

ODOT Public Transit Division

Capital Preventive Maintenance & Rehabilitation Grants

Preventive Maintenance Grants

Maintenance should be performed to ensure the fleet is maintained (per manufacturer's recommendations) in good condition. Preventive maintenance includes all maintenance. Some examples are: oil changes; tune-ups; tires and tire maintenance; scheduled or routine maintenance; lift maintenance and repairs; and associated parts, supplies and labor. Annual safety inspections must be performed by a certified mechanic (in-house or local vendors). These inspections are reimbursable under the Preventive Maintenance grant.

Preventive maintenance and component rehabilitation grants do **not** include repairs covered by insurance resulting from motor vehicle accidents, or repairs that should be charged to warranty or service agreements, or any charges that are otherwise paid for with insurance proceeds, or in other grants or contracts.

Preventive maintenance is limited to one major component rebuild or replacement per vehicle covered in a capital preventive maintenance grant (see below).

Component Rehab Maintenance Grants

Component rehabilitation is a grant project category allowed in a capital project for a vehicle with high mileage that is in cosmetically good shape and is mechanically sound. Rehabilitation projects include replacement or rebuild of the engine, transmission, other major component, or to refurbish the interior or exterior. Rehab projects must provide another 50 percent useful life mileage for that vehicle. This project category is awarded in lieu of purchasing a replacement vehicle and is a planned activity – not for emergency repairs.

Required Reimbursement Documentation

Agencies may submit one of the following as a cover document to submit reimbursement requests for capitalized maintenance:

- ODOT-generated invoice form, **and**
- Either vendor invoices, or
- Reimbursement Request Invoice Attachment.

Agencies must also provide documentation either by providing copies of vendor invoices, or the Reimbursement Request Invoice Attachment. Rehab projects must include copies of vendor invoices.

Documentation Options

Reports already used by provider agencies for corporate or tax purposes may be copied and sent with the reimbursement request, if the report provides all of the required information. Otherwise, copy invoices or use the Excel Reimbursement Spreadsheet enclosed in your grant agreement. The Reimbursement Spreadsheet is available electronically in Excel format.

The report must contain the following information if the attached example is not used:

- Vehicle IDs (VIN or agency assigned vehicle number along with the license plate no.)
- Brief line item description and cost (for instance: 5 oil changes at \$30 each, 6 tires at \$200 each, check brakes at \$250)
- Cost per line item (for instance, the 5 oil changes would total \$150)
- Time period covered by this reimbursement request

For in-house mechanics, grant recipients may list labor costs in the reimbursement request. Copies of invoices or reports noted above must be submitted for all vendor provided maintenance and all parts. Paid labor is considered cash.

Donated or in-kind match (non-cash) is allowed for labor on maintenance and/or rehabilitation projects, if otherwise allowed and not used as match for any other grant or contract. Documentation of how in-kind costs were determined must be included with reimbursement requests. **In-kind is limited to 50 percent of the match in the 5311 program.**

A Grant Reimbursement Request form was provided to all grant recipients and must be used for all reimbursements to access discretionary grant funds. See the following samples of the Preventive Maintenance Excel spreadsheet, Invoice Attachment. The Excel version of the spreadsheet may be downloaded from our Web site at: www.oregon.gov/odot/pt/ (click on Programs, Capital).

Preventive Maintenance - Capital Expense Invoice Attachment

Provider Name:		Date:		
Reimbursement Period:				
Vehicle IDs (VIN #)	Brief Description of Maintenance	Quantity	Charge	Total Charges
Total Charges (must match total on Invoice)				\$0.00
Print Name:				
Signature	Title	"I certify that this billing is accurate and that these charges are not being billed to any other grant and are not being reimbursed from any other source."		

Preventive Maintenance - Capital Expense Invoice Attachment

Provider Name:	Oregon County Transit District	Date:		
Reimbursement Period:	July 1, 2009 - September 30, 2009	10/15/2009		
Vehicle IDs (VIN #)	Brief Description of Maintenance	Quantity	Charge	Total Charges
85601, 85602, 68935, 68936, 84552	Oil changes	5	\$30.00	\$150.00
85601	Tires	6	\$200.00	\$1,200.00
85601, 85602	Brake checks	2	\$250.00	\$500.00
Total Charges (must match total on Invoice)				\$1,850.00
Print Name: John Doe Transit				
Signature: <i>John Doe Transit</i>	Title: Executive Director	"I certify that this billing is accurate and that these charges are not being billed to any other grant and are not being reimbursed from any other source."		