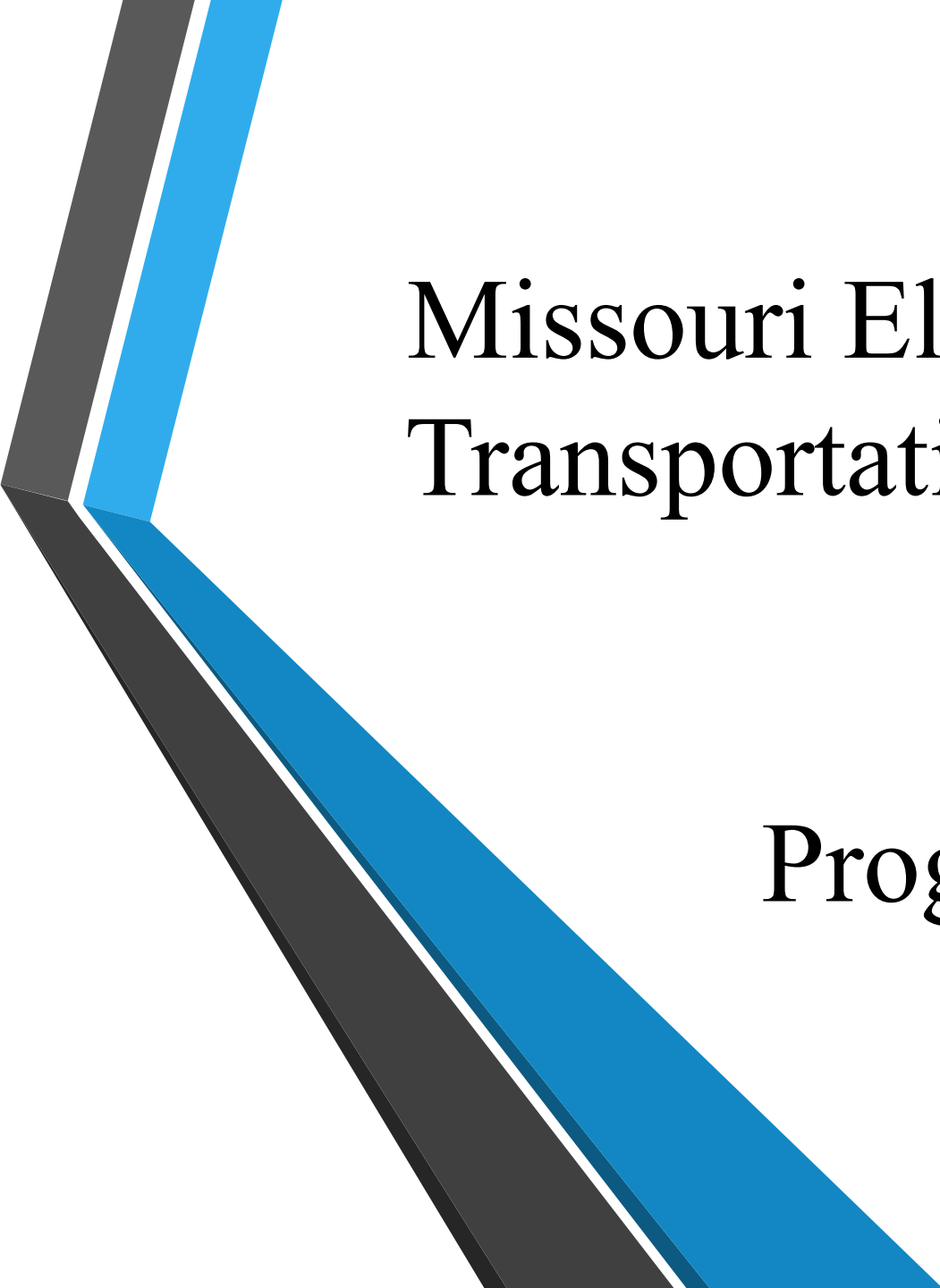


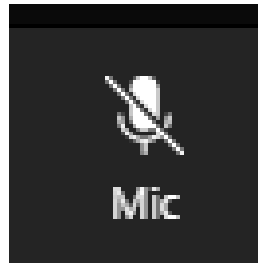


Missouri Elderly and Handicapped Transportation Assistance Program (MEHTAP)

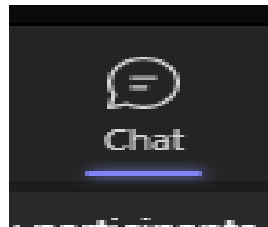
Program/Reimbursement Overview FY2027

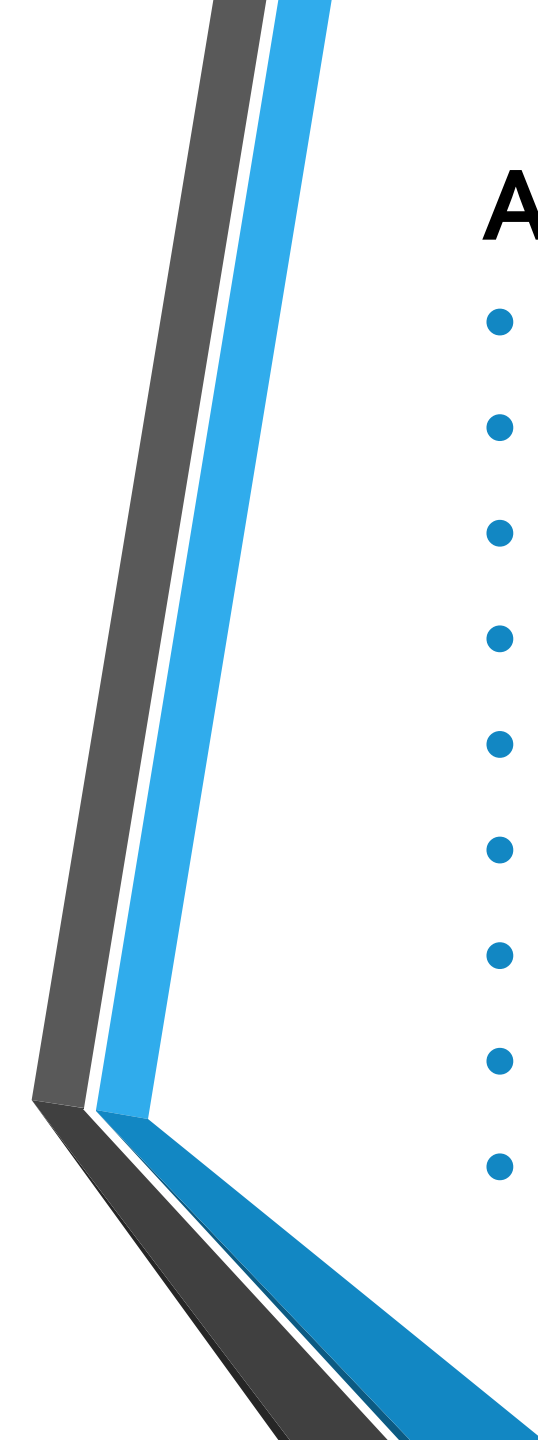
Teams Tips

- Please be sure to mute your microphone



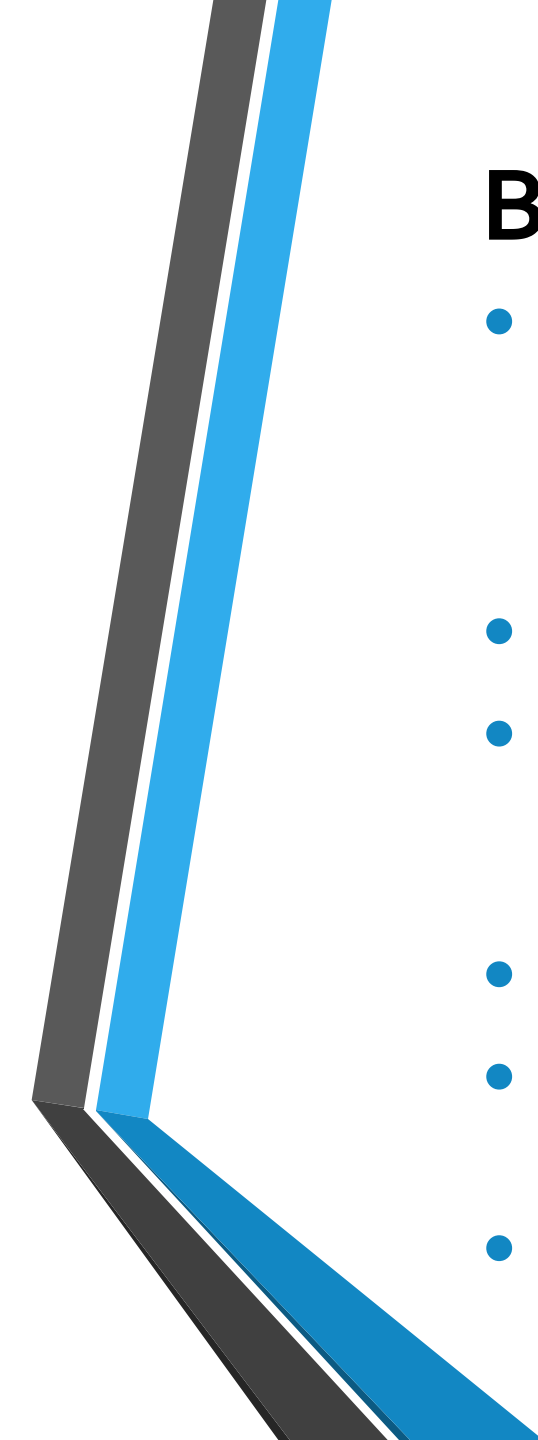
- Please hold questions till the end or put in the chat box





Agenda

- Program Background
- Eligible Expenses
- Required Documentation
- Reimbursement Requirements
- Reimbursement Form – Section 1 and 2
- Example Reimbursement Scenarios
- Reminders/Next Step
- InTransit Newsletter
- MoDOT Contact Information



Background

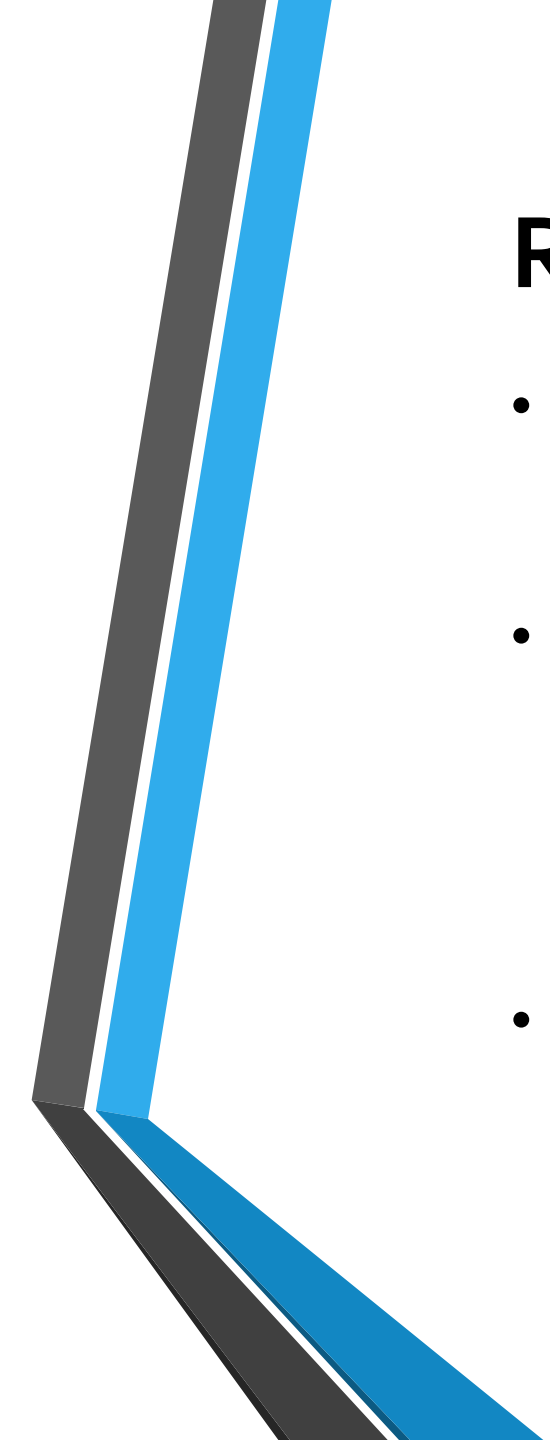
- 10 Area Agencies on Aging (AAA) and 92 governmental and/or not-for-profit organizations statewide that offer or utilize transportation services for senior citizens and individuals with disabilities.
- Program provides operating assistance.
- Program funds are appropriated by the Missouri General Assembly from General Revenue and State Transportation funds.
- Defined by State Statute RSMo 208.250
- Distribution pursuant to Missouri Code of Regulations, 7 CSR 10-7.010
- Annual program funds \$5M

Eligible Expenses

- **Direct transportation expenses, including:**
 - Gross Salaries of Drivers, Dispatchers, Mechanics, Other Employees
 - Includes Benefits/FICA
 - Reimbursement of mileage for volunteers
 - Vehicle Fuel
 - Vehicle cost (ex. tires, lubricants, etc.)
 - Vehicle maintenance
 - Vehicle insurance
 - Vehicle licenses and registration
 - Phone/cellular expenses (transportation related only)
 - Lease and rental cost of vehicles
 - Purchase/contracted services

Required Documentation

- Completed Reimbursement Form (signed and dated)
 - You will complete Section 1 and 2, **areas highlighted in green ONLY**
 - ***DO NOT enter information in fields highlighted in blue and areas in white***
- Required Additional Documentation
 - Agency can submit actual invoices, receipts, payroll, etc., with the reimbursement
 - Expense amounts must be highlighted in yellow or circled on the receipts and receipts are legible with notes stating what category the receipt is for
 - Agency can submit accounting system general ledger
 - Must identify expense and payment date(s)
- Redact any personal information (ex. social security numbers) or account information (ex. full credit card numbers or bank numbers)
- If there are any questions about your submission, you will be notified



Reimbursement Requirements

- Only direct transportation related expenses are reimbursable
- Fares and Revenues (includes bus passes) must be deducted from total transportation expenses to determine **total eligible net operating expenses**
- MEHTAP funds and Federal, local and private funds will be matched **on a dollar-for-dollar basis** to defray transportation operating losses

Reimbursement Form – Agency Info

- Payment Request Number (ex. 1, 2, 3, etc.) – **entered by agency**
- Date – **entered by agency**
- Expense Reporting Period (ex. From: 7/1/2026 | To: 9/30/2027) – **entered by agency**

Agency Information			
MoDOT's Internal Invoice #:		Payment Request #: 1, 2 etc.	
Agency Name:			Date:
Address:	City:		Ph #:
Expense/Reporting Period	From:		To:

Reimbursement Form – Expenses

- Total Transportation Operating Expense
 - Auto calculated field from Page 2 – Section 2
- Fares and Revenues
 - Auto calculated field from Page 2 – Section 2
- Net Eligible Net Operating Reimbursable Expenses
 - Auto calculated field = Total Transportation Operating Expense minus Fares/Revenue
- Funding Received or Local Match Required
 - Auto calculated field from Page 2 – Section 2

Expenses - Please complete Section 1 & 2 Below	
100% of Total Transportation Operating Expense for Reporting Period - auto fill	\$ -
Less Fares and Revenues - auto fill	\$ -
Net Eligible Operating Expense for Reporting Period - auto fill	\$ -
Funding Received or Local Match Required (which ever is greater) - auto fill	\$ -

Reimbursement Form – Expenses con't

- Previous Request
 - Auto calculated field from Page 2 – Section 2 = Amount will equal any current fiscal year prior payments issued
- Available Funding
 - Auto calculated field = MEHTAP Award minus any prior payments issued
- Eligible Reimbursement or Available Funding
 - Auto calculated field = Net eligible operating expenses minus Funding received/local match required (which ever is less)

Previous Requests - auto fill	\$	-	Available Funding - auto fill	\$	-
Eligible Reimbursment or Available Funding (which ever is less) - auto fill				\$	-

Reimbursement Form – Certification

- Print/Type Name and Title – **entered by agency**
- Date Submitted – **entered by agency**
- Signature of Authorized Official – **entered by agency**

Certification	
I certify that to the best of my knowledge and belief the data above is correct and that all outlays were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested and or paid.	
Print or Type Name and Title	Date Submitted
Signature of Authorized Official	Vendor Number

Reimbursement Form – Section 1

- Agency Funding Received– **entered by agency**
 - Enter any local, federal or state funds received for period
 - Do not enter MEHTAP funds in this section
 - Total lines auto calculate and summed in Expense Section

Section 1 - Agency Funding Received (do not include MEHTAP)			
Identification of Local Share for the Report Period			
	Agency Funding Received		
Identification of funding source for operating expenses*	Local (donations, etc)	Federal	State
Local	\$ -		
DMH - Medicaid			\$ -
DMH KRT - Medicaid			\$ -
Other - please list		\$ -	\$ -
Other - please list		\$ -	\$ -
5310-5311 Assistance		\$ -	
Total	\$ -	\$ -	\$ -
Total of Funding Received	\$ -		
Total Local Match Required	\$ -		

Reimbursement Form – Section 2

- Expense Section – **entered by agency**
 - Enter all direct transportation related expenses for expense period
 - Total Expenses for reporting period auto calculate and summed in Expense section – Total Transportation Operating Expense line
- Previous MEHTAP Reimbursements – **entered by agency**
 - Enter any previous MEHTAP reimbursements received for current fiscal year
 - Total line auto calculates and summed in Expense Section – Previous Request line
- Fares/Revenues – **entered by agency**
 - Auto calculates to expense section

Section 2 - Total of Expenses			
Supporting documentation for all expenses listed below are required – attach accounting system report, general ledger, or profit and loss statement) OR copies of invoices, receipts, payroll stubs, etc.			
Gross Salaries		Any Previous MEHTAP Reimbursement Requested for Fiscal Year 2026	
Drivers	\$ -	Invoice 1	\$ -
Dispatcher	\$ -	Invoice 2	\$ -
Mechanics	\$ -	Invoice 3	\$ -
Other - please identify below		Invoice 4	\$ -
Clerical	\$ -		
Volunteer Mileage Reimbursement	\$ -	Total	\$ -
Vehicle Expenses		Fares / Revenues	
Fuel	\$ -		\$ -
Oil Changes - Tires	\$ -		
Other misc. vehicle expenses	\$ -		
Vehicle Insurance	\$ -		
Vehicle Licensing and Registration	\$ -		
Other Misc. Expenses			
Phone (transportation use only)	\$ -		
Leases and Rental (vehicles)	\$ -		
Purchases of Service	\$ -		
Total Expenses for Reporting Period	\$ -		

Example – Reimbursement < Full Award

Grant Information			
State Project # TMEHTP26	Agency MEHTAP Award for Fiscal Year 2026		\$ 10,000.00
Expenses - Please complete Section 1 & 2 Below			
100% of Total Transportation Operating Expense for Reporting Period - auto fill			\$ 4,000.00
Less Fares and Revenues - auto fill			\$ 500.00
Net Eligible Operating Expense for Reporting Period - auto fill			\$ 3,500.00
Funding Received or Local Match Required (which ever is greater) - auto fill			\$ 1,750.00
Previous Requests - auto fill	\$ -	Available Funding - auto fill	\$ 10,000.00
Eligible Reimbursment or Available Funding (which ever is less) - auto fill			\$ 1,750.00

Example – Reimbursement = Full Award

Grant Information			
State Project # TMEHTP26	Agency MEHTAP Award for Fiscal Year 2026		\$ 10,000.00
Expenses - Please complete Section 1 & 2 Below			
100% of Total Transportation Operating Expense for Reporting Period - auto fill			\$ 50,000.00
Less Fares and Revenues - auto fill			\$ 3,000.00
Net Eligible Operating Expense for Reporting Period - auto fill			\$ 47,000.00
Funding Received or Local Match Required (which ever is greater) - auto fill			\$ 23,500.00
Previous Requests - auto fill	\$ -	Available Funding - auto fill	\$ 10,000.00
Eligible Reimbursement or Available Funding (which ever is less) - auto fill			\$ 10,000.00

Example – Reimbursement w/ no Fares/Revenue or Match

Grant Information			
State Project # TMEHTP26	Agency MEHTAP Award for Fiscal Year 2026		\$ 35,000.00
Expenses - Please complete Section 1 & 2 Below			
100% of Total Transportation Operating Expense for Reporting Period - auto fill			\$ 50,000.00
Less Fares and Revenues - auto fill			\$ -
Net Eligible Operating Expense for Reporting Period - auto fill			\$ 50,000.00
Funding Received or Local Match Required (which ever is greater) - auto fill			\$ 25,000.00
Previous Requests - auto fill	\$ -	Available Funding - auto fill	\$ 35,000.00
Eligible Reimbursement or Available Funding (which ever is less) - auto fill			\$ 25,000.00

Example – Reimbursement 50% Net Operating Reimbursable Expenses

Grant Information			
State Project # TMEHTP26	Agency MEHTAP Award for Fiscal Year 2026		\$ 20,000.00
Expenses - Please complete Section 1 & 2 Below			
100% of Total Transportation Operating Expense for Reporting Period - auto fill			\$ 10,000.00
Less Fares and Revenues - auto fill			\$ -
Net Eligible Operating Expense for Reporting Period - auto fill			\$ 10,000.00
Funding Received or Local Match Required (which ever is greater) - auto fill			\$ 5,000.00
Previous Requests - auto fill	\$ -	Available Funding - auto fill	\$ 20,000.00
Eligible Reimbursement or Available Funding (which ever is less) - auto fill			\$ 5,000.00

Example – Reimbursement w/ Excess Funding Received

Grant Information			
State Project # TMEHTP26	Agency MEHTAP Award for Fiscal Year 2026		\$ 10,000.00
Expenses - Please complete Section 1 & 2 Below			
100% of Total Transportation Operating Expense for Reporting Period - auto fill			\$ 4,000.00
Less Fares and Revenues - auto fill			\$ 500.00
Net Eligible Operating Expense for Reporting Period - auto fill			\$ 3,500.00
Funding Received or Local Match Required (which ever is greater) - auto fill			\$ 2,250.00
Previous Requests - auto fill	\$ -	Available Funding - auto fill	\$ 10,000.00
Eligible Reimbursment or Available Funding (which ever is less) - auto fill			\$ 1,250.00

Things to Remember

- **Reimbursement Request Submissions**
 - Send via email to Angie Otto
 - Subject line: **MEHTAP Reimbursement – Agency Name/Payment Number**
 - Agency Name = "as it appears on reimbursement form"
- **Last quarter Reimbursement Submission**
 - Estimate (May/June only)
 - Must have approval by Administrator of Transit prior to submission
- **Payment of funds**
 - Frequency: quarterly
 - Based on actual expense for the period seeking reimbursement
- **Ridership/Mileage (annual reporting purposes)**
 - Track one-way trips (ex. senior, handicapped)
 - Track mileage
 - Track total operating expenses
- **Audit Requirements**
 - MEHTAP awarded funds must be included in regular audits; submit to MoDOT with application
 - Receipt of federal funds greater than \$1M triggers single audit; submit copy to MoDOT



Next Steps

- FY27 Reimbursement Forms will be sent out via email from Angie Otto
 - Received once Agreement is fully executed
- If you have questions on expenses or form – please ask before submitting reimbursement

MoDOT's InTransit Newsletter

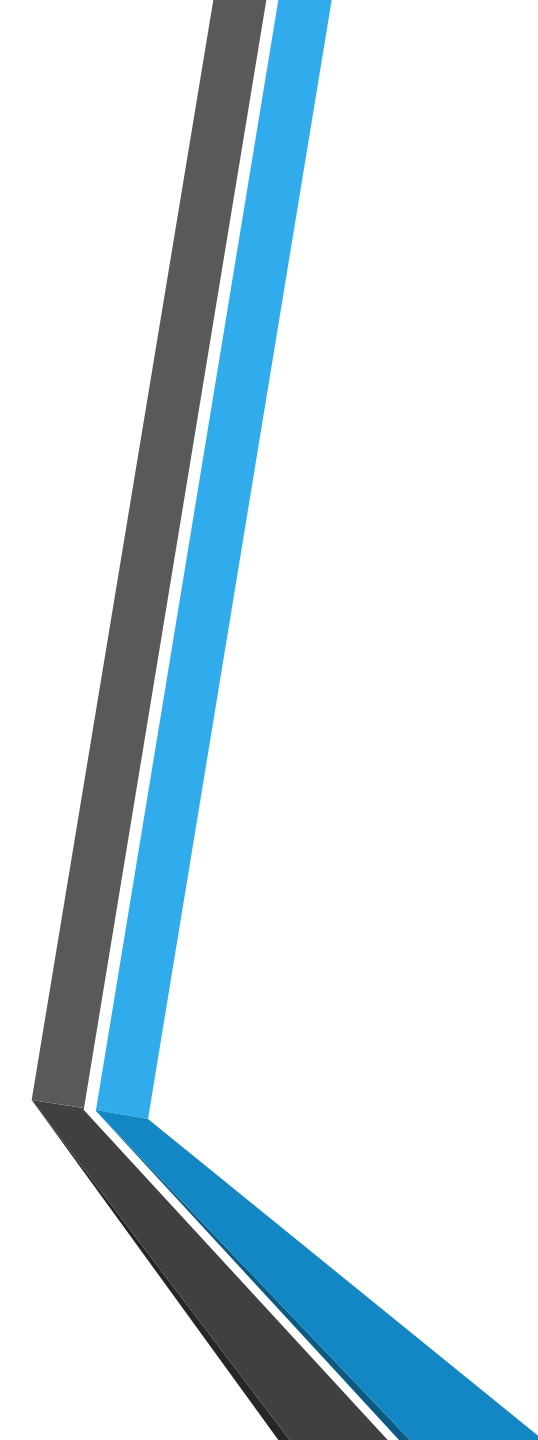


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Contact Information

Program/Reimbursement Questions

Angie Otto

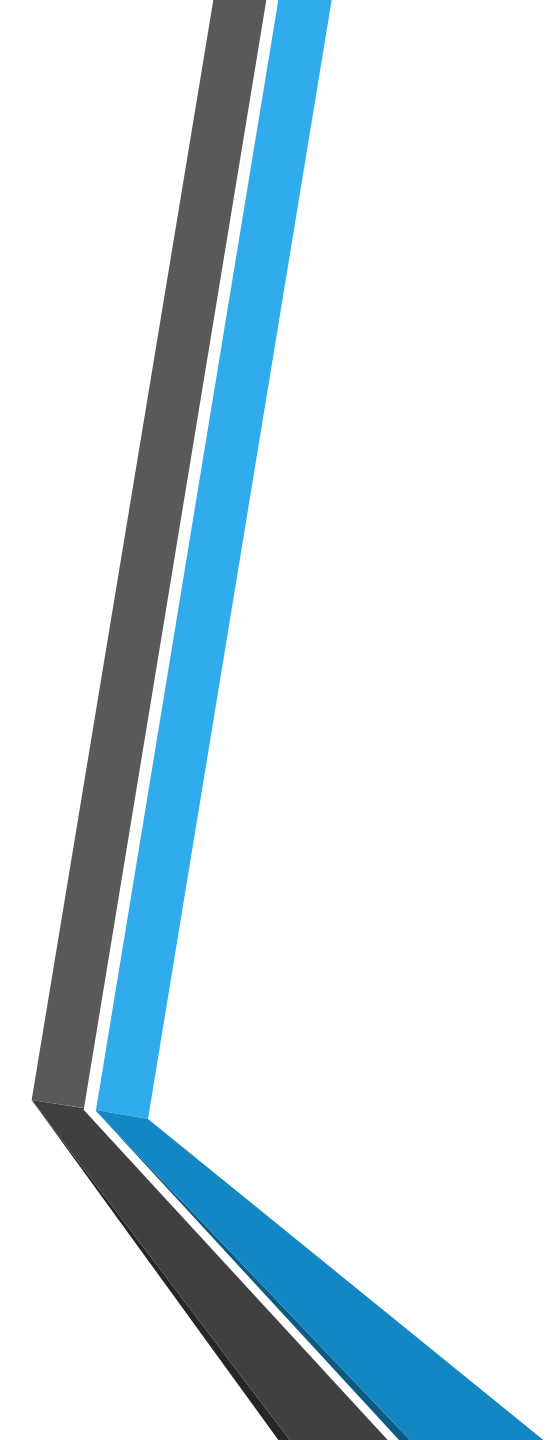
Phone: (573) 526-5305

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Questions