendor Information \(state.ms.us\)](https://state.ms.us/magic/vendor-information)
5. **Insert Facility Name:** Insert the Facility's name. The facility name must align with your MAGIC vendor registration and the name listed in your subgrant agreement.
6. **Month and Year:** Insert the month and year associated with the supporting documentation. Failure to submit the date correctly will result in processing delays and rejection of the payment (i.e., December 2022 or November 2022 – December 2022).
7. **Activity Description:** Please refer to the scope of work within your sub-grant agreement for required deliverables. The associated supportive documentation must reflect the approved activities.
8. **Invoice Amount:** Insert the requested reimbursement amount not to exceed the award amount.
9. **Address:** Insert the address payment should be remitted. **The address listed on the invoice should exactly match the address listed on the facility's W-9 and MAGIC registration.** Any discrepancies in the address will result in payment delays and rejection of the payment.

Contact the Mississippi Management and Reporting System for vendor registration, address updates, and payment account updates via email at [mash@dfa.ms.gov](mailto:mash@dfa.ms.gov) or via phone at (601) 359-1343.

# Cover Letter Example

**State Medical Clinic, Inc.**  
Experts in Healthcare

- Provider letterhead

MISSISSIPPI OFFICE OF RURAL HEALTH AND PRIMARY CARE  
2022-2023 Invoice Cover Letter

February 15, 2023

Judy Newton  
Director, Office of Rural Health and Primary Care  
Mississippi State Department of Health  
P.O. Box 1700  
Jackson, MS 39215-1700

- Subgrant agreement number
- Vendor MAGIC number

**Re: Mississippi Local Provider Innovation Grant Program**  
SG-1234-R1  
MAGIC Vendor Number: 1234567891

Dear Ms. Newton:

[State Medical Clinic, Inc.] is requesting reimbursement for the month of [January 2023]. Please remit the approved payment in the amount of [\$11,000]. The payment should be mailed to the following address:

(123 Rainbow Way Anywhere, CA 12345)

- Facility name
- Month and year associated with invoice
- Total invoice amount

[Purchase and installation of X-Ray equipment to ensure best patient practices and optimize IT infrastructure for \$10,000. Personnel support for grant oversight to ensure the completion of activities for \$1,000.]

I attest [State Medical Clinic, Inc.] has not been awarded or reimbursed for the eligible expenses contained within this reimbursement request from any other federal, state, or other grant program. Furthermore, I attest that all items submitted for reimbursement within this request have been incurred by [Insert Facility Name]. I also certify the information submitted is correct to the best of my knowledge and that all expenditures reported have been made for the purposes stated in the application and award. I further certify that all required backup documentation is accurate and complete.

- Remittance address
- Activity description

Thank you,

*Jane Doe*

Jane Doe, MPH

- Signature

# Submitting into the Reimbursement Submission Portal

## IMPORTANT

1. All reimbursement requests MUST be submitted via the reimbursement submission portal. [Link to Portal](#)
2. All documentation and procurement forms should be converted into PDF format and combined into ONE PDF file for each submission. The summary form should be submitted in Excel format.
3. Remove all documentation that is not relevant to the present reimbursement submission.

\*Do not include form instructions

Submissions will be not processed if any of these actions are not completed.

# Invoice Submission Portal Guidance

Provider's contact info must be for someone that is familiar with the grant and easily accessible.

If entering multiple invoices: Separate each vendor name, invoice number and invoice period.

Amount of Invoice: For multiple invoices submit the total amount of all invoices.

**Provider's Name \***  
Insert the Facility's name

**Provider's Contact Name \***

**Provider's Phone Number \***

**Provider's Contact Email Address \***

**Sub-Grant and Revision Number \***  
**Insert the sub-grant agreement number assigned by the Mississippi State Department of Health**  
Note: You may refer to the Sub-grant Agreement for this number.  
i.e.) SG-XXXX-RX.

**Vendor Name \***  
**Refers to the vendor(s) that your organization is purchasing/contracting with for the reimbursement.**  
Note: This field should reflect the vendor's name listed on the invoice.

**Invoice Number(s) \***  
**If applicable, insert the invoice number(s) cited on invoices attached. If not, type "N/A".**

**Invoice Period \***  
**Insert the month and year associated with the supporting documentation.**  
Note: This should reflect the month and year listed on the provided invoice.  
(i.e. December 2022 or November 2022 – December 2022)

**Amount of Invoice \***

**Budget Category \***  
Select any budget categories included in this reimbursement request.  
 Personnel  
 Fringe  
 Travel

**Invoice Number(s) \***  
**If applicable, insert the invoice number(s) cited on invoices attached. If not, type "N/A".**

**Invoice Period \***  
**Insert the month and year associated with the supporting documentation.**  
Note: This should reflect the month and year listed on the provided invoice.  
(i.e. December 2022 or November 2022 – December 2022)

**Amount of Invoice \***

**Budget Category \***  
Select any budget categories included in this reimbursement request.  
 Personnel  
 Fringe  
 Travel  
 Equipment  
 Supplies  
 Contractual  
 Direct/Other Costs  
 Indirect Costs

**ARPA Training Videos \***  
By clicking the box below, I verify that appropriate personnel within my organization have watched the three (3) ARPA training videos on procurement located at this website:  
<https://www.dfa.ms.gov/arpa-funds>  
**At the end of the training material, you will be prompted to verify completion and compliance.**

**Upload Invoice \***  
**Payment Submissions**  
The following documents are required from each Provider for reimbursement:  
1. Invoice Cover Letter  
2. Monthly Reimbursement Forms  
3. Supporting Documentation  
4. Procurement Policy and Forms (if applicable)  
**PLEASE COMBINE EACH MONTH'S COVER LETTER, SUPPORTIVE DOCUMENTATION, AND FORMS INTO ONE COMPLETE FILE BEFORE SUBMISSION.**

Send me a copy of my responses

# Monthly Reimbursement Summary Form

MISSISSIPPI STATE DEPARTMENT OF HEALTH  
 COVID-19 MISSISSIPPI LOCAL PROVIDER INNOVATION GRANT  
 MONTHLY REIMBURSEMENT FORM

Sub-Grantee: State Medical Clinic, Inc.

Month of Reimbursement Request: Jan-23

	Budget Categories	A Approved Budget Amount by Budget Category	B Current Balance by Budget Category	C Current Monthly Expenditures Requested by Budget Category	D Remaining Balance by Budget Category	E Total Monthly Grant	
						Month	Payment
						December	
						January	11,000.00
						February	
						March	
						April	
						May	
						June	
						July	
						August	
						September	
						October	
						November	
						December	
						Total	11,000.00
1	Personnel	12,000.00	12,000.00	1,000.00	11,000.00		
2	Fringe Benefits				0.00		
3	Travel				0.00		
4	Equipment	45,000.00	45,000.00	10,000.00	35,000.00		
5	Supplies	5,000.00	5,000.00		5,000.00		
6	Contractual				0.00		
7	Total Direct Charges <small>(sum of 1 through 6)</small>				0.00		
8	Indirect Charges				0.00		
9	Total Charges	62,000.00	62,000.00	11,000.00	51,000.00		

- A** Please enter the total amount for each budget category as provided in the Subgrant Agreement.
- B** For the first reimbursement request, column B will be the same amount as column A. For subsequent request, Column B should be the same amounts as Column D of the prior request
- C** Please enter the amount requested for this period.
- D** Please enter the amount derived from subtracting column C from ,column B
- E** Please enter the amount Total Charges from column C for the respective month

**Line 8** Indirect cost should be calculated at the approved indirect cost rate percentage(or the de minimis) amount. The base for the percentage will be the sum of the amounts submitted in the current request for budget categories Personnel, Fringe, Travel, Supplies and Contractual.

Calculation Example	Personnel	9,000.00
	Fringe Benefits	1,000.00
	Equipment	0.00
		10,000.00
		0.10% de minimis rate
	Indirect Cost Amou	1,000.00

## Instructions

Column A – copied from Subgrant Agreement

Column B will equal column A for the first reimbursement. For all subsequent request , column B will equal column D from the previous request.

Column C - includes current monthly expenditures

Column D – reflects the remaining balance for each budget category and the overall total for each budget category

Column E – amount reflects the total requested amount for each month

# Invoice Reimbursement Training Guide

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# Monthly Reimbursement Forms

In addition to a cover letter, each monthly reimbursement request will require a summary reimbursement form and a reimbursement form for each category that incurred expenses.

## Reimbursement Categories:

- Personnel
- Fringe Benefits
- Travel
- Equipment
- Supplies
- Contractual
- Indirect Cost



# Supporting Documentation Example – Personnel Costs

## Personnel Tracking Form Instructions and Example

- Must maintain for all staff whose compensation is wholly or partially charged to award
- Activities charged to federal grants must be Allowable, Reasonable, and Allocable
- Must be prepared at least monthly and coincide with at least one pay period
- Record time daily and round to the nearest 15 minutes
- Timesheet must account for 100% of the total activity of each employee
- Must reflect actual after-the-fact, not budgeted, hours
- Must be signed at end of pay period by the employee and/our supervisor who has first-hand knowledge.

### BI-WEEKLY TIME SHEET

**Grantee Name** \_\_\_\_\_

Pay Period Start Date: 5/1/2023  
 Pay Period End Date: \_\_\_\_\_  
 Pay Date: \_\_\_\_\_

**Employee Name:** Jane Q. Coordinator  
**Title:** Program Coordinator  
**Department:** Community Involvement Program

**Pay Period:** 11/1/2022 to 12/4/2022  
**Supervisor:** On Lee N. Americus

PROGRAM	Activities	5/2/23	5/6/23	5/7/23	5/8/23	5/9/23	5/10/23	5/11/23	5/12/23	5/13/23	5/14/23	5/15/23	5/16/23	5/17/23	Total Hrs.
MSLPI	Patient Outreach	5	4.75	4.5		2			4	8	7	8	8		51.25
MSLPI	Training on new software			2							1				3
Other Funding Source		2				6			4						12
Other Funding Source		1													1
Annual Leave				1.5											1.5
Sick Leave			3.25		8										11.25
Holiday															0
Leave: Other															0
		8	8	8	8	8	0				8	8	8	0	80

\_\_\_\_\_  
 Employee Signature

\_\_\_\_\_  
 employee.

\_\_\_\_\_  
 Supervisor's Signature

\_\_\_\_\_  
 Date

**Instructions:**

1. Calculate all time in 15 minute increments, for example: 1.25, 2.50, 4.75.
2. Employee must submit timesheet to their supervisor within 2 days after the pay period ends.

\* = Do not charge time spent in organized fundraising solely to raise capital to Federal grants, whether to Federal or non-Federal share

**NOTE:** Electronic timesheets are allowed when a grantee (1) has an established, written policy establishing the use of electronic timekeeping systems; (2) has a secure, verifiable electronic signature system that a) identifies and authenticates a particular person as the source of the electronic signature, and b) indicates such person's approval of the time; and (3) does not allow changes to the electronic record once appropriate electronic signatures have been applied unless there is a clear, auditable record of the revision.



# Supporting Documentation Guidance – Personnel Costs

## Personnel Supporting Documentation:

- The Personnel Tracking Worksheet should be included for any personnel reimbursement requests or a report from the grantee's software reflecting the required information.

## Fringe Benefits Supporting Documentation:

- Percentage based on grant agreement



# Supporting Documentation Guidance – Equipment and Supplies

## Supporting Documentation

- Invoices
- Receipts
- Billing statements
- Procurement Forms – Sole Source Procurement Form, Micro Purchase Form, Small Purchase Procurement Form and Minority Outreach Form
- Procurement Policy
- Proof of payment
  - Canceled checks, paid invoices, copies of general ledgers, credit card statements, etc.

Invoices or receipts must provide billing organization's name, date, listing of items purchased, and amounts(s). All invoices must be billed to grantee.

# Sole Source Purchase Form

MISSISSIPPI LOCAL PROVIDER INNOVATION PROGRAM SOLE SOURCE PROCUREMENT FORM

**General Information**

Grantee Name:	
Services or Items Procured:	
Name of Vendor:	
Estimated Contract Value:	
Estimated Duration of Contract:	

**Justification for Proposed Sole Source**

a. The task is a natural continuation of previous work carried out by the vendor?	<input type="checkbox"/> YES <input type="checkbox"/> NO
b. Is only one (1) vendor qualified, or have experience of exceptional worth for the assignment?	<input type="checkbox"/> YES <input type="checkbox"/> NO
c. Is the identified vendor the only vendor offering the item to be procured?	<input type="checkbox"/> YES <input type="checkbox"/> NO

**Rationale**

*Background*

*Summary of required services*

Was a debarment check completed? \_\_\_\_\_

Was the cost analysis documented and added to the project file? \_\_\_\_\_

I certify that the information documented above is accurate, complete, and that we have collected written documentation supporting this procurement process. We agree to maintain all supporting documentation related to this procurement in the grant file, and make these records available for inspection, review, and audit by MSDH or another authorized government entity.

Signature of Responsible Party \_\_\_\_\_ Date \_\_\_\_\_ Printed Name, Title \_\_\_\_\_

1

- For sole source procurement 2 CFR 200.320(c) must be followed.
- Use the Sole Source Purchase Form to document the procurement as sole source.
- In the Rationale section of the form, provide a background and summary of required services in paragraph form, including the following.
  - Reasons why the contract cannot be competitively procured.
  - Include market assessment and analysis of alternatives (attach supporting documentation, if applicable).
  - Include documented cost analysis (attach supporting documentation, if applicable).
  - Include reasons why it is in the best interest of the grantee to use sole source selection to procure the services or equipment.



# Micro Purchase Procurement Form

MISSISSIPPI LOCAL PROVIDERS GRANT PROGRAM  
MICRO PURCHASE PROCUREMENT FORM

Grantee Name: \_\_\_\_\_  
Staff Purchase: \_\_\_\_\_  
Purchase Dollar Amount: \$ \_\_\_\_\_ Date of Purchase: \_\_\_\_\_  
Purchase Description  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Rationale for vendor selection based on price reasonableness: -  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Were efforts made to distribute the purchase(s) among qualified suppliers? \_\_\_\_\_  
Is the price of the item(s) or service(s) reasonable? \_\_\_\_\_  
Is the purchase(s) necessary to complete grant activities? \_\_\_\_\_  
Is the aggregate dollar amount of the purchase less than \$10,000? \_\_\_\_\_  
\_\_\_\_\_  
Name of person completing purchase \_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_  
Supervisor Approval \_\_\_\_\_ Date \_\_\_\_\_  
I certify that the information documented above is accurate and complete, and that we have completed all the procurement steps necessary to complete this procurement process. We agree to maintain all supporting documentation related to this procurement in the grant file, and make these records available for inspection, review, and audit by MSDH or another authorized government entity.  
\_\_\_\_\_  
Signature of Responsible Party \_\_\_\_\_ Date \_\_\_\_\_ Printed Name, Title \_\_\_\_\_

1

- Grantees should use the micro purchase method when procuring individual items of no more than \$10,000, exclusive of freight and shipping.
- Items and/or services may not be separated into smaller purchases to stay below the micro purchase threshold.
- No solicitation is required, but the grantee should perform a simple price analysis prior to receiving bids or proposals to ensure cost reasonableness.



# MSLPI Minority Outreach Form

Please use separate forms for Mighty Mississippi outreach efforts and SBA Dynamic Small Business outreach efforts.

1. Identify the solicitation list, including file path if applicable, utilized to solicit MB/WBE vendors for the identified scope of services.

Solicitation List:	
Solicitation URL:	

2. Did the grantee identify vendors able to perform services requested for targeted solicitation using applicable NAICS codes?

- a. If "Yes", attach a copy of the search results.
- b. If "No", provide proof of efforts using narrative writeups and screenshots of searches indicating 'no results' for searches to identify businesses able to perform services requested using NAICS codes. Note: Grantee should include as many relevant NAICS codes as needed to produce the most inclusive results.

Proof of Efforts Narrative (attach 'no results' screenshots of searches):

3. Document the efforts made to solicit qualified vendors identified in Step 2 in the table below and attach copies of all formal correspondence including copies of the original solicitation that was emailed or sent certified mail and proof of vendor's MB/WBE status.

Name of Vendor	Date Solicitation Emailed/Mailed	Response Received (Yes or No)

4. Was it economically feasible to separate the procurement into smaller tasks or quantities?

Yes  No

If 'no', provide justification as to why it was not feasible: \_\_\_\_\_

5. Were any inquiries made by a targeted vendor to establish alternate deadlines favorable to the targeted vendor?

Yes  No

If 'yes', was consideration given to establishing deliverable deadlines favorable to the targeted vendor?

Yes  No

If 'no' provide justification for the denial: \_\_\_\_\_

The information provided above on the Mississippi Local Providers Innovation Grant Program Documentation of Minority Outreach Form is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Responsible Party      Date      Printed Name, Title

- Grantees should include a minimum of one quote from a disadvantaged business, which includes small and minority businesses and women's business enterprises (MBWBE).

- MSLPI grantees must utilize the certified solicitation list at the Certified Minority Business System ([mississippi.org](http://mississippi.org)) and, when applicable, the SBA Dynamic Small Business Search.

1. Identify the certified solicitation list and document the location of the list.
2. Identify vendors within the list that can perform the services requested using NAICS codes. Provide proof of search for project file.
3. Email or send by certified mail the project description outlined in the Small Purchase Procurement Form to the email/ mailing address documented in the solicitation list. Provide copy of email or certified letter for monitoring file.
4. If no MBWBE vendors were identified, please provide proof of efforts in a narrative format or attach screen shots that show "no results"
5. If no MBWBE vendors responded, document efforts made to solicit the response and attach copies of the correspondence.

**MUST BE INCLUDED WITH ALL SMALL PURCHASE PROCUREMENT FORMS**

# MSLPI Minority Outreach Form

## NAICS Code Search:

1. Identify NAICS codes relevant to services or products to be procured  
[Code Search - NAICS Association](#)
2. Select all applicable codes. Use as many codes as needed to produce complete results

NAICS Codes

Find NAICS Codes

Codes Selected: 532490 | Other Commercial and Industrial Machinery and Equipment Rental and Leasing

Remove Selected Code Remove All Codes

Search Mississippi Minority Business Directory Exit Search Reset Search Form

## Certified Minority Business System (Mississippi.org)

1. Enter the NAICS codes in the search bar and select 'Search Mississippi Minority Directory'
2. Select one or more entity from the search results for a targeted solicitation and click on the 'View/Print' button. Note: If search yields no results, print screenshot for monitoring file.
3. Print or screenshot the report

Certified Minority Business Directory Search

2 Records Found

Return to Search Business: All MBE/WBE: All City: All

County: All NAICS Code: 532490

Print All Results Excel Print All Results PDF

Name - Click for Details	Contact	City	County	MBE	WBE	NAICS	Profile
Sheffield Rentals, Inc.	Sally Sheffield	Vicksburg	Warren	No	Yes	532310, 532490, 562991	View/Print
Southern Air, LLC	Elizabeth Bragg	Pelahatchie	Rankin	No	Yes	221330, 238210, 238220, 238290, 334512, 423620, 423720, 423730, 423830, 423840, 444190, 523210, 532490, 561790, 811412	View/Print

Return to Search

# MSLPI Minority Outreach Form

## NAICS Code Search:

1. Identify NAICS codes relevant to services or products to be procured  
[Code Search - NAICS Association](#)
2. Select all applicable codes. Use as many codes as needed to produce complete results

## SBA Dynamic Small Business Search (SBA.com)

1. Enter the NAICS codes in the search bar and select 'Search Mississippi Minority Directory'
2. Select one or more entity from the search results for a targeted solicitation and click on the 'View/Print' button. Note: If search yields no results, print screenshot for monitoring file.
3. Print or screenshot the report

NAICS Codes

Find NAICS Codes

Codes Selected: 532490 | Other Commercial and Industrial Machinery and Equipment Rental and Leasing

Remove Selected Code Remove All Codes

Search Mississippi Minority Business Directory Exit Search Reset Search Form

SBA Search Results

Search Criteria (include SBA certification(s)), profile statuses are expanded:  
The profile's status can be Active or Inactive.  
The profile may have expired if SBA.  
The business is not necessarily registered in SBA (no CAGE code listed yet).  
The business is not necessarily small.  
The firm is currently SBA-certified or an SBA Joint Venture.

Data validation took 0.00 seconds. The query and search queries took 0.13 seconds and 0.17 seconds, respectively.

Displaying profiles 1 - 1 of 1 profiles matching criteria.

SBA is experiencing intermittent issues in displaying the most up-to-date certifications for some registrants. If a firm claiming certification does not appear as certified in SBA, please contact [assess@csb@sba.gov](mailto:assess@csb@sba.gov) for assistance.

View	Name and Trade Name of Firm	Contact	Address and City, State Zip	Eligibility Narrative	Email Address
	W & F LLC	FORTE HANCOCK	10415 S HANCOCK RD SIC 80 HANCOCK, MS 39402-0111	W & F LLC's goal is to deliver solutions to government and corporate entities. We are a certified minority owned small business with hardware experience in job costing services, logistical management, facilities support services, heavy construction, commercial building, site preparation, contracting, and wholesaling building materials & supplies. Backed by a solid employee base and network of partners, W & F LLC is ready to find and implement multi-oriented solutions. We are committed to providing prompt, professional and reliable service. We proudly develop close working relationships with our customers and strive to build lasting goodwill.	<a href="mailto:forteh@wcfllc.net">forteh@wcfllc.net</a>

# Procurement Documentation Summary

	Thresholds	MSLPI Procurement Form	Number of Quotes	Minority Outreach Form
Micro Purchase	Up to \$10,000	Yes	0	No
Small Purchase	Between \$10,000 and \$250,000	Yes	3	Yes
Sole Source	Over \$10,000	Yes	0	No

# Monthly Reimbursement Form by Category - Travel

## Supporting Documentation:

- Proof of travel
- Hotel billing
- Registration forms and agendas

Invoices or receipts must provide billing organization's name, date, listing of items purchased, and amounts(s). All invoices must be billed to grantee.

MISSISSIPPI STATE DEPARTMENT OF HEALTH  
 COVID-19 MISSISSIPPI LOCAL PROVIDER INNOVATION GRANT  
 MONTHLY REIMBURSEMENT FORM - TRAVEL

GRANTEE: \_\_\_\_\_

Month of Reimbursement Request: \_\_\_\_\_

SFY \_\_\_\_\_

Staff Position and Name	Date(s) of Travel	Destination	Purpose for Travel (Training/Certification other)	Training Costs					Grant Total	
				Travel Air/ Vehicle	# of Miles if drove	Mileage Rate	Total Mileage Costs	Lodging		Meals
							\$ -			\$ -
							\$ -			\$ -
							\$ -			\$ -
							\$ -			\$ -
							\$ -			\$ -
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							\$ -			\$ -
							\$ -			\$ -
<b>TOTALS</b>				\$ -	0	0.000	\$ -	\$ -	\$ -	\$ -







# Reimbursement Request Review

## Supporting Documentation examples:

- Personnel
  - Include Personnel Tracking Sheet
- Fringe Benefits
  - Percentage based on grant agreement
- Travel
  - Proof of travel
  - Hotel billing
  - Registration forms
- Equipment
  - Invoice or receipt
- Supplies
  - Invoice or receipt
- Contractual
  - Invoice, receipt, or billing statements
- Indirect Cost
  - De minimis rate (CFR 200.414)

## Key Reminders:

- Subrecipients may only submit reimbursement requests ONCE EACH MONTH.
- Submit completed reimbursement request by the 15th for activities completed in the previous month.
- Each reimbursement request must contain a cover letter on subrecipient's letterhead with the amount requested for reimbursement.
- Any sole source procurement must include a valid narrative that justifies sole source procurement
- Any Small Purchase Procurement must contain a Minority Outreach Form
- Contact name, number, and email should be for an individual that is familiar with MSLPI Grant Program and can answer questions about the provider's grant.
- Complete Reimbursement form for each reimbursement category
  - Ensure total equals all budget line items if multiple reimbursements are in the same category
- Complete Reimbursement summary form
  - Instructions for completion are included on the bottom of the form
  - Ensure total from each budget category matches Column C in the Summary Form.

# Grantee: Expectations and Approval Process

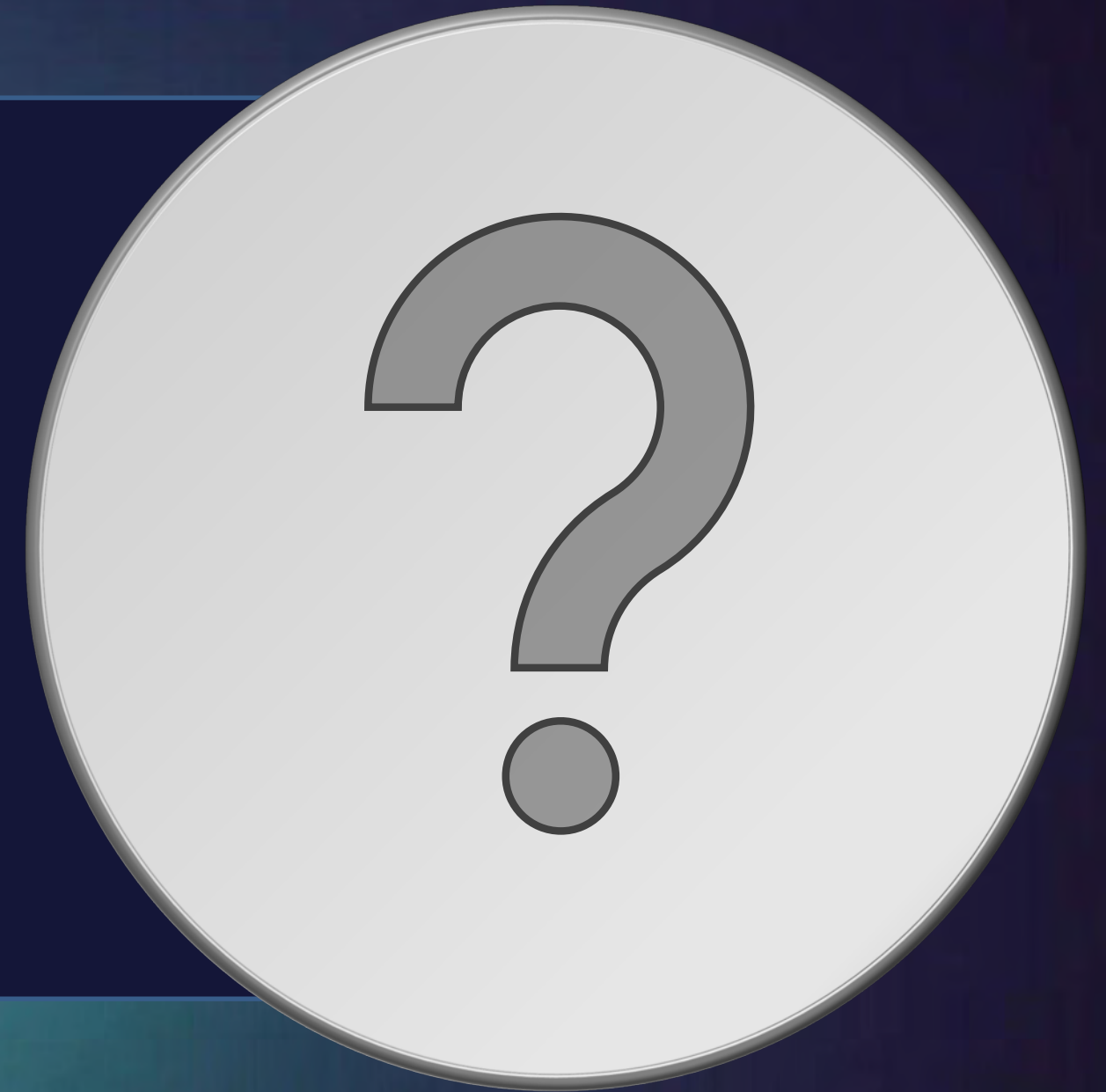
## Expectations:

- 15-to-30-day reimbursement review process once all required documentation is submitted.
- You can only submit one cash request and worksheet per month.

## Approval:

- All invoices will be reviewed by the HRK/ Trace Advisory Team
- If modifications are needed, the reimbursement request will be flagged, and the review team will request additional information

Questions?



# THANKS

FOR WATCHING!



**MISSISSIPPI DEPARTMENT OF HEALTH  
OFFICE OF RURAL HEALTH & PRIMARY CARE**

**PHONE: (601) 576-7874**

**EMAIL: [MSLPI.GRANT@MSDH.MS.GOV](mailto:MSLPI.GRANT@MSDH.MS.GOV)**