SAMPLE

MANAGEMENT PLAN

*Project Managed by Third-Party Nonprofit*

On ***(Date of Award)***, the ***(name of Local or Tribal Government)***, herein referred to as the ***(City/Town/County/Tribal Government)***, was awarded a grant from the Big Sky Economic Development Trust Fund (BSTF) Program to assist (**Name of the Assisted Business)** with **(insert use of the BSTF Funds)** and the creation of jobs in Montana. The ***(name of Local Economic Development Organization)*** (EDO) will be responsible for assisting with the administration of the BSTF grant. This Management Plan is written to assure proper management of the BSTF grant, which includes financial management of grant funds, compliance with state and federal requirements, and the timely start‑up and completion of project activities.

1. **ADMINISTRATIVE STRUCTURE**
2. ***(Name of Local or Tribal Government)***, LOCAL GOVERNMENT

The following persons will have lead responsibility for administering the ***(City/Town/County/Tribal Government)***’s ***(Calendar Year (CY) xxxx)*** BSTF grant to facilitate an expansion of ***(name of Assisted Business)*** (the Assisted Business).

1. ***(Name and Title of the Chief Elected Official)***, as the ***(City/Town/County/Tribal Government)***’s chief elected official, will have responsibility for all official contacts with the Montana Department of Commerce (Department). The ***(Chief Elected Official)*** and ***(Council or Commissioners)*** will have the ultimate authority and responsibility for the implementation of the ***(name of Local or Tribal Government)***’s BSTF grant to facilitate an expansion of ***(name of Assisted Business)***. The ***(Chief Elected Official)*** will approve and sign administrative documents and approve all payment requests to the BSTF program. The ***(Council or Commissioners)*** will approve all contracts and payment requests. The telephone number for the ***(Chief Elected Official)*** and ***(Council or Commissioners)*** is *(406)* ***(xxx-xxxx)***.
2. ***(Name, City/Town/County/Tribal Government)*** Attorney, will review any proposed contractual agreements associated with the BSTF grant, advise the ***(Council or Commissioners)*** regarding the agreements, and provide any other legal guidance as requested. Telephone: (406) ***(xxx-xxxx)***.
3. ***(Name) (City/Town/County/Tribal Government) Title)***  *has been designated as the Fiscal Contact and* will be responsible for maintaining all financial records related to the BSTF grant funds for the ***(name of Local or Tribal Government)***. Telephone: (406) ***(xxx-xxxx)***.
4. ***Name, City/Town/County/Tribal Government)*** Clerk will be responsible for maintaining all official records related to the BSTF grant for the ***(name of Local or Tribal Government)***. Telephone: (406) ***(xxx-xxxx)***.
5. ***(Name, City/Town/County/Tribal Government, Position (i.e. County Development Office)***, has been designated as the Project Manager and will be responsible for maintaining records related to the management of the BSTF grant funds for the ***(name of Local or Tribal Government)***. ***(He/She)*** will be the liaison between the EDO, the ***(Council or Commissioners)*** and the ***(City/Town/County/Tribal Government)*** Attorney. Telephone: (406) ***(xxx-xxxx)***.
6. ***(Name of EDO),*** LOCAL ECONOMIC DEVELOPMENT ORGANIZATION (EDO)

The EDO will provide general technical assistance, coordination of funding sources, assurances of compliance with all applicable state requirements for the BSTF grant program. The ***(name of Local or Tribal Government)*** has designated the EDO as its Project Administrator. The following EDO personnel will be responsible for the project:

1. ***(Name)***, Executive Director, will be responsible for all official contacts with the ***(name of Local or Tribal Government)***on behalf of the EDO. Telephone: (406) ***xxx-xxxx***.
2. ***(Name)***, ***(title)***, will serve as the Project Administrator and will be responsible for overall coordination of the BSTF **grant** awarded to the ***(name of Local or Tribal Government)***. Telephone: (406) ***(xxx-xxxx)***.
3. ***(Name of Assisted Business),*** *ASSISTED BUSINESS*

The Assisted Business has agreed to create **[NUMBER**] eligible net new jobs at the project site located at **[LOCATION]** (the “Project Site”). An eligible net new job is defined as one that is new to the company and has not been filled before **[DATE]**. Eligible new job criteria is a full-time job, meaning a predominantly year-round position requiring an average of 35 hours of work each week, and pays wages that meet or exceed $**[AMOUNT]** per hour, ***[before the value of benefits is added] \*OR\* [including employee benefits that meet the requirements of the Employee Retirement Income Security Act of 1974, 29 U.S.C. 1001, et seq.].***

In addition, the Assisted Business ***(in some cases City/Town/County/Tribal Government)*** has agreed to a total new investment at the Project Site, which is equal to or greater than **$1 for every $[NUMBER]** of BSTF financial assistance received, within this Contract time period.

The following Assisted Business official will be responsible for the implementation of the project:

1. ***(Name), (Title)*** will serve as the Project Representative for the Assisted Business and will be the liaison with the Project Administrator. ***(He/she)*** will have responsibility for all official contacts with the ***(City/Town/County/Tribal Government)***. Telephone: (406) ***(xxx-xxxx)***.
2. **PROJECT MANAGEMENT**
3. The ***(Name of the designed Project Manager for City/Town/County)*** Project Manager, will:
4. Work with the Project Administrator and the Department in the development of a BSTF contract between the ***(City/Town/County/Tribal Government)*** and the Department.
5. Work with the Project Administrator and the Assisted Business in the development of a Business Assistance Agreement.
6. Make appropriate recommendations and route all contract documents, administrative documents, and payments as necessary.
7. Review all proposed expenditures of BSTF funds to ensure compliance with the BSTF contract.
8. Review, approve, and submit the BSTF payment requests, after preparation by Project Administrator and approval by the ***(Council or Commissioners)***, to the BSTF Program, Montana Department of Commerce, and ensure disbursement of funds.
9. Review and approve all BSTF closeout documents.
10. ***(Name of designed EDO Project Administrator****),* Project Administrator is responsible for the following day to day project activities and will:
11. Assisting the ***(name of local or tribal government)*** and the Department in developing the ***(name of local or tribal government)***contract, along with all the required paperwork, with the Department that will address all requirements related to effective project start‑up and implementation.
12. Assisting the ***(name of local or tribal government)*** and ***(Assisted Business)***with the preparation of a Business Assistance Agreement.
13. Establishing and maintaining complete and accurate project files and preparing all documentation and reports incidental to administration of the project.
14. Assist the assisted business with the baseline and subsequent Job Creation Report and Job Creation Certification.
15. Meet regularly with the Assisted Business to monitor the business’s compliance with the requirements of the grant assistance agreement including implementation of the project hiring or hiring/training plan.
16. Reviewing all proposed project expenditures or payment requests from the business to ensure their propriety and proper allocation of expenditures to the BSTF project budget.
17. In cooperation with the Project Manager, processing payment requests and preparing payment requests for the Department, including the *Request for Payment Form* and the *Project Progress Report* with each payment request and quarterly as specified by the Department.
18. Assist the (***City/Town/County/Tribal Government)*** during the BSTF on-site monitoring visit which is conducted to ensure compliance with the requirements of the BSTF contract.
19. Preparing all required performance reports and Project Closeout Certification for submittal to the Department.
20. Closing the BSTF project in a timely fashion within the period of the contract between the Department and the ***(name of local or tribal government)***.
21. Attending ***(Council or Commissioners)*** meetings to provide project status reports and representing the BSTF project at any other public meetings as deemed necessary by the ***(Council or Commissioners)***.
22. It is understood and agreed that the EDO’s services within this Management Plan does not include any of the following: the disbursement or accounting of funds distributed by the ***(City/Town/County//Tribal Government)****’s* financial officer, legal advice, fiscal audits or assistance with activities not related to the BSTF project.
23. ***(Name of designated Assisted Business Project Representative),***  Project Representative, will:
24. Will oversee the compliance with the proposed Hiring Plan as submitted in the BSTF Application.
25. With assistance of the Project Administrator, prepare the Job Creation Reports, Job Creation Certifications and Progress Reports.
26. Provide copies of invoices for both reimbursement by the BSTF Program and the satisfaction of the matching funds requirement.
27. Maintain their own project files.
28. Assist the Project Manager, Project Administrator with monitoring of the project.
29. Will notify the Project Manager, Project Administrator and Department of Commerce and of any changes within it business structure, business name or changes to its registration with the Montana Secretary of State’s office.
30. **FINANCIAL MANAGEMENT**

As designed in the BSTF contract, the total amount of the BSTF award will not exceed $**[AMOUNT]** .

If an additional award is made for year two to ***(City/County/Town/Tribal Government),*** to assist ***(Assisted Business)***, and for the creation of up to ***(number)*** of jobs, that assistance reimbursement would be for additional funds up to ***($)***, with up to ***($)*** to go to ***(Assisted Business)***.

1. **Local Government – Awardee**

The Fiscal Contact will be responsible for:

1. Depositing and recording the BSTF funds into the ***(City/Town/County/Tribal Government)***’s existing accounting system based on claims and supporting documents approved by the Project Manager and ***(Council or Commissioners)***.
2. Preparing checks/warrants for approved expenditures.
3. Disbursing funds in accordance with the ***(City/Town/County/Tribal Government)***’s established claim review procedures.
4. With the assistance of the Project Manager, preparing the final financial report for the project Closeout Certification.
5. The original financial documents (claims with all supporting documents attached) will be retained in the ***(name of local or tribal government)***’s offices.
6. **Assisted Business – Project Funds**
7. As outlined in the BSTF Contract, the Assisted Business will receive up to $ ***(listed the dollar amount per job LESS ADMINISTRATION i.e. $4,600 or $6,900)*** per eligible net new job created by the Assisted Business for documented cost with reimbursement not to exceed a total of $***(list amount available for Assisted Business).***
8. An eligible net new job is defined as one that is new to the company and has not been filled before **[DATE]**. Eligible new job criteria is a full-time job, meaning a predominantly year-round position requiring an average of 35 hours of work each week, and pays wages that meet or exceed $**[AMOUNT]** per hour, ***[before the value of benefits is added] \*OR\* [including employee benefits that meet the requirements of the Employee Retirement Income Security Act of 1974, 29 U.S.C. 1001, et seq.].***
9. **Economic Development Organization - Administration Funds**

a. Administrative payments will consist of reimbursement for actual time and costs incurred at a rate of  ***\_\_\_*\_ per hour**. ***(could also listed a flat dollar amount for administration instead of hourly rate).***

b. As outlined in the BSTF Contract, the EDO may only receive up to $ ***(listed the dollar amount per job which is typically 8% of the total eligible cost per job i.e. $400 or $600)*** per eligible net new job created by the Assisted Business for documented cost with reimbursement not to exceed a total of $***(list amount available for Administration).***

c. If an additional award is made for year two to ***(City/County/Town/Tribal Government),*** to assist ***(Assisted Business)***, and for the creation of up to ***(number)*** of jobs, that assistance reimbursement would be for additional funds up to ***($)***, with up to ***($)*** for admin expenses.

The ***(City/Town/County/Tribal Government)****’s* application to the Department for BSTF funding, dated**\_\_\_\_**, 20**\_\_\_\_**, and all applicable federal and state statutes and regulations are incorporated into this Agreement by this reference.

This Management Plan will expire once the Montana Department of Commerce officially closes out the BSTF grant award to the ***(Local or Tribal Government).***

we have read the management plan and are aware of the responsibilities for the management and overall success of the bstf project as the designated liaisons for the project:

**PROJECT MANAGER FISCAL CONTACT**

***(Name of Designated Project Manager)******(Name of Designated Fiscal Officer)***

Date Date

**PROJECT ADMINISTRATOR: PROJECT REPRESENTATIVE**

***(Name of Designated Project Administrator) (Name of Designated Project Representative)***

Date Date

**IN WITNESS WHEREOF**, the parties hereto have executed this Agreement on the \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_.

***(Name of City, Town, County*** ***(Name of EDO)***

***or Tribal Government)***:

***(Name of Chief Elected Official)*** ***(Name of EDO Authorized Signatory)***

Date Date

***(Name of Assisted Business)***

***(Name of Assisted Business Official)***

Date