

County Expenditure Certification Form in Laserfiche - Instructions

Link to form: <https://it-lf-ecmf.tamu.edu/Forms/ag-county-expenditure>

Note: Form will need to be completed at one time, currently no option to save & submit later

PURPOSE: This form is used to report the **ACTUAL EXPENSES PAID** by your county during the recently concluded fiscal year for AgriLife Extension activities. The data you submit on the form is reported to the State of Texas as part of the county's contribution to Texas A&M AgriLife Extension Service programs. It is most important that the totals be accurately reported for the specified fiscal year.

Steps to complete online form:

1. Select the county from the drop-down menu and select the radio button for the correct fiscal year date range (if Other, please specify date range in field)

**Fiscal Year will automatically default to the most recently concluded fiscal year*



The screenshot shows the top section of the online form. It features a dark red header with the Texas A&M AgriLife Extension logo on the left and the title "County Expenditure Certification" with "FY 2024 & Forward" below it on the right. Below the header, there are two lines of explanatory text: "This form is used to report the ACTUAL EXPENSES PAID by your county during the recently concluded fiscal year for AgriLife Extension activities." and "This data you submit is reported to the State of Texas as part of the county's contribution to Texas A&M AgriLife Extension Service programs." The form fields include a dropdown menu for "County for State of Texas*", a text input for "Fiscal Year" containing "2024", and a section for "Expenditure Certification for (?) *" with three radio button options: "October 1 – September 30", "January 1 – December 31", and "Other" followed by a text input field.

2. Complete the following for County Extension Agents, one line per employee (click **+Add** for each additional line):
 - **Name** – Enter the name of the County Extension Agent that was paid salaries and/or travel during the fiscal year
 - Do not include any vacant positions
 - You may have more than one employee that filled the same position within the same fiscal year, enter all employees as separate lines
 - **Agent's Salary** – Enter the total salary (base salary + longevity) paid to the agent during the fiscal year
 - Salary **DOES NOT** include any monthly vehicle/cell phone allowances or stipend
 - **Agent's Travel** – Enter the total travel paid to the agent during the fiscal year
 - Only include travel specific to the agent (cell phone allowance, vehicle mileage reimbursement, vehicle allowance, monthly travel stipends, lodging, etc.)

**Fields in grey will auto-sum: Sub Total (total of each agent's salary + travel), Total Salary for County Extension Agents, Total Travel for County Extension Agents, Agents Expense Total (total of all agents' salary + all agents' travel)*

County Extension Agents

For each position that was filled part or all of the fiscal year, enter the actual annual amounts paid.

***Agent's Salary:** Actual annual salary (base salary + longevity) of the agent in the position, not including any monthly vehicle or cell phone allowance or stipend.

****Agent's Travel:** Annual travel allowances which may include mileage, lodging and meals and/or monthly travel stipends.

Actual Amounts Paid in FY

Click "Add" for each additional position.

| Name * | Agent's Salary* (?) * | Agent's Travel** (?) * | Sub Total |
|----------------------|-------------------------|-------------------------|-----------|
| <input type="text"/> | \$ <input type="text"/> | \$ <input type="text"/> | \$ 0.00 |

+ Add

Total Salary for County Extension Agents

\$ 0.00

Total Travel for County Extension Agents

\$ 0.00

Agents Expense Total (?)

\$ 0.00

3. Complete the following for all additional fiscal year expenditures:
- **All other Salaries** – Lump-sum total of all Salaries + Longevity paid to all other County Employees that are **NOT** a County Extension Agent
 - County Support Staff positions which may include secretarial, clerical, Program Assistants, etc.
 - **Fringe Benefits** – Lump-sum total of all Fringe Benefits paid to **ALL** county employees, including County Extension Agents
 - FICA, Insurance, Retirement, Workers Compensation, Unemployment, Social Security, etc.
 - **Operating Expenses** – Lump-sum total of all Operating expenses incurred during the fiscal year
 - Supplies, repairs, copiers, telephones, postage, utilities, janitorial services, rentals, allowances, travel not already included above as agent-specific travel, etc.

**Fields in grey will auto-sum: Other County Support Total (total of All Other Salaries + Fringe Benefits + Operating Expenses), Grand Total (total of Agents Expense Total + Other County Support Total)*

| | |
|-----------------------------------|---------|
| All other Salaries (?) * | |
| \$ | |
| Fringe Benefits (?) * | |
| \$ | |
| Operating Expenses (?) * | |
| \$ | |
| Other County Support Total | \$ 0.00 |
| Grand Total | \$ 0.00 |

4. Sign and submit the form:

- Click the **Sign** button to open the Sign Document window and either Type or Draw your signature, then click **Sign**
 - Different styles are available for selection by clicking the drop-down menu - **Style** ▾
- Type the following information in the appropriate fields for the County Official
 - Printed Name
 - Title
 - Email Address
 - Phone Number
- Click **Submit** at the bottom of the form once all fields have been completed, are accurate to the best of your knowledge, and you are ready to submit the data for the specified fiscal year
 - The date will be auto captured upon form submission

**Once the form has been submitted, a confirmation page will open in a separate window and a copy of the submitted form will be sent to the email address provided for the County Official. There is no way to route the form back to the County Official to correct an error on the form, so please reach out to either the County Coordinator or District Office Manager if changes are needed. A copy of the final approved form will be emailed to the County Official, County Coordinator, and District Office Manager once the AgriLife Extension Budgets Office has reviewed/approved.*

The undersigned official does hereby certify that the following dollars were expended in the County Extension Program in the above said County during the AgriLife Extension fiscal year noted above, said sum being appropriated by the Commissioners' Court under and by authority of S.B. No. 82 of the 40th Legislature of the State of Texas (Page 9, Chapter 6 of the General and Specials Laws passed by the Legislature - Regular Session 1927).

Signature of County Official *

Sign

Date

Date will be captured on form submission

Printed Name of County Official *

County Official's Title *

County Official's E-mail *

County Official's Phone Number (?) *

The Texas A&M University System, U.S. Department of Agriculture and the County Commissioners' Courts of Texas Cooperating

Submit