

SECTION 12: REIMBURSABLE SERVICES AGREEMENTS

Complete RSA Form 02-098, Original or Amendment

INTRODUCTION

Complete RSA Form 02-098, Original or Amendment provides detailed procedures for completing a Reimbursable Services Agreement Form 02-098 for an original RSA or an amendment to an existing RSA. This procedure is not intended to stand alone, but provides additional detail necessary for completing Form 02-098. Use *Establish a Reimbursable Services Agreement* or *RSA Amendment or Closeout* in this Section to determine the need for an RSA and for detailed procedures for establishing or amending an RSA.

Once the need for an RSA, or the need to amend or close out an RSA, is determined, Form 02-098 is initiated by the requesting agency and routed to the servicing agency for completion. The servicing agency is responsible for completing its portions of the form and routing it along with back-up documentation to OMB, if required, for further approval. Work may not commence on an RSA until Form 02-098 has been completed and signed by the requesting agency, servicing agency, and, if necessary, OMB. This form is available through the Department of Administration, Division of General Services, Forms Management. A Microsoft Excel spreadsheet version is also available through OMB.

FORMS

02-098: Reimbursable Services Agreement

PROCEDURES

I. Determine the need for an original or amended RSA.

Refer to *Establish a Reimbursable Services Agreement* or *RSA Amendment or Closeout* in this Section for procedures on determining when an RSA is required.

II. Requesting agency initiates RSA Form 02-098.

- A. Complete the requesting agency portions of Form 02-098 according to the procedures in *Establish a Reimbursable Services Agreement* or *RSA Amendment or Closeout* and the *RSA Form 02-098 Field Entry Table* following this procedure.
- B. After completing Form 02-098, continue with the procedures in *Establish a Reimbursable Services Agreement* or *RSA Amendment or Closeout*.

III. Servicing agency completes RSA Form 02-098.

- A. Complete the servicing agency portion of Form 02-098 according to the procedures in *Establish a Reimbursable Services Agreement* or *RSA Amendment or Closeout* and the *RSA Form 02-098 Field Entry Table* following this procedure.
- B. After completing Form 02-098, continue with the procedures in *Establish a Reimbursable Services Agreement* or *RSA Amendment or Closeout*.

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COMPLETE RSA FORM 02-098, ORIGINAL OR AMENDMENT

RSA Form 02-098 Field Entry Table			
Field Name	Completed by	Field Value	Comments
ORIGINAL RSA	Requesting Agency	REQUIRED, for an original RSA. Enter X in the box.	Indicates this is an original RSA.
AMENDMENT #	Requesting Agency	REQUIRED, for an RSA amendment or closeout. Enter the number of this amendment: 1, 2 , etc.	Indicates this is an amendment to an existing RSA and the number of the amendment.
Requesting Agency	Requesting Agency	REQUIRED Enter the name of the department requesting the service.	Identifies the agency requesting services for this RSA.
BRU	Requesting Agency	REQUIRED Enter the requesting agency's budget request unit as it appears in the operating budget.	Identifies the requesting agency's budget request unit.
Component	Requesting Agency	REQUIRED Enter the requesting agency's budget component as it appears in the operating budget.	Identifies the requesting agency's budget component.
Log # (ADN)	Requesting Agency	REQUIRED Enter the 7-digit agency document number assigned by the requesting agency. 1st & 2nd digits Department number. 3rd digit Last digit of applicable state fiscal year. 4-7th digits Agency-assigned sequential number beginning with 0001 at each new fiscal year.	Identifies the RSA number assigned by the requesting agency to log and track the RSA. A new unique number must be assigned for each original and each amended RSA.
Servicing Agency	Requesting Agency	REQUIRED Enter the name of the department providing the service.	Identifies the department that will provide the services for this RSA.
BRU	Servicing Agency	REQUIRED Enter the servicing agency's budget request unit as it appears in the operating budget.	Identifies the servicing agency's budget request unit.
Component	Servicing Agency	REQUIRED Enter the servicing agency's budget component as it appears in the operating budget.	Identifies the servicing agency's budget component.
Log # (ADN)	Servicing Agency	REQUIRED Enter the 7-digit agency document number assigned by the servicing agency. 1st & 2nd digits Department number. 3rd digit Last digit of applicable state fiscal year. 4-7th digits Agency-assigned sequential	Identifies the RSA number assigned by the servicing agency to log and track the RSA. A new unique number must be assigned for each original and each amended RSA.

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RSA Form 02-098 Field Entry Table			
Field Name	Completed by	Field Value	Comments
		number beginning with 0001 at each new fiscal year.	
SECTION I. PROJECT OR PROGRAM TITLE			
I. Project or program title:	Requesting Agency	REQUIRED Enter the project or program title that best describes the project.	A title that briefly describes the project.
SECTION II. THE SERVICING AGENCY AGREES TO PROVIDE. . .:			
II. The servicing agency agrees to provide the requesting agency with the following services(s):	Requesting Agency	REQUIRED Enter a detailed description of the services to be provided by the servicing agency. An attached sheet may be used if more space is required, however, the description must begin in this space. The phrase "continued on attached sheet" should be the last entry in this field if an attachment is used.	The description should be a brief but complete statement that will convey an understanding of the nature of the services to be provided to a person who is unfamiliar with the project.
SECTION III. TERMS AND MECHANICS OF REIMBURSEMENT:			
III. Terms and mechanics of reimbursement:	Requesting Agency	REQUIRED Check one of the following to indicate the terms and mechanics of reimbursement agreed upon with the servicing agency. Payment upon approval by OMB - Full amount of the RSA is paid once OMB has approved the RSA. Payment upon receipt of interagency billing - Payment is made when billed by the servicing agency (typically monthly billings). Payment upon completion of service(s) - Payment is made when the project is completed. Other (Specify) - The terms of the RSA do not fall under any of the above. Indicate the terms that apply on a separate attachment.	Indicates when payment is made on this RSA.
Billing Address:	Requesting Agency	REQUIRED Enter the requesting agency's name and a mailing address, or mail stop number, and the appropriate employee contact name.	Identifies the address to which the servicing agency submits billings for services performed.
Commencement date	Requesting Agency	REQUIRED Enter the date the servicing agency will begin work on the project.	The start date of the project. If a work plan is attached, be sure commencement and completion dates agree with that plan.
Completion date	Requesting Agency	REQUIRED Enter the date work should be completed by the	The end date of the project. The completion date cannot cross fiscal

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		servicing agency.	years if operating funds are being used by either the requesting or servicing agency.
Billing RD code	Requesting Agency	REQUIRED Enter the RD code of the individual responsible for processing the reimbursements to the servicing agency.	The individual in the requesting agency who is responsible for processing payment to the servicing agency.
Phone #	Requesting Agency	REQUIRED Enter the contact phone number for the requesting agency.	The phone number of the individual in the requesting agency who should be contacted regarding this RSA.
SECTION IV. SERVICING AGENCY COST BASED ON:			
IV. Servicing agency cost based on:	Servicing Agency	REQUIRED Check one of the following boxes: Itemized costs of service(s) provided - This RSA will be charged based on actual expenditures. Cost allocation schedule - The RSA charges will be based on a cost allocation schedule. Attach a description of the allocation method.	The cost basis on which this RSA will be charged. AS 37.07.080(e) requires that RSA reimbursements are based on actual expenditures or a cost allocation method approved by OMB. A description of the cost allocation method must be attached. In some cases, it is possible to have both types of reimbursement on a single RSA.
SECTION V. SCHEDULE OF MAXIMUM COSTS TO BE INCURRED BY THE SERVICING AGENCY: Typically, the requesting agency enters the total amount and the servicing agency enters the line item amounts. The line items (personal services, travel, contractual, etc.) are the lines in which the servicing agency incurs expenses and does not relate to the line items from which the requesting agency is paying for services.			
Original Agreement	Requesting and Servicing Agencies	REQUIRED If this is an original RSA, enter the total amount of this agreement on the Total line and the line item amount(s) on the appropriate line(s). If this is an amendment to an existing RSA, enter the total and line item amounts from the original agreement.	Line item and total amounts for the original RSA.
Previous Amendments	Requesting and Servicing Agencies	REQUIRED, for an amendment. Enter the total and line item amount(s) of all previous amendments. If no previous amendments exist for this RSA, enter 0 (zero).	Line item and total amounts for all previous amendments to this RSA.
This Amendment	Requesting and Servicing Agencies	REQUIRED, for an amendment. Enter the total and line item amount(s) for this amendment.	Line item and total amount of this amendment.
Total	Requesting and Servicing Agencies	REQUIRED Enter the combined line item amounts and totals for the Original Agreement, Previous Amendments, and This Amendment columns.	The total of the RSA including the original agreement and all amendments.

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Field Name	Completed by	Field Value	Comments
SECTION VI. BUDGETING AND ACCOUNTING INFORMATION:			
Requesting agency This agreement is documented (No, Yes)	Requesting Agency	REQUIRED, if using operating funds. Check No if this agreement is not documented in the requesting agency's budget. Check Yes if this agreement is documented in the requesting agency's budget. Enter the budget fiscal year in the space following the field titled If yes, in FY.	Indicates whether or not this RSA is documented in the requesting agency's budget.
Operating budget page	Requesting Agency	REQUIRED, if the RSA is documented in the requesting agency's operating budget. Enter the page number of the operating budget where this RSA appears.	The budget page number for an RSA documented in the operating budget.
Continuing funds (No, Yes)	Requesting Agency	REQUIRED, if using capital funds. Check No if these funds are not continuing. Check Yes if these funds are continuing.	Indicates whether the funds for this RSA will continue past the current fiscal year.
Capital budget page	Requesting Agency	REQUIRED, if the RSA is documented in the requesting agency's capital budget. Enter the page number of the capital budget where this RSA appears.	The budget page number for an RSA documented in the capital budget.
1. Financial coding to be charged	Requesting Agency	REQUIRED Enter the collocation code and expenditure account code to which this RSA will be charged. Include program and/or ledger codes if required according to department procedures.	The financial coding to which the requesting agency will charge this RSA.
Authority	Requesting Agency	REQUIRED Enter the session law reference (SLA), chapter, and line number of the appropriation to be charged for this RSA.	The session law reference, chapter, and line number for the appropriation to which this RSA will be charged.
2. Encumbrance document number	Requesting Agency	REQUIRED Enter the open item number assigned to the RSA open item or encumbered expenditure.	Identifies the open item number assigned to the RSA open item or encumbered expenditure by the requesting agency.
3. Date funds lapse	Requesting Agency	REQUIRED Enter the termination date of the appropriation to which this RSA will be charged.	The date the appropriation funding for this RSA will terminate. Must be a valid date. "Continuing" is not a termination date.
4. Federal funds (No, Yes)	Requesting Agency	REQUIRED Check Yes if federal funds will be used to pay this RSA and enter the amount of the federal funds to be used. Check No if federal funds will not be used to pay this RSA.	Indicates whether federal funds will be used to pay this RSA.

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Federal Agency/ Program/CFDA No./Grant/ Contract No.	Requesting Agency	REQUIRED, if federal funds are used to pay this RSA. Enter the federal agency, CFDA number, program, agreement number, etc., that identify the federal funding source for this RSA.	Identifies the funding source if federal funds are used to pay this RSA.
Servicing Agency This Agreement is documented (No, Yes)	Servicing Agency	REQUIRED Check No if this RSA is not documented in the servicing agency's budget. Check Yes if this RSA is documented in the servicing agency's budget. Enter the budget fiscal year in the field titled If yes, in FY.	Indicates whether this RSA is included in the servicing agency's budget.
Operating budget page	Servicing Agency	REQUIRED, if this RSA is documented in the servicing agency's operating budget. Enter the page number of the operating budget where this RSA appears.	The budget page number for an RSA documented in the operating budget.
Capital budget page	Servicing Agency	REQUIRED, if this RSA is documented in the servicing agency's capital budget. Enter the page number of the capital budget where this RSA appears.	The budget page number for an RSA documented in the capital budget.
SECTION VII. APPROVALS & CERTIFICATION			
Requesting Agency Authorized Signature	Requesting Agency	REQUIRED The signature of the person in the requesting agency authorized to approve this RSA.	Must be an authorized purchasing agent for the requesting agency.
Printed Name	Requesting Agency	REQUIRED Print or type the name of the person who signed in the Requesting Agency Authorized Signature block.	Identifies who authorized this RSA for the requesting agency.
Date	Requesting Agency	REQUIRED Enter the date the requesting agency signs this RSA.	The date the requesting agency agreed to the terms of this RSA.
Servicing Agency Authorized Signature	Servicing Agency	REQUIRED The signature of the person in the servicing agency authorized to approve this RSA.	Must be authorized to commit the servicing agency to the terms of this RSA.
Printed Name	Servicing Agency	REQUIRED Print or type the name of the person who signed in the Servicing Agency Authorized Signature block.	Identifies who authorized this RSA for the servicing agency.
Date	Servicing Agency	REQUIRED Enter the date the servicing agency signs this RSA.	The date the servicing agency agreed to the terms of this RSA.

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OMB Authorized Signature	OMB	<p>REQUIRED</p> <p>If <u>OMB approval is required</u>, the person in OMB authorized to approve this RSA signs here.</p> <p>If <u>OMB authority was delegated</u> to the agency (RSA between \$10,000 and \$100,000), the delegated authority for the servicing agency signs here.</p> <p>If <u>OMB approval is not required</u> and has not been delegated (RSA less than \$10,000), write in "Not Required."</p>	Must be an authorized OMB signature or the signature of an OMB delegated authority.
Printed Name	OMB	<p>REQUIRED, if OMB approval is required or was delegated to the agency for this RSA.</p> <p>Print or type the name of person who signed in the OMB Authorized Signature block.</p>	Identifies who authorized this RSA for OMB.
Date	OMB	<p>REQUIRED, if OMB approval is required or was delegated to the agency for this RSA.</p> <p>Enter the date OMB or the delegated authority approves this RSA.</p>	The date OMB or the delegated authority approved this RSA.