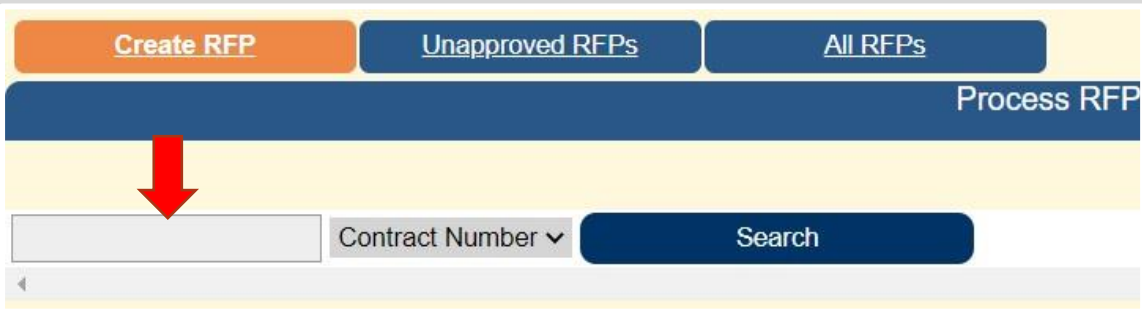


RFP Creation and Submittal Instructions for District Staff





Contract Number	Con. Status	Name	Address	Amount	Implemented	Percent	Components
92-2019-004	Approved			\$4,554	\$0	0.00%	8 0 8

- Once the BMPs have been installed, a Request For Payment (RFP) can be created. The contract must be in “Approved” status to be able to create the RFP.
- Select “RFP” from the bar at the top of the screen. The RFP screen will display. Click on “Create RFP”.
- Use the text box to enter the contract number in the format XX-XXXX-XXX (2-digit district #, 4-digit program year, and 3-digit contract number). Then click “Search”.
- The contract summary will display below. Click on the blue contract number to open it up for RFP entry.

RFP Creation for Average Cost Components



Contract Amount	Amount Approved	Remaining Amount A	Current Amount Requested
\$4,972	\$1,415	\$3,557	\$0

Remaining Funds? **B** Complete contract and/or cancel remaining funds Partial Payment

RFP Transactions C						
BMP	Component	Units	RFP	Status	Modified By	Modified On
Cover Crops	COVER CROP	3.10	\$140	RFP Approved		04-07-2022 8:41 AM
Cover Crops	COVER CROP	1.90	\$86	RFP Approved		04-07-2022 8:41 AM
Cover Crops	COVER CROP	1.80	\$81	RFP Approved		04-07-2022 8:41 AM
Cover Crops	COVER CROP	4.40	\$198	RFP Approved		04-07-2022 8:41 AM

BMP Details D											
Select	Funds	Category	BMP	BMP Imp.	JAA	Component	Units	Units Imp.	Amount	BMP Total	Implemented
Select	CS	EROSION/NUTRIENT REDUCTION	Cover Crops	150.00	Other	COVER CROP	104.00	0.00	\$4,160	\$6,000	\$0.00
Select				ACRE		COVER CROP	37.00	0.00	\$1,480		\$0.00
Select				COVER CROP		9.00	0.00	\$360	\$0.00		
Select	II	EROSION/NUTRIENT REDUCTION	Land Smoothing	40.00	Other	LAND SMOOTHING - Area 3 Heavy	40.00	40.00	\$7,204	\$9,000	\$7,204.00
Select	CS					LAND SMOOTHING - Area 3 Heavy	40.00	40.00	\$1,796		\$1,796.00
				Totals				\$15,000		\$9,000	

Component Details G								
	BMP	Component	Qty to pay	Unit Type	Amount To Pay	Current units	This RFP	Actual Amount
Update Cancel	Cover Crops	COVER CROP	104.00	ACRE	\$4,160	0.00 H	\$0	0
Edit	Cover Crops	COVER CROP	37.00	ACRE	\$1,480	0.00	\$0	0
Edit	Cover Crops	COVER CROP	9.00	ACRE	\$360	0.00	\$0	0
			Totals		\$6,000		\$0	

Cooperators I					
	Name	Tax ID	Full Address	Amount Approved	In Process
Update Cancel				\$9,000	0
			Totals	\$9,000	\$0

Comments (Max 250 char)

[Submit for approval](#) [Delete RFP](#)

- A** The amount of money remaining in the contract will show here.
- B** If this RFP completes the contract in full, click on the button for “Complete Contract and/or Cancel Remaining Funds”. If it doesn’t complete the contract, click “Partial Payment”. **You have to select one or information will not be saved.**
- C** Any previous payments will be listed under “RFP Transactions”.
- D** All BMPs and components from the contract will populate in the “BMP Details” section.
- E** You MUST enter the BMP Implemented Units (total for all fields) and the JAA level for the BMP. This is a record of how much of the BMP is installed.
- F** Click on the blue “Select” on the left that corresponds to the components that are to be paid in the current RFP.
- G** The “Component Details” box will pop up below. This is where the information on what was installed is entered by clicking on the blue “Edit”.
- H** Boxes will appear for you to enter the amount installed for the components under “Current Units” and “Actual Amount”. Then go back and click on “Update” on the left to save that data.
 - Repeat this step for all components that are to be paid in the current RFP.
- I** After the component details are entered the total amount to be paid should be entered in the “Cooperators” section at the bottom. Click on the blue “edit” button and fill in the amount under “In Process”. Then click on “Update” on the left.
- J** Once everything is entered, select “Submit for Approval”.
 - After you submit the RFP, you can now print a copy from the Forms menu on the contracting screen.

J

RFP Creation for Actual Cost Components



Contract Amount	Amount Approved	Remaining Amount	Current Amount Requested
\$7,500	\$0	\$7,500	\$0

Remaining Funds? Complete contract and/or cancel remaining funds Partial Payment

RFP Transactions

No Transactions

BMP Details

Select	Funds	Category	BMP	BMP Imp.	JAA	Component	Units	Units Imp.	Amount	BMP Total	Implemented
Select	AG	AgWRAP	Water Supply Well & Pump	0.00 EACH		AgWRAP - PUMP - water supply	1.00	0.00	\$3,700	\$7,500	\$0.00
Select						AgWRAP - Water Supply Well - construction/head protection	253.30	0.00	\$3,800		\$0.00
Totals									\$7,500	\$0	

Component Details

	BMP	Component	Qty to pay	Unit Type	Amount To Pay	Current units	This RFP	Actual Amount
Update Cancel	Water Supply Well & Pump	AgWRAP - PUMP - water supply	1.00	EACH	\$3,700	<input type="text" value="0.00"/>	\$0	<input type="text" value="0"/>
Edit	Water Supply Well & Pump	AgWRAP - Water Supply Well - construction/head protection	253.30	LinFT	\$3,800	0.00	\$0	0
Totals					\$7,500		\$0	

Cooperators

	Name	Tax ID	Full Address	Amount Approved	In Process
Update Cancel				\$0	<input type="text" value="0"/>
Totals				\$0	\$0

Comments (Max 250 char)

- A** The amount of money remaining in the contract will show here.
- B** If this RFP completes the contract in full, click on the button for “Complete Contract and/or Cancel Remaining Funds”. If more payments will be made, click “Partial Payment”. **You have to select one or information will not be saved.**
- C** Any previous payments will be listed under “RFP Transactions”.
- D** All BMPs and components from the contract will populate in the “BMP Details” section. Click on “Select” and the Component Details box will populate below.
- E** Click Edit on the left to enter costs for the component. The process is the same for creation of RFPs for average cost BMPs except that the value to put into the “Actual Amount” box in the “Component Details” section has to be calculated using the receipts that are required to be uploaded to the “Reference Material” section of the contract. You review the receipts and add up all relevant amounts and then take the cost share rate of that total (75 or 90%). **Use the “Receipts Summary” form to calculate this value.** This value is what you enter in the box titled “Actual Amount” then click on “Update” on the left. If you haven’t selected a “Remaining Funds” button at the top, this component step will not save.
- F** You MUST enter the BMP Implemented Units and the JAA level for the BMP in the “BMP Details” section (multiple fields add up to one value). This is a record of how much of the BMP is installed.
- G** After the “Component Details” information is entered, the total amount to be paid should be entered in the “Cooperators” section. Click on the blue “edit” on the left and fill in the amount “In Process” on the right and then click on “Update” on the left again to save it.
- H** Once everything is entered, select “Submit for Approval”. After you submit the RFP, you can now print a copy from the Forms menu on the contracting screen, make yourself a copy, and mail the original to the division.

Required Documentation – see BMP Webpages for Additional Upload Requirements

Reference Materials:

- Conservation Plan
- NC-AgWRAP 11 Signature Page
- Map with BMPs, Tract, Field, and Contract Numbers
- For 90% Cost share, upload [NC-CSPs-1E](#) form.
- [Cooperator Acknowledgment Form](#)
- Site Evaluation Sheets:
 - [Irrigation Water Well](#)
 - [Livestock Water Well](#)

For RFP:

- [Well Construction Record Form \(GW-1\)](#)
- [Water Well Check-out Sheet](#)
- [Receipts Summary Page for actual cost items](#)



Examples of Required Uploads

- **Receipts** - For ACTUAL cost components ONLY
 - Include summary page
 - Send the permit receipt, not the permit itself
- Construction approval letters
- Well Construction Record GW-1
- Well Checkout Sheet
- Well Abandonment Record (GW-30)



RFP Receipt Summary

NC COST SHARE PROGRAMS RECEIPTS SUMMARY

Contract Number

Cost Share Percent

BMP Component	Vendor	Date of Sale	Cost on Receipt	Cost to CSP
1 PVC SCH 40 ELBOW	LOWES	9/20/2019	\$ 3.02	\$ 2.27
1 PVC SCH 40 45 ELBOW	LOWES	9/20/2019	\$ 1.54	\$ 1.16
1 PVC SCH 40 TEE	LOWES	9/20/2019	\$ 2.69	\$ 2.02
Harvey Quart Heavy Duty PVC Cement	LOWES	9/20/2019	\$ 13.71	\$ 10.28
Harvey Quart Purple Primer	LOWES	9/20/2019	\$ 12.21	\$ 9.16
				\$ 0.00

				\$ 0.00
				\$ 0.00
				\$ 0.00
				\$ 0.00
			TOTAL	\$ 24.88



Examples – Receipts/Calculations

Project Details				
SQ Ft:	0	Valuation:	\$0.00	
Permit Fees				
Name	Amount	Paid	Due	
Well Construction Permit Fee	\$400.00	\$400.00	\$0.00	
Gross Alpha	\$50.00	\$50.00	\$0.00	
Totals:	\$450.00	\$450.00	\$0.00	

- Districts should highlight the cost that are to be included in the calculations for the RFP.
- Multiple items should be added together to get a total, if applicable. The cost share rate (75% or 90%) should be taken of that total and that number is what goes into the RFP in the “Actual Amount” box.

DATE	DESCRIPTION	AMOUNT
05/18/2021	1 - PUMP INSTALLATION INSTALLED 1 - 3/4 HP 5 GALLON/MIN GRUNDFOS SQ 230 VOLT PUMP & MOTOR 1 - WELL HEAD SET-UP (VENT CAP, ID TAG, SAMPLE TAP) - 250 FT OF 1" BLACK ROLL (IN WELL) - 250 FT OF 12-2 UF (IN WELL) 1 - 20 GALLON CHALLENGER TANK 1 - 1" BRASS TANK TEE PACKAGE (40/60 PRESSURE SWITCH, GUAGE, RELIEF VALVE) - 50 FT OF 12-2 UF FROM WELL TO SHED 1 - 20 AMP SLEMENS BREAKER MISC FITTINGS (ELECTRICAL & PVC) LABOR FOR 2 MEN, 3 HRS	
	<i>Pl is full Jon Poole</i>	
	Installers: JON POOLE	TOTAL DUE \$3,250.00

Do!!!

Do highlight costs associated with the BMP and components you are submitting payment for on the RFP!

C.O.D. ** C.O.D. ** C.O.D. **

Order Number	Order Date	Ship Date	Ship Via	Warehouse
1200ft	09/20/19	10/18/19	COUNTER PU	Shp 10 Prc 10
Order Description	Salesperson	Release #	Freight Allowed	No
***** Shipping Instructions *****	Z DO NOT USE			
* 828-448-9171				
* CALL BEFORE YOU GO				
* . 2002 NC 181				
Product Description	Nat Prc	Ext Prc		
1" x 20' PVC SCH 40 BOE PIPE	0.396	475.20		
B90-100 09295-10	4.694	9.39		
1" PVC BALL VALVE				
DS109 1-11 6" ROUND VALVE BOX	4.120	8.24		
JD-7000 M06-006				
W34-2 WOODFORD 2FT BURY YARD HYDRANT	91.351	182.70		
406-010 1 PVC SCH 40 ELBOW	0.503	3.02		
417-010 1 PVC SCH 40 45 ELBOW	0.770	1.54		
401-010 1 PVC SCH 40 TEE	0.672	2.69		
420-010 1" PVC SCH40 CROSS	1.977	1.98		
2-6SE-07	5.287	10.57		
3/4" GALV ST 90 ELBOW				
436-102 3/4X1 MXS MALE ADAPT	0.643	1.29		
018230-12	13.712	13.71		
HARVEY QUART HEAVY DUTY PVC CEMENT CLEAR (OLD # 018956)				
019080-12	12.212	12.21		
HARVEY QUART PURPLE PRIMER (OLD # 019711)				
017800 335-520 1/2X520 TEFLON TAPE T19-125	0.618	0.62		
SUBTOTAL		723.16		
SALES TAX		50.62		
Invoice Amount		773.78		

wcs # 1619



LOWE'S HOME CENTERS, LLC

Black out

- SALE -

SALES#: 51097854 2593207 TRANS#: 21430010 09-25-19

2156 6-IN ROUND VALVE BOX	5.92
2148 1IN PVC BALL VALVE SOCKET	4.98
2309 1-IN SCH40 CAP 447010	3.12
4 0 0.78	
2305 1-IN SCH40 ADAPTER 436010	2.52
3 0 0.84	
2307 1-IN SCH40 CAP 448010	4.14
3 0 1.30	
2302 1-IN SCH40 45-DEG ELBOW	1.14
2307 1-IN SCH40 ELBOW (416010)	1.00
2305 1-IN SCH40 COUPLER 439010	2.32
4 0 0.58	
2307 1-IN SCH40 TEE 401010	1.34
2270 1-IN SCH40 CROSS 420010	2.98
SUBTOTAL: 29.46	
TAX: 1.99	
INVOICE 43809 TOTAL: 31.45	
DEBIT: 31.45	

Required Forms for Payment Processing

- Send the **original** RFP on **yellow paper** and include the Substitute W-9.
- Substitute W9 Form
 - All **highlighted** items on the Form need to be completed.
 - Recommend to use the online fillable form and **type** in all information except the signatures. Have the cooperator verify all information is correct, then print and sign.
 - All information must match the **tax record** exactly!
 - Ex. Wilson Brothers Farm ≠ Wilson Brothers Farms
 - Ex. James B. Wilson ≠ Jimmy Wilson
 - *Consider requesting during construction and submitting 1-3 months prior to payment.*



Substitute W-9 Form

REV 10/2023

NC Office of the State Controller
(IRS Form W-9 will not be accepted in lieu of this form)
*Denotes a Required Field

STATE OF NORTH CAROLINA
SUBSTITUTE W-9 FORM
Request for Taxpayer Identification Number

Section 1 - Taxpayer Identification

***1.** Social Security Number (SSN), OR Employer Identification Number (EIN), OR Individual Taxpayer Identification Number (ITIN)

***2.** _____
(PRESS THE TAB KEY TO ENTER EACH NUMBER)

Please select the appropriate Taxpayer Identification Number (EIN, SSN, or ITIN) type and enter your 9-digit ID number. The U.S. Taxpayer Identification Number is being requested per U.S. Tax Law. Failure to provide this information in a timely manner could prevent or delay payment to you or require The State of NC to withhold 24% for backup withholding tax.

***4. Legal Name (as registered with the IRS - see instructions):** _____

3. Unique Entity Identifier or Dunn & Bradstreet Universal Numbering System (DUNS) (see instructions): _____
(PRESS THE TAB KEY TO ENTER EACH NUMBER)

5. Business Name/DBA/Disregarded Entity Name, if different from Legal Name: _____
(PRESS THE TAB KEY TO ENTER EACH NUMBER)

Contact Information

***6. Legal Address (DO NOT TYPE OR WRITE IN THIS FIELD)**

***7. Remittance Address (Location specifically used for payment that is different from Legal Address, if applicable)**

***Address Line 1:** _____ **Address Line 1:** _____

Address Line 2: _____ **Address Line 2:** _____

***City** _____ ***State** _____ ***Zip (9 digit)** _____ **City** _____ **State** _____ **Zip (9 digit)** _____

***County** _____ **County** _____

***8. Contact Name:** _____

***9. Phone Number:** _____

10. Fax Number: _____

***11. Email Address:** _____

***12. Entity Type**

Individual/Sole Proprietor/Single-member LLC C-Corporation S-Corporation

Partnership Trust/Estate Other _____

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) _____

***13. Entity Classification**

Medical Services

Legal/Attorney Services

NC Local Govt

Federal Govt

NC State Agency

Other Govt

Other (specify) **farmer**

14. Exemptions (see instructions)

Exempt payee code (if any): _____

Exemption from FATCA reporting code (if any): _____

Section 2 - Certification

Under penalties of perjury, I certify that:

- 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
- 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 because 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
- I am a U.S. citizen or other U.S. person (defined later in general instructions), and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions: Please refer to the IRS Form W-9 located on the IRS Website (<https://www.irs.gov/>):

***Printed Name:** _____ ***Printed Title:** _____

***Authorized U.S. Signature:** _____ ***Date:** _____



Please complete the Modification to Existing Supplier Records form if there have been any changes to the following: Tax Identification Number (TIN), Legal Name, Business Name, Remittance Address.

If you would like to receive your payments electronically, please complete the Supplier Electronic Payment form.

Return all completed forms to the State Agency from which you are requesting payment.

Direct Deposit Form

NC Office of the State Controller See instructions for return information. Telephone: 919-707-0795 www.osc.nc.gov ncfsepay@osc.nc.gov		Supplier Electronic Payment Request <input checked="" type="checkbox"/> New Add Request <input type="checkbox"/> Change/Update Existing Account <input type="checkbox"/> Inactivate Existing Account *Denotes a required field
---	---	---

The State of North Carolina offers payees the opportunity to receive payments electronically through U.S. based banks. In addition to having the funds deposited electronically, you will also receive remittance information by e-mail.

We require you to submit a copy of a voided check, bank statement, or a bank authorization letter on bank letterhead signed by a bank representative for account verification.

*TAX ID # or SSN	1 2 3 4 5 6 7 8 9
*PAYEE NAME	John B. Smith
*REMITTANCE ADDRESS (AS PRINTED ON YOUR INVOICE)	123 Main Street STREET Raleigh CITY John B. Smith NAME & TITLE
*CONTACT	NC STATE 919-123-4567 SUITE/ROOM # ZIP CODE PHONE NUMBER

NEW FINANCIAL INFORMATION

*FINANCIAL INSTITUTION NAME:	Bank of NC
*NAME ON ACCOUNT:	John B. Smith
*NEW ROUTING NUMBER:	1 2 3 4 5 6 7 8 9
*NEW ACCOUNT NUMBER:	1 2 3 4 5 6 7 8 9 1 1 2 3 4
*ACCT TYPE:	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings
*REMIT E-MAIL ADDRESS	JohnBSmith@email.com

New add requests MUST include contact information for the state agency with which you are doing business.

*North Carolina Agency Name: NC Division of Soil and Water	*North Carolina Agency Contact Name: Paula Day
*North Carolina Agency Contact Email Address: paula.day@ncagr.gov	*North Carolina Agency Contact Phone Number: 919-707-3786

PRIOR FINANCIAL INFORMATION (only required for updates)

FINANCIAL INSTITUTION NAME:	
NAME ON ACCOUNT:	
ROUTING NUMBER:	
ACCOUNT NUMBER:	
ACCT TYPE:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
REMIT E-MAIL ADDRESS	

*** ALL BOXES BELOW MUST BE REVIEWED AND CHECKED**

- I acknowledge that electronic payments to the designated account must comply with the provisions of U.S. law, and the requirements of the Office of Foreign Assets Control (OFAC). I affirm the entire amount of the payment will not be transferred to a foreign bank account.
- I authorize the Office of the State Controller to initiate ACH payments, and if necessary, adjustments for any ACH payments in error, to the financial institution and account identified on the attached certification document. This authority will remain in effect until I, the supplier cancel it in writing or the authority is terminated by the NC Office of the State Controller.
- I have attached a copy of a **current** voided check, current bank statement, or a bank authorization letter on bank letterhead signed by a bank representative.

*PRINT NAME: John B. Smith	*DATE: 01/01/2024
*SIGNATURE: 	*PHONE NUMBER: 919-123-4567

Revised September 2023



Direct Deposit Form

- Information here must match what is on the W9 form (SSN/TaxID, Name, Address).

We require you to submit a copy of a voided check, bank statement, or a bank authorization letter on bank letterhead signed by a bank representative for account verification.

*TAX ID # or SSN	1	2	3	4	5	6	7	8	9
*PAYEE NAME	John B. Smith								
*REMITTANCE ADDRESS (AS PRINTED ON YOUR INVOICE)	123 Main Street								
	STREET				SUITE/ROOM #				
	Raleigh				NC	27601			
	CITY				STATE	ZIP CODE			
*CONTACT	John B. Smith				919-123-4567				
	NAME & TITLE				PHONE NUMBER				



Direct Deposit Form

- All banking information should be filled in and include an email address for the cooperator.
- Once submitted, an email will be sent from the Office of State Controller (OSC) with a form containing security questions. These questions must be answered and emailed back to OSC before banking information will be set up (allow 30 days to be set up).

NEW FINANCIAL INFORMATION																		
*FINANCIAL INSTITUTION NAME:	Bank of NC																	
*NAME ON ACCOUNT:	John B. Smith																	
*NEW ROUTING NUMBER:	1	2	3	4	5	6	7	8	9									
*NEW ACCOUNT NUMBER:	1	2	3	4	5	6	7	8	9	1	1	2	3	4				
*ACCT TYPE:	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings																	
*REMIT E-MAIL ADDRESS	JohnBSmith@email.com																	



Direct Deposit Form

- The agency contact is Paula Day. Her contact information should be entered as shown here.
- The link on our website has this already filled in with the correct information.

New add requests MUST include contact information for the state agency with which you are doing business.

*North Carolina Agency Name: NC Division of Soil and Water	*North Carolina Agency Contact Name: Paula Day
*North Carolina Agency Contact Email Address: paula.day@ncagr.gov	*North Carolina Agency Contact Phone Number: 919-707-3786




RFP Tips and Recommendations

- Make sure to collect all signatures before mailing
- Verify the person signing has the correct JAA
- Only original signatures – no copies or scans
- Request itemized receipts



How to Check Payment Status

RFP Processing Dates

- In the CS2 RFP screen Search  to find:
 1. RFP Approval Date
 2. RFP Payment Date
 - Entered as the date the payment is sent to the cooperator's bank
 - Not the date received by the cooperator



Check Payment Status

RFP Payment Date

Home Maintenance Funds Contracting Approvals Forms RFP BMP Date Extensions Accounts

Create RFP Unapproved RFPs **All RFPs**

All RFPs List

Contract Number Search

Con.Number	RFP Approval Date	RFP Payment Date	Con.Status	Name	Amount	Submitted	Percent	Components	Submitted By	Submitted Dt	Refund
	01-23-2023	01-25-2023	Completed		\$1,391	\$1,391	100.00%	2 2 0		07-26-2022	Refund
	01-23-2023	01-25-2023	Completed		\$1,391	\$1,391	100.00%	2 2 0		07-26-2022	Refund

